

Record of Funeral

No. _____ Date April 19 1928
 Name of the Deceased Kunkel Elizabeth Jane Sex F Color Or
 Charge to _____ Order given by _____

How Secured _____

Date of Funeral April 19 - 1928Place of Death Highland KansasFuneral Services at Christa ChurchTime of Funeral Services 2 P.M.Clergyman Rev J. S. Beane

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death _____

Date of Death April 16 - 1928

Occupation of the Deceased _____

Single, Married, Divorced Married Religion _____Aged 80 Years, 6 Months, 26 Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant Mrs. MartinAddress Highland Kans.

Body to be shipped to _____

Size and Style of Casket or Coffin #811 DesignMale Half couch

Manufactured by _____

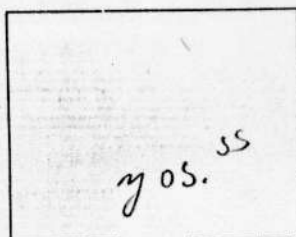
Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at Local 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 Daughter Mrs C. A. Moore
Brunswick Kans.NAMES OF PALLBEARERS See letter & statement attached
dated 7-24-28 in letter file of 1928
Mrs C. A. Moore

ITEMIZED CHARGES

Price of Casket or Coffin <u>Funeral</u>	\$	
" Metallic Lining <u>complete</u>	\$	335.00
" 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		10.00
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
<u>Metal box top</u>		7.50
Total Footing of Bill		357.50
By Amount Paid in Advance		
Balance <u>dugging grave</u>		5.00
Entered into Ledger, paid <u>Minister</u> or below		5.00
Total Debit <u>Total</u>	\$	362.50

April 19-28 Credits By check	155.00
April 19-28 " Cash	57.50
May 2-28 " check	75.00
July 6 " "	25.00
Aug 10 " "	75.00
Nov 1-28 " "	75.00
Total	362.50

Record of Funeral

No. _____ Date May 4-1928 19
 Name of the Deceased Nelson Mary Helena Sex F. Color W
 Charge to Oliver T. Nelson Order given by _____

How Secured _____
 Date of Funeral May 3-1928
 Place of Death San Thomas West of Mo.
 Funeral Services at Moray Church
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. H. H. H. H.
 Certifying Physician Dr. Clutz
 His Residence Burman
 Number of Burial Certificate _____
 Cause of Death Chronic Interstitial Nephritis
 Date of Death May 2-1928
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 62 Years 8 Months 24 Days
 Birth Place Burman County Mo.
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Oliver T. Nelson
 Name of Wife _____

Informant Oliver T. Hoverson

Address _____

Body to be shipped to _____

Size and Style of Casket or Coffin #830 grey

gold 1/2 casket

Manufactured by Gaterway

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at Moray Cemetery

Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin <u>4. service</u>	3.50	00
Metallic Lining <u>charge</u>	1.00	00
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	8.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill 45.8

By Amount Paid in Advance _____

Balance _____

Entered into Ledger, page _____ or below _____

Total Debit _____

NAMES OF PALLBEARERS

Record of Funeral

 4-1928 19
 Color *W*

 No. _____ Date *May 12* 19 *28*
 Name of the Deceased *Center Mahel F.* Sex *F.* Color *W*
 Charge to *Robt Carter* Order given by _____

ED CHARGES

 Y. service charge *3.50 00*
1.00 00

 and Hose _____
 Fluid) _____

Drapery _____

@ \$ _____

Newspapers _____

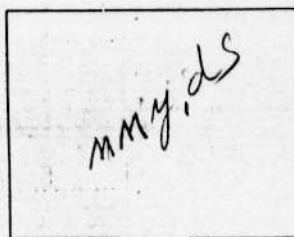
 NEWSPAPERS *8.00*

paid _____

advance _____

age _____ or below _____

 By ckr *4.58*

 How Secured _____
 Date of Funeral *May 12 - 1928*
 Place of Death *Home*
 Funeral Services at *Bendena Church*
 Time of Funeral Services *2:30*
 Clergyman *Rev. Monosmith*
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death *May 9 - 1928*
 Occupation of the Deceased *Housewife*
 Single, Married, Divorced _____ Religion _____
 Aged *46* Years _____ Months _____ Days _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband *Robt Carter*
 Name of Wife _____
 Informant *Robt Carter*
 Address *Bendena St.*
 Body to be shipped to _____
 Size and Style of Casket or Coffin *#270 sel grey*
offered cloth
 Manufactured by *Rx - Cart*
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *Cardonier* 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 *Y. service* *21.50 00*
 " Metallic Lining *confete*
 " 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 *metal box top* *7.50*
 Total Footing of Bill *222.50*
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below _____
 Total Debit _____ \$ _____

 6/9/1928 Credits *22.50*
G. W. Reckly ch. 200.00
222.50

Record of Funeral

No. _____ Date May 15 1928
 Name of the Deceased Andrew A. R. Sex M. Color W.
 Charge to Doniphan County Order given by _____

How Secured Ordered by Mr. Noble

Date of Funeral _____

Place of Death Noyes Shop.

Funeral Services at _____

Time of Funeral Services _____

Clergyman _____

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death Cerebral Hemorrhage

Date of Death May 14 - 1928

Occupation of the Deceased _____

Single, Married, Divorced _____ Religion _____

Aged 76 Years, _____ Months, _____ Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant Hospital

Address _____

Body to be shipped to _____

Size and Style of Casket or Coffin #51 Black

Manufactured by Rx - Ark

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at Doniphan Cemetery

Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin	<u>Heane & services</u>	\$	<u>50.00</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			
Embalming at <u>H. Joseph</u>			<u>25.00</u>
Total Footing of Bill			<u>75.00</u>
By Amount Paid in Advance			
Balance			
Entered into Ledger, page _____ or below			
Total Debit		\$	

June 9, 1928 Credits
Ch. by Doniphan Co. 75.00

(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: _____

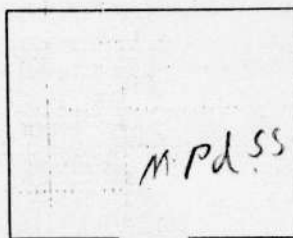
NAMES OF PALLBEARERS

Record of Funeral

No. 1928 Date May 22 19 28
 Name of the Deceased Swisher John Milton Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral May 23-1928
 Place of Death Home of Martha Colman
 Funeral Services at Karr Funeral Home
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Finch
 Certifying Physician Dr. Waller
 His Residence Droy Mo.
 Number of Burial Certificate _____
 Cause of Death Gangrene
 Date of Death May 22-1928
 Occupation of the Deceased retired
 Single, Married, Divorced _____ Religion _____
 Aged 86 Years, 5 Months, 21 Days
 Birth Place Danville Ohio
 Father _____
 Birth Place _____
 Maiden Name of Mother Ruth Hathaway
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Chas Colman

Address Droy Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin #580 Thistle
flush G. Haver
 Manufactured by Gilkey
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Moline 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)	✓
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>survivor charge</u>	50.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	✓
Lining Grave	✓
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill 235.00
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below _____
 Total Debit _____

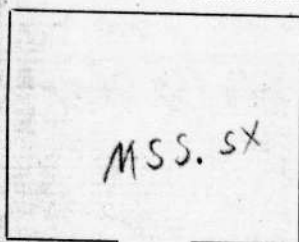
5/26/28 Credits By Check 235.00

Record of Funeral

No. _____ Date May 28 1928
 Name of the Deceased Jane Thornton Sex F Color N
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral May 28-1928
 Place of Death North Troy
 Funeral Services at her home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Moore
 Certifying Physician Dr. Cordon
 His Residence Troy 16
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death May 26-1928
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 64 Years, 1 Months, 27 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 #141 grey
 Manufactured by Galeria
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Courter 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>Funeral</u>	
" Metallic Lining	<u>conflict</u>	<u>135.00</u>
" Outside Box	<u>✓</u>	
" Grave Vault		
" Burial Robe		<u>12.50</u>
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with <u>✓</u> Fluid)		
Washing and Dressing	<u>✓</u>	
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages	<u>✓</u> @ \$	
Hearse	<u>✓</u>	
Wagon Deliveries	<u>✓</u>	
Death Notices in Newspapers		

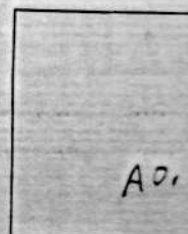
NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	<u>✓</u>
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	<u>147.50</u>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

2-9-29 Credits Ch. by John Thornton 147.50

No. _____
 Name of the Deceased _____
 Charge to _____
 How Secured F
 Date of Funeral _____
 Place of Death _____
 Funeral Services _____
 Time of Funeral _____
 Clergyman R
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 41 Years, _____ Months, _____ Days
 Birth Place N
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant d

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin crepe
 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: _____

NAMES OF PALLBEARERS _____

Record of Funeral

Color 19 5

CHARGES

135.00

12.50

Fluid)

147.50

or below

147.50

No. _____ Date May 30 19 28

Name of the Deceased Anderson George H Sex M. Color W

Charge to Amos Anderson Order given by Amos Anderson

How Secured From Mercy Hosp

Date of Funeral May 30 - 1928

Place of Death Mercy Hosp - St Joseph

Funeral Services at Barre Funeral Home

Time of Funeral Services 2 P.M.

Clergyman Rev. Beaman

Certifying Physician H. Walker

His Residence St. Joseph Mo

Number of Burial Certificate _____

Cause of Death _____

Date of Death May 28 - 1928

Occupation of the Deceased _____

Single, Married, Divorced _____ Religion _____

Aged 41 Years, _____ Months, 11 Days

Birth Place Proy Kansas

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant Amos Anderson

Address St. Joseph Mo

Body to be shipped to _____

Size and Style of Casket or Coffin # 141 grey

Crepe

Manufactured by Gateway

Metallie Lining _____

Outside Box _____

Number of Handles _____

Interment at Mt Olive Cemetery

Lot or Grave No. _____ Section No. _____

A.O.D.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	<u>147.50</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	
<u>Permitting</u>	<u>5.00</u>
<u>To Sexton</u>	<u>1.00</u>
Total Footing of Bill	
By Amount Paid in Advance	<u>160.50</u>
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

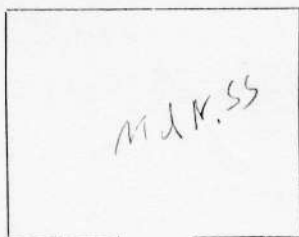
May 30 28 Credits By check 160.50

Record of Funeral

No. Bahr Johanna Date June 7 1928
 Name of the Deceased Sex F Color W
 Charge to _____ Order given by _____

How Secured June 7-1928
 Date of Funeral June 7-1928
 Place of Death her home
 Funeral Services at Ev Lutheran Church
 Time of Funeral Services 2 P.M.
 Clergyman Rev Miller - H. H. H. H.
 Certifying Physician Dr Cordon
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Broken Hip
 Date of Death July 5-1928
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 82 Years, 8 Months, 4 Days
 Birth Place Germany
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Geo Bahr

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 660
2 Cornish Oak leaf flush
 Manufactured by Gallenay
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment 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: See Geo Bahr
Maibach

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin <u>4 complete</u>	\$ <u>225.00</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	
<u>heavy boards</u>	<u>3.00</u>
Total Footing of Bill	<u>228.00</u>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

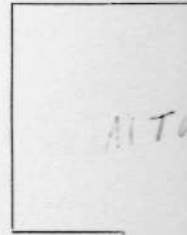
Total Debit - - - - \$

Credit By Check
Geo Bahr 228.00

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman Rev. C.
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death July 5-1928
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 76
 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 Burn
 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: _____

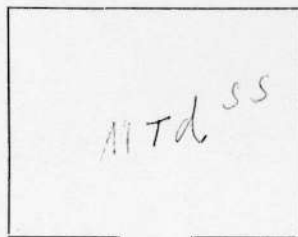
NAMES OF PALLBEARERS _____

Record of Funeral

No. 1928 Date June 7 1928
 Color W Name of the Deceased Sturgis Abel Ross Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral June 8 - 1928
 Place of Death Groeg Kansas
 Funeral Services at Masonic Temple
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. French
 Certifying Physician Dr. Haller
 His Residence Groeg Kans
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death June 6 - 1928
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 76 Years, 9 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 #201 plan
Burnah below
 Manufactured by R4-GTX
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M. Oline 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 & complete 275.00
 " 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 - - - - -
 Entered into Ledger, page _____ or below

Total Debit - - - - - \$ 275.00

June 2 1928 Credits by Cash 275.00

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date June 17 1928
 Name of the Deceased Wincent Martha Elizabeth Sex F. Color W.
 Charge to W.A. Hargis Order given by W.A. Hargis

How Secured _____

Date of Funeral _____

Place of Death Fulleton Cal.Funeral Services at Kear Funeral HomeTime of Funeral Services 2:30 P.M.Clergyman Rev. Finch

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death MyocarditisDate of Death June 12 1928

Occupation of the Deceased _____

Single, Married, Divorced _____ Religion _____

Aged 68 Years, 5 Months, 9 Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant W.A. HargisAddress Grocery Store

Body to be shipped to _____

Size and Style of Casket or Coffin _____

Manufactured by _____

Metallic Lining _____

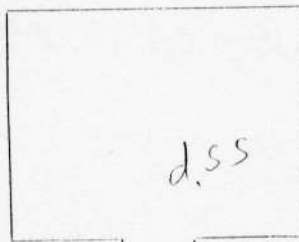
Outside Box _____

Number of Handles _____

Interment at McClure 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 + Return</u>	-	-	-		15.00
Wagon Deliveries	-	-	-		
Death Notices in _____ Newspapers	-	-	-		

NAMES OF NEWSPAPERS

Flowers	-	-	-		
Outlay for Lot	-	-	-		
Opening Grave	-	-	-		
Lining Grave	-	-	-		5.00
Shipping Charges, prepaid	-	-	-		
Removal Charges <u>by car to lot</u>	-	-	-		1.00
Cremation Charges	-	-	-		

Total Footing of Bill	-	-	-		21.00
By Amount Paid in Advance	-	-	-		
Balance	-	-	-		
Entered into Ledger, page _____ or below	-	-	-		

Total Debit - - - - \$

6-14-28 Credit <u>by car</u>	-	-	-		21.00
------------------------------	---	---	---	--	-------

No. _____

Name of the Deceased _____

Charge to Car

How Secured _____

Date of Funeral _____

Place of Death _____

Funeral Service _____

Time of Funeral _____

Clergyman _____

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death _____

Date of Death _____

Occupation of _____

Single, Married, Divorced _____

Aged 19

Birth Place _____

Father _____

Birth Place _____

Maiden Name _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant W.A. Hargis

Address _____

Body to be shipped _____

Size and Style _____

shelved

Manufactured _____

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at _____

Lot or Grave _____

(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. 1928 Date July 17 1928
 Name of the Deceased Cocoran Mrs Anna Sex F Color W
 Charge to Cocoran Bros Order given by _____

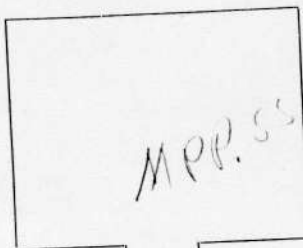
How Secured July 17-1928
 Date of Funeral July 17-1928
 Place of Death her home near Farmington
 Funeral Services at Farmington, Catholic Ch.
 Time of Funeral Services 10 A.M.

Clergyman _____
 Certifying Physician Dr. Maller
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death July 15-1928
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 79 Years, 11 Months, _____ Days

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

Informant Anna Cocoran
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 660 Blue
silver oak lay glass
 Manufactured by Gatesway
 Metallic Lining _____

Outside Box _____
 Number of Handles _____
 Interment at Farmington 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>Funeral</u>	
Metallic Lining	<u>complete</u>	<u>2.20</u>
Outside Box		
Grave Vault		
Burial Robe	<u>dress</u>	<u>1.85</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	@ \$	
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	<u>1.50</u>
Total Footing of Bill	<u>241.00</u>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

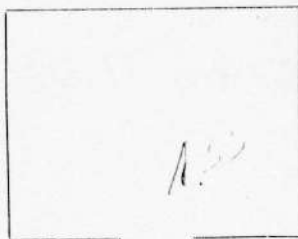
7-31-28 Credits By ch. 241.00

Record of Funeral

No. _____ Date July 18 1928
 Name of the Deceased Godfrey Robert Logg Sex M. Color W.
 Charge to _____ Order given by _____

How Secured July 18, 1928
 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 6 Days
 Birth Place _____
 Father Robert W. Godfrey
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Robert Godfrey
 Address Sharon, Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____

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	- - - - -	\$	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 - - - - - \$

7.18.28 Credits Ch. by
Howard Schuab 15.00

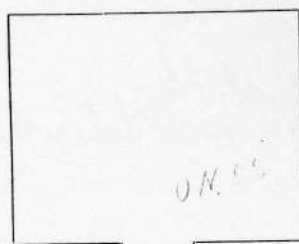
Record of Funeral

1928
Color WNo. _____ Date July 26 1928
Name of the Deceased Ruby Carlton
Charge to Bonham County Order given by A. D. Delaney

ITEMIZED CHARGES

How Secured _____
 Date of Funeral July 26-1928
 Place of Death Hutchinson Sanitarium
 Funeral Services at Kan. Funeral Home
 Time of Funeral Services 1:30 P.M.
 Clergyman Rev. Moore
 Certifying Physician Dr. Horner
 His Residence Hutchinson, Mo.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death July 25-1928
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 24 Years, 1 Months, 14 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Joe Carlton
 Name of Wife _____
 Informant Joe Carlton

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin blk Crepe
 Manufactured by Wahney
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mosquito 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

Price of Casket or Coffin + Casket 6 \$ 75.00
 " 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 - - - - - 75.00
 By Amount Paid in Advance - - - - -
 Balance - - - - -
 Entered into Ledger, page _____ or below

Total Debit - - - - - \$

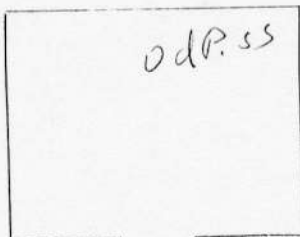
July 28 Ch. Am. A. 75.00

Record of Funeral

No. _____ Date July 28 1928
 Name of the Deceased Rhudy Ralph H. Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral July 28-1928
 Place of Death this home
 Funeral Services at home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Beans
 Certifying Physician Dr. Cardonier
 His Residence Troy Mo.
 Number of Burial Certificate _____
 Cause of Death found dead in orchard
 Date of Death July 26-1928
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 33 Years, 7 Months, 10 Days
 Birth Place Troy Kansas
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Geo Wright

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Steel Gray Broadcloth
 Manufactured by Belmont
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at MX 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>4.50.00</u>
" Metallic Lining	
" Outside Box	
" Grave Vault	<u>100.00</u>
" 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>1.75</u>

NAMES OF NEWSPAPERS

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

Total Footing of Bill	<u>55.75</u>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit - - - - \$ _____

Sept 1-1928 Credits by check 55.75

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 _____
 Aged 64 _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style _____
 Manufactured _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 Lot or Grave _____

Designate all mark space for 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 17 1928
 Name of the Deceased Lehman Caroline Sex W Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Aug 17-1928
 Place of Death N. W. of Mathene
 Funeral Services Smith Creek Church
 Time of Funeral Services _____

Clergyman _____
 Certifying Physician Dr. Condon
 His Residence _____

Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Aug 15-1928
 Occupation of the Deceased housewife

Single, Married, Divorced _____ Religion _____
 Aged 64 Years, 10 Months, 18 Days

Birth Place Mathene, Kans.
 Father Ernest Schuman

Birth Place Germany

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant Mrs. Fred Lehman

Address Mathene, Kans.

Body to be shipped to _____

Size and Style of Casket or Coffin # 870

Manufactured by Gateway

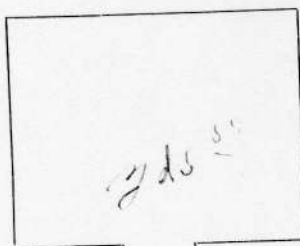
Metallie Lining _____

Outside Box _____

Number of Handles _____

Interment at Smith Creek 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	+ funeral	\$	
" Metallic Lining	Complete		265.00
" Outside Box			100.00
" 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 _____

Nov 9 1928 Credits Per Check 375.00

Record of Funeral

No. _____ Date Aug 18-1928
 Name of the Deceased Rubinske Bertha Sex F Color br
 Charge to Ben Rubinske Order given by _____

How Secured _____

Date of Funeral Aug 19-1928Place of Death South of TroyFuneral Services at Lutheran ChurchTime of Funeral 2 P.M.Clergyman Rev. RuffCertifying Physician Dr. Cordouier

His Residence _____

Number of Burial Certificate _____

Cause of Death _____

Date of Death Aug 16-1928

Occupation of the Deceased _____

Single, Married, Divorced _____ Religion _____

Aged 61 Years, 7 Months, 15 DaysBirth Place Germany

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant Ben RubinskeAddress Troy Kans.

Body to be shipped to _____

Size and Style of Casket or Coffin #202 SteelB.C. Silver Baronet int.Manufactured by Re-Int.

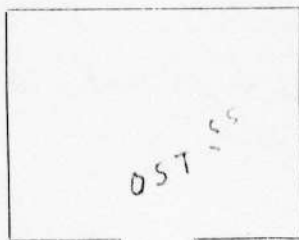
Metallic Lining _____

Outside Box _____

Number of Hauls _____

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 <u>Funeral</u>	\$	350.00
" Metallic Lining <u>Complete</u>		
" Outside Box		
" Grave Vault		100.00
" Burial Robe		
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with <u>L</u> Fluid)		
Washing and Dressing <u>L</u>		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages <u>@</u> \$		
Hearse <u>L</u>		
Wagon Deliveries <u>L</u>		
Death Notices in Newspapers		

NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave <u>L</u>	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	<u>440.00</u>
By Amount Paid in Advance <u>Good Mt.</u>	<u>10</u>
Balance	<u>440.00</u>
Entered into Ledger, page _____ or below	

Total Debit _____ \$

Aug 18-28 Credits by Ch 440.00

No. _____

Name of the Deceased _____

Charge to Roy

How Secured _____

Date of Funeral _____

Place of Death _____

Funeral Services _____

Time of Funeral _____

Clergyman R

Certifying Physician _____

His Residence _____

Number of Burial _____

Cause of Death _____

Date of Death _____

Occupation of the _____

Single, Married, _____

Aged 63

Birth Place _____

Father _____

Birth Place _____

Maiden Name of _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant M

Address _____

Body to be shipped _____

Size and Style of _____

1/2 Cor

Manufactured by _____

Metallic Lining _____

Outside Box _____

Number of Hauls _____

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

1928 19
Color WNo. _____ Date Aug 21 1928
Name of the Deceased Tilden John P. Sex M. Color W
Charge to Roy Tilden Order given by _____How Secured _____
Date of Funeral Aug 22 - 1928
Place of Death Farming N.H.
Funeral Services Fanning & S.D. Church
Time of Funeral Services 2 P.M.
Clergyman Rev. Quonleley
Certifying Physician W. Cordover
His Residence Ros. N.H.Number of Burial Certificate _____
Cause of Death _____
Date of Death Aug 20 - 1928
Occupation of the Deceased gro. merchant
Single, Married, Divorced _____ Religion _____
Aged 23 Years, 9 Months, 13 DaysBirth Place _____
Father _____
Birth Place _____Maiden Name of Mother _____
Birth Place _____
Name of Husband _____Name of Wife _____
Informant Roy TildenAddress Fanning N.H.

Body to be shipped to _____

Size and Style of Casket or Coffin # 580 flush12 CouchManufactured by Gaterway

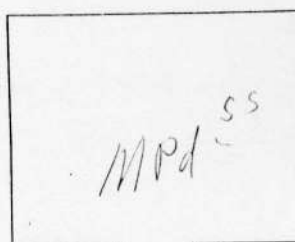
Metallic Lining _____

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: _____

ITEMIZED CHARGES

Price of Casket or Coffin + funeral \$ 235.00
" Metallic Lining complete \$ 235.00
" 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 _____
shirt + tie 2.50

NAMES OF NEWSPAPERS

Flowers _____
Outlay for Lot _____
Opening Grave _____
Lining Grave _____
Shipping Charges, prepaid _____
Removal Charges _____
Cremation Charges _____
heavy lumber 2.50
Total Fording of Bill _____ R.B.
By Amount Paid in Advance 240
Balance _____
Entered into Ledger, page _____ or below

Total Debit _____ \$

Sept 12 28 Credits by Cash 240.00

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Aug 21 1928
 Name of the Deceased Whetstone Anson Dunham Sex M. Color W
 Charge to Best Whetstone Order given by _____

How Secured _____

Date of Funeral Aug 22-1928Place of Death N. W. of TroyFuneral Services at Richards Home School HouseTime of Funeral Services 10 A-MClergyman Rev. J. S. BessCertifying Physician Dr. CondonHis Residence Troy N.Y.

Number of Burial Certificate _____

Cause of Death _____

Date of Death Aug 20-1928Occupation of the Deceased Ret. Farmer

Single, Married, Divorced _____ Religion _____

Aged 74 Years, 9 Months, 26 Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant R. B. Whetstone
Troy Kans

Address _____

Body to be shipped to _____

Size and Style of Casket or Coffin #630 steel
gr. Encl. Larch. 1/2 CouchManufactured by Bateley

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at Fanning Cemetery

Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin & funeral	\$	
Metallie Lining	Complete	185.00
Outside Box		
Grave Vault		
Burial Robe	shroud	15.00
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		

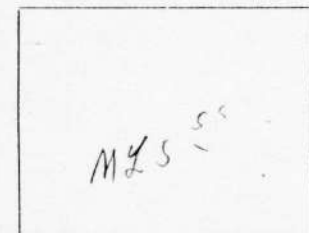
NAMES OF NEWSPAPERS

Flowers		5.00
Outlay for Lot		
Opening Grave		
Lining Grave	✓	
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		205.00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		

Total Debit - - - - \$

Aug 23-1928 Credits Ex by cash 25.00
Aug 23-1928 Ex by note 180.00
205.00

(Note sold to F. H. Bess)



(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 _____

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 321

Number of Burial Certificate _____

Cause of Death _____

Date of Death Aug 20-1928

Occupation of the Deceased _____

Single, Married, Divorced _____

Aged _____

Birth Place _____

Father Jim

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

Manufactured by _____

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at C

Lot or Grave No. _____

Record of Funeral

No. _____ Date Aug 31 1928
 Name of the Deceased Elmer Leroy Cole Sex M. Color W
 Charge to W. M. Cole Order given by _____

CHARGES

Funeral \$ 185.00
 Plot 15.00

and 15.00

Fluid) _____

ry _____

spapers _____

PERS _____

or below _____

by cash 75.00
 by note 180.00
205.00

(Bank) _____

How Secured _____

Date of Funeral Aug 31-1928

Place of Death Troy Kans R.F.D

Funeral Services at _____

Time of Funeral Services _____

Clergyman Rev. Moore

Certifying Physician Dr. W. Rodger Moore

His Residence 321 Kirkpatrick Blvd St Joseph Mo

Number of Burial Certificate _____

Cause of Death _____

Date of Death Aug 31-1928

Occupation of the Deceased _____

Single, Married, Divorced _____ Religion _____

Aged _____ Years, 11 Months, 10 Days

Birth Place _____

Father Wm M. Cole

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 # 150

White Pine

Manufactured by Imperial

Metallie Lining _____

Outside Box _____

Number of Handles _____

Interment at Courter Cemetery

Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin - - - - \$ 25.00

" 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 - - - - - 25.00

By Amount Paid in Advance - - - - -

Balance - - - - -

Entered into Ledger, page _____ or below

Total Debit - - - - - \$

NAMES OF PALLBEARERS

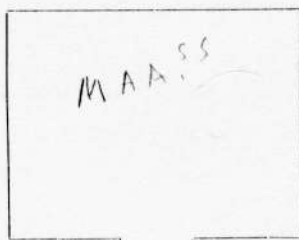
Record of Funeral

No. _____ Date Sept 15-1928 19__
 Name of the Deceased Isenberg Blanche Sex W Color W
 Charge to J.E. Eisenberg Order given by _____

How Secured _____
 Date of Funeral Sept 16-1928
 Place of Death Troy Kansas
 Funeral Services at Ran Funeral Home
 Time of Funeral Services 3 P.M.
 Clergyman Rev. Beans
 Certifying Physician Dr. Cordorier
 His Residence Troy Kans
 Number of Burial Certificate _____

Cause of Death _____
 Date of Death Sept 13-1928
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 50 Years 10 Months 18 Days
 Birth Place Alexander, Iowa
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband J.E. Isenberg
 Name of Wife _____
 Informant Alice Isenberg

Address Troy Ks.
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 206 steel
Sw Lamb. Grey crepe Int.
 Manufactured by Reg. Int
 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 (X).
 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>complete</u>	\$	200	00
" Metallic Lining	-	-	-
" Outside Box	-	-	-
" Grave Vault	-	100	00
" 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	-	-	-

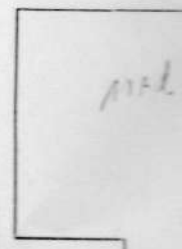
Total Footing of Bill	\$	300	00
By Amount Paid in Advance	-	-	-
Balance	-	-	-
Entered into Ledger, page _____ or below _____	-	-	-
Total Debit	\$	-	-

Oct 8 Credits By Check
R.S. Isenberg 300.00

No. _____
 Name of the Deceased _____
 Charge to Dan

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services _____
 Time of Funeral _____
 Clergyman Re
 Certifying Physician _____
 His Residence _____
 Number of Burial _____
 Cause of Death _____
 Date of Death _____
 Occupation of the _____
 Single, Married, _____
 Aged 54
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant M

Address _____
 Body to be shipped _____
 Size and Style of _____
St. Anne
 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 (X).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

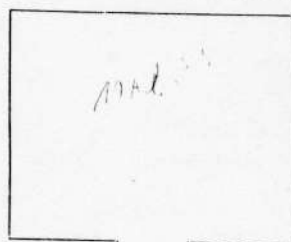
Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Sept 17 1928
 Name of the Deceased Lichtner Ida L. Sex F Color N
 Charge to San. Lichtner Order given by _____

How Secured _____
 Date of Funeral Sept 17-1928
 Place of Death St Joseph Mo
 Funeral Services at Lichtner Home
 Time of Funeral Services 2 P. M.
 Clergyman Rev. Gapp
 Certifying Physician Dr. Faigraue
 His Residence St Joseph Mo
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Sept 14-1928
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 54 Years, 1 Months, 9 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Daniel Lichtner
 Name of Wife _____
 Informant Mrs. Byron Dishon
 Address Osage Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 807
Half Maple
 Manufactured by Rey. 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 complete \$ 265.00
 " 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 _____
heavy under 2.50
 Total Footing of Bill 277.50
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below _____

Total Debit _____ \$
1928
Sept 21 Credits By check 277.50

Record of Funeral

No. _____ Date Sept 23-1978 19__

Name of the Deceased Pennel Suphronie Sex F. Color Regro

Charge to _____ Order given by _____

How Secured _____

Date of Funeral Sept 23-1978

Place of Death Laurence Kams

Funeral Services at W.M. & Church Troy

Time of Funeral Services 230 P.M.

Clergyman Rev. Majors

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death _____

Date of Death Sept. 21-1978

Occupation of the Deceased _____

Single, Married, Divorced _____ Religion _____

Aged About 93 years Months _____ Days _____

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant James Pennel

Address Laurence 1st.

Body to be shipped to _____

Size and Style of Casket or Coffin Plush heaf

Manufactured by Couch

Metallie Lining sold by D. Fink

Outside Box Laurence 1st.

Number of Hands _____

Interment at Pennel Cemetery

Lot or Grave No. _____ Section 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 _____

(Diagram of Lot)

MS 55

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 & services	-	-	-	
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 24 1978 Credits By Ch. 25

No. _____

Name of the Decedent _____

Charge to _____

How Secured _____

Date of Funeral _____

Place of Death _____

Funeral Service _____

Time of Funeral _____

Clergyman _____

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death _____

Date of Death _____

Occupation of the Deceased _____

Single, Married _____

Aged 69

Birth Place _____

Father _____

Birth Place _____

Maiden Name _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped to _____

Size and Style of Casket or Coffin Metallie

Manufactured by _____

Metallie Lining _____

Outside Box _____

Number of Hands _____

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

173

-1978 19
Color regro

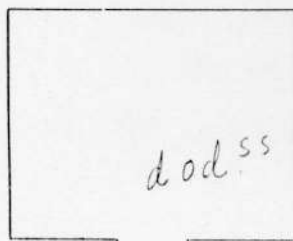
No. _____ Date Sept. 29 1978
Name of the Deceased Forrest Nellie Sex F Color W

Charge to _____ Order given by _____

CHARGES

How Secured _____
Date of Funeral Oct 1-1978
Place of Death her home
Funeral Services at St Charles Catholic Ch.
Time of Funeral Services 10:30 A.M.
Clergyman Father Poir & Buddy
Certifying Physician Dr. Staller
His Residence Troy Kas
Number of Burial Certificate _____
Cause of Death _____
Date of Death Sept 29-1978
Occupation of the Deceased _____
Single, Married, Divorced _____ Religion _____
Aged 69 Years, _____ 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 #2042
Metallic sealer
Manufactured by Missoni Casket Co.
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 + funeral Complete 650.00
" Metallic Lining _____
" Outside Box _____
" Grave Vault 100.00
" Burial Robe 200.00
" Burial Slippers and Hose 1.95
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 _____ 15.00
Outlay for Lot _____
Opening Grave _____
Lining Grave _____
Shipping Charges, prepaid _____
Removal Charges _____
Cremation Charges _____

Total Footing of Bill _____ 95
By Amount Paid in Advance _____ 186
Balance _____
Entered into Ledger, page _____ or below _____

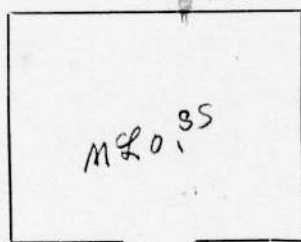
Total Debit _____ \$ _____

Oct 27 28 Credits B.Y. Check 700.00
Dec 29 78 " " 86.95
786.95

Record of Funeral

No. _____ Date Oct 2 - 1928 19
 Name of the Deceased Stamard Josephine M. Sex F Color N
 Charge to D. S. Stamard Order given by _____

How Secured _____
 Date of Funeral Oct. 3 - 1928
 Place of Death Mo. Methodist Hosp. #100
 Funeral Services at Kan. Funeral Home
 Time of Funeral Services 10 A.M.
 Clergyman Rev. Beant
 Certifying Physician Dr. J. M. Byrne
 His Residence St. Joseph Mo.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Oct 1 - 1928
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 57 Years, 9 Months, 20 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Bulah Stamard
 Address 209 N. 1st
 Body to be shipped to _____
 Size and Style of Casket or Coffin #206 Moor
rem. of Josephine 1/2 Corbin
 Manufactured by Rev. Art
 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 <u>Funeral</u>	\$	
" Metallic Lining <u>complete</u>		2.25.00
" 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		10.00
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		

Total Footing of Bill 735.00
 By Amount Paid in Advance 10.00
 Balance 725.00
 Entered into Ledger, page _____ or below

Total Debit \$ _____

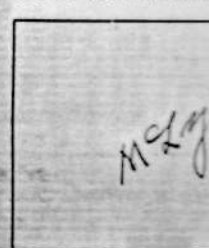
Oct. 10 - 25	Credits by checks	30.00
Oct. 30 - 28	By Ch. B. S. S.	10.00
Dec. 14 - 28	" " " " " "	50.00
58 - 29	By Ch. B. S. S.	75.00
Aug. 10 - 29	By phrasing	120.00
		235.00

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 7 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. Ka
 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. _____

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. _____

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

1928
Color *W*No. _____ Date *Oct 6* 19*28*
Name of the Deceased *Reckler Moses* Sex *M.* Color *W*
Charge to _____ Order given by _____

CHARGES

Funeral *2.25.00*

Fluid) _____

@ \$ _____

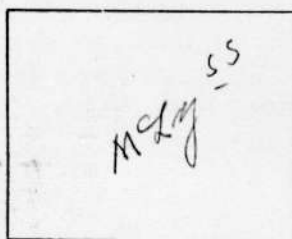
Newspapers _____

APERS _____

10.00

735.00

or below _____

Checks *30.00**10.00**50.00**25.00**120.00**235.00*How Secured _____
Date of Funeral *Oct 6 - 1928*
Place of Death *Troy Kansas*
Funeral Services at *M.E. Church*
Time of Funeral Services *2:30 P.M.*
Clergyman *Rev. Finch*
Certifying Physician *Dr. Haller*
His Residence *Troy Kans*
Number of Burial Certificate _____
Cause of Death _____
Date of Death *Oct 3 - 1928*
Occupation of the Deceased _____
Single, Married, Divorced _____ Religion _____
Aged *7* Years, *7* Months, *23* Days
Birth Place *Gettysburg Pa.*
Father _____
Birth Place _____
Maiden Name of Mother _____
Birth Place _____
Name of Husband _____
Name of Wife *Kate Reckler*
Informant *Mrs. Kate Reckler*
Address *Troy Mo.*
Body to be shipped to _____
Size and Style of Casket or Coffin *#206 steel*
gr. Lamb. grey carpet
Manufactured by *Ref. Art*
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at *MA 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 *Funeral* \$ *2.00.00*
" Metallic Lining *complete* _____
" 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 *200.00*
By Amount Paid in Advance _____
Balance _____
Entered into Ledger, page _____ or below _____

Total Debit _____ \$ _____

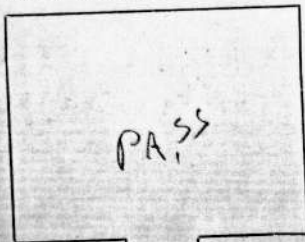
Oct. 24 - 28 Credits *By check* *200.00*

Record of Funeral

No. _____ Date Oct. 14 1928
 Name of the Deceased Blevins John Henry Sex M Color M
 Charge to _____ Order given by Mrs. Char Blevins

How Secured _____
 Date of Funeral Oct. 14 - 1928
 Place of Death Salt Lake Utah
 Funeral Services at Kaw Funeral Home
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Finch
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Verema
 Date of Death Oct 10 - 1928
 Occupation of the Deceased Income Tax Collector
 Single, Married, Divorced _____ Religion _____
 Aged 62 Years, 5 Months, 14 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Maud C. Blevins
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Steel grey
Welton Mettler has paid
Manufactured by sold at Salt Lake
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Clair 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	- - - - -	1.00
" 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 @ \$	- - - - -	15.00
Hearse	- - - - -	
Wagon Deliveries	- - - - -	
Death Notices in _____ Newspapers	- - - - -	

NAMES OF NEWSPAPERS

Flowers	- - - - -	
Outlay for Lot	- - - - -	
Opening Grave	- - - - -	
Lining Grave	- - - - -	5.00
Shipping Charges, prepaid	- - - - -	
Removal Charges	- - - - -	
Cremation Charges	- - - - -	5.00
Total Footing of Bill	- - - - -	12.50
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below	- - - - -	
Total Debit	- - - - - \$	

1928
 Oct. 15 Credits By ch 1.00
 12-31-28 75
 125.00

No. _____
 Name of the Deceased _____
 Charge to _____

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 43
 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 _____

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

(Diagram) _____
 Designate all Graves _____
 mark space for this _____
 Designate place for _____
 Use space to the right _____
 in Lot.

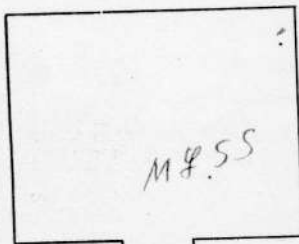
Remarks: Dis...
my a re
blond
 NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Oct. 14 1928
 Name of the Deceased Blevins Maud Cousin Sex F Color R
 Charge to _____ Order given by Mrs. Char Blevins

How Secured _____
 Date of Funeral Oct. 14-1928
 Place of Death Mourning Cal.
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Pulmonary TB
 Date of Death March 1-1917
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 43 Years, 8 Months, 6 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband John Henry Blevins
 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. 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: Died March 1-1928
in a rooming vault with
alone due
 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	- - - - -		15.00
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		

NAMES OF NEWSPAPERS

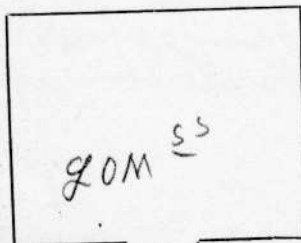
Flowers	- - - - -	
Outlay for Lot	- - - - -	
Opening Grave	- - - - -	5.00
Lining Grave	- - - - -	
Shipping Charges, prepaid	- - - - -	
Removal Charges	- - - - -	
Cremation Charges	- - - - -	5.00
<u>Personal service</u>	- - - - -	
Total Footing of Bill	- - - - -	25.00
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below	- - - - -	
Total Debit	- - - - -	\$

12-31-28 Credits By ch 25.00

Record of Funeral

No. _____ Date Oct. 17 1928
 Name of the Deceased Cummings, Elroy Clifton Sex M. Color W.
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Oct. 17-1928
 Place of Death his home
 Funeral Services at New Hope Church
 Time of Funeral Services 2 P. M.
 Clergyman Rev. Farnish
 Certifying Physician E. H. Carr Coroner
 His Residence Tray 1st
 Number of Burial Certificate _____
 Cause of Death Apoplexy
 Date of Death Oct. 15-1928
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 67 Years 9 Months 8 Days
 Birth Place Clinton County Tenn.
 Father Rept C. Cummings
 Birth Place New York
 Maiden Name of Mother _____
 Birth Place New York
 Name of Husband _____
 Name of Wife Maggie Cummings
 Informant Maggie Cummings
 Address Tray 1st
 Body to be shipped to _____
 Size and Style of Casket or Coffin #110
silver finish Metallic sealer
 Manufactured by Missouri Casket Co.
 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 <u>& funeral</u>	\$	500.00
" Metallic Lining <u>waffle</u>		
" Outside Box		100.00
" Grave Vault		35.00
" Burial Robe <u>suit</u>		
" Burial Slippers and Hose <u>for</u>		
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		1.00
NAMES OF NEWSPAPERS		
Flowers		10.00
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		646.00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$

Nov. 12-28 By Ch 646.00

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 _____
 Cause of Death _____
 Date of Death _____
 Occupation of the _____
 Single, Married, _____
 Aged 70
 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 _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 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

 1978
 Color *W*

 CHARGES
 Funeral plate \$ 500.00
 100.00
 35.00
 Fluid)

 Newspapers
 1.00
 10.00
 WSPAPERS
 646.00
 Advance
 page or below
 By ch 646.00

 No. _____ Date *Nov. 3-1928* 19
 Name of the Deceased *Long Rachel Anna* Sex *F* Color *W*
 Charge to _____ Order given by _____

 How Secured _____
 Date of Funeral *Nov. 4-1928*
 Place of Death *Severance Mass*
 Funeral Services at *Parry 2nd Church*
 Time of Funeral Services *2:30*
 Clergyman *Rev. Assembly*
 Certifying Physician *Dr. Hall & Ryan*
 His Residence *Proy & Severance*
 Number of Burial Certificate _____

 Cause of Death _____
 Date of Death *Nov. 1-1928*
 Occupation of the Deceased *Housewife*

 Single, Married, Divorced _____ Religion _____
 Aged *70* Years, *2* Months, *15* Days

 Birth Place _____
 Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

 Informant *Mr. Clark*

 Address *Severance Mass*

Body to be shipped to _____

 Size and Style of Casket or Coffin *# 807*
St steel lily finish 2nd Church Water

 Manufactured by *Rx-let*

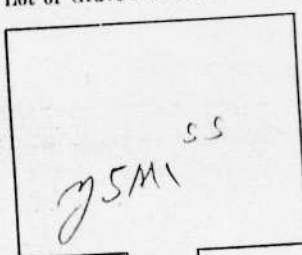
Metallic Lining _____

Outside Box _____

Number of Handles _____

 Interment at *Parry 2nd* 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 *finished* \$ *265.00*
 " Metallic Lining *split* _____
 " Outside Box *✓* _____
 " Grave Vault _____
 " Burial Robe *dress* *17.50*
 " 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 *phlox* *10.00*
 Outlay for Lot _____
 Opening Grave _____
 Lining Grave *✓* _____
 Shipping Charges, prepaid _____
 Removal Charges _____
 Cremation Charges _____

 Total Footing of Bill *287.50*

By Amount Paid in Advance _____

Balance _____

Entered into Ledger, page _____ or below _____

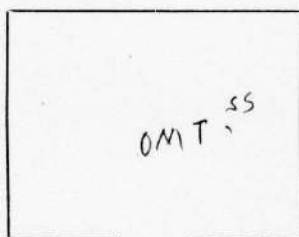
Total Debit _____ \$ _____

 Jan 23-30 Credit *By check*
Mr. Phillips adms 287.50

Record of Funeral

No. _____ Date Nov. 6 - 1928 19____
 Name of the Deceased Mengquist George Paul Sex M. Color N.
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Nov. 6 - 1928
 Place of Death his home
 Funeral Services at Harv Funeral Home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Sapp
 Certifying Physician Dr. Corder
 His Residence 107 N. Main
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Nov. 3 - 1928
 Occupation of the Deceased Furnace
 Single, Married, Divorced _____ Religion _____
 Aged 54 Years 11 Months 5 Days
 Birth Place Madison, N.Y.
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Ladie Mengquist
 Informant Clara Mengquist
 Address 107 N. Main
 Body to be shipped to _____
 Size and Style of Casket or Coffin 22 x 28 steel
Broadcloth Rattan 1st class
 Manufactured by Rx
 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: 1134
2/8

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	<u>Funeral</u>	\$	_____
" Metallic Lining	<u>complete</u>	\$	3.50
" Outside Box			_____
" Grave Vault			1.00
" 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		\$	10.00
Outlay for Lot			_____
Opening Grave			_____
Lining Grave			_____
Shipping Charges, prepaid			_____
Removal Charges			_____
Cremation Charges			_____

Total Footing of Bill		\$	46.00
By Amount Paid in Advance			_____
Balance			_____
Entered into Ledger, page _____ or below			_____

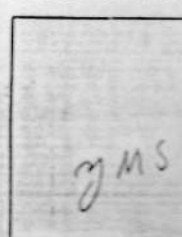
Total Debit _____ \$

Dec. 19-28 By Ch. 46.00

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 68 Years _____ Months _____ Days
 Birth Place Madison, N.Y.
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Clara Mengquist

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Blue steel
 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

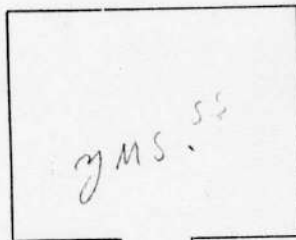
No. 928 Date Nov. 15 1928
 Name of the Deceased Reckler Robin Matilda Sex F Color N
 Charge to Peter Reckler Order given by _____

How Secured _____
 Date of Funeral Nov. 15 - 1928
 Place of Death Sisters Hosp.
 Funeral Services at Baptist Church
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Moore

Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Nov. 13 - 1928
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 68 Years, 10 Months, 17 Days
 Birth Place Kenansville Ill

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

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin #215
Blue silver finish
 Manufactured by Ry. 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 <u>fine</u>	\$	235.00
" Metallic Lining <u>complete</u>		
" Outside Box		100.00
" Grave Vault		
" Burial Robe <u>dark</u>		20.00
" 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		1.75

NAMES OF NEWSPAPERS

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

Total Footing of Bill	356.75
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

Nov. 16 - 28 Credits B. J. Chl 356.75

Record of Funeral

No. _____ Date Nov. 17 1928
 Name of the Deceased Boatwright Donna Rose Sex F Color W
 Charge to Donald Boatwright Order given by _____

How Secured Called from Mercy Hosp.
 Date of Funeral Nov. 17 - 28
 Place of Death Mercy Hospital
 Funeral Services at Katharine Ave. Home
 Time of Funeral Services 2 A.M.
 Clergyman Rev. Finch

Certifying Physician Dr. Pierce
 His Residence St. Joseph Mo.
 Number of Burial Certificate _____
 Cause of Death Still Born
 Date of Death Nov. 16 - 1927

Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years _____ Months _____ Days

Birth Place Mercy Mo.
 Father Donald Boatwright

Birth Place _____
 Maiden Name of Mother Rose Dubach

Birth Place _____
 Name of Husband _____
 Name of Wife _____

Informant Donald Boatwright

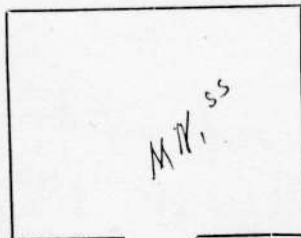
Address Troy Mo.

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

Manufactured by Watson

Metallic Lining _____
 Outside Box _____

Number of Handles _____
 Interment at St. Louis 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>perfect</u>	\$	30.00
" 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 30.00

By Amount Paid in Advance _____
 Balance _____

Entered into Ledger, page _____ or below _____

1929 Total Debit _____ \$ _____

Feb. 27. Credits <u>cash</u>	12.00
Sept. 20. 29. <u>By cash</u>	20.00
	30.00

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. _____

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. 7 Date Nov. 27 1928
 Name of the Deceased Farley General Mildred Sex F Color W
 Charge to Lloyd Farley Order given by _____

ITEMIZED CHARGES

How Secured _____
 Date of Funeral Nov. 27-1928
 Place of Death near Farming
 Funeral Services at Farming D.D. Church
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Peonahley
 Certifying Physician Dr. Hatter
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Global Pneumonia
 Date of Death Nov. 26-1928
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years, 4 Months, 7 Days
 Birth Place near Farming
 Father Lloyd Farley
 Birth Place _____
 Maiden Name of Mother Geneva Davies
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Lloyd Farley

Price of Casket or Coffin Casket - \$ 25.00
 " 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 - _____

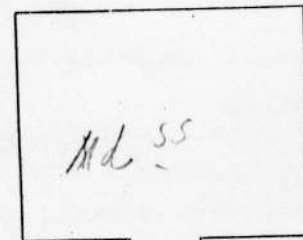
NAMES OF NEWSPAPERS

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

Total Footing of Bill - 29.50
 By Amount Paid in Advance - _____
 Balance - _____
 Entered into Ledger, page _____ or below _____

Total Debit - \$

1-1-31 Paid to J. J. C. 29.50
 Credits



(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: _____

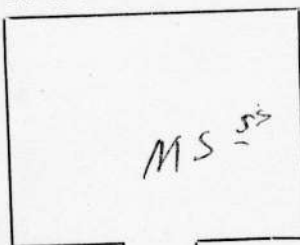
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Nov. 30 - 1928 19____
 Name of the Deceased Mallows, Edna Pauline Sex F Color W
 Charge to Frank Mallows Order given by _____

How Secured _____
 Date of Funeral Nov. 30 - 1928
 Place of Death Charlton, Iowa
 Funeral Services at Baptist Church
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Moore
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Diabetes Coma
 Date of Death Nov. 28 - 1928
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged 3 Years, 7 Months, 1 Days
 Birth Place _____
 Father Frank Mallows
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mr. Frank Mallows

Address Tracy Junction, Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Plank
drop side
 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	_____		_____
Wagon Deliveries	_____		_____
Death Notices in _____ Newspapers	_____		_____

NAMES OF NEWSPAPERS

Flowers	_____	5.00
Outlay for Lot	_____	
Opening Grave	_____	
Lining Grave	_____	
Shipping Charges, prepaid	_____	
Removal Charges	_____	
Cremation Charges	_____	
funeral complete		77.55
Total Footing of Bill	_____	82.35
By Amount Paid in Advance	_____	
Balance	_____	
Entered into Ledger, page _____ or below		
Total Debit	_____	\$

124-28 Credit By sh 82.35

No. _____
 Name of the Deceased _____
 Charge to Mr. Frank Mallows
 How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman Rev. Moore
 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. _____

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: _____

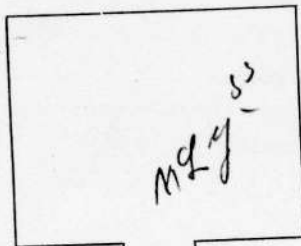
NAMES _____

Record of Funeral

No. _____ Date Dec. 12 1928
 Name of the Deceased Johnson Helen Ann Sex F Color W
 Charge to Helen Johnson Order given by _____

How Secured _____
 Date of Funeral Dec 13 - 1928
 Place of Death Troy, Mo.
 Funeral Services at her home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Finch
 Certifying Physician Dr. Haller
 His Residence Troy, Mo.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Dec. 11 - 1928
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 64 Years, 4 Months, 9 Days
 Birth Place Boonville, Mo.
 Father William M. Grim
 Birth Place Evansville, Ind.
 Maiden Name of Mother Harriet Duncan
 Birth Place Evansville, Ind.
 Name of Husband Samuel H. Johnson
 Name of Wife _____
 Informant Helen Johnson

Address Troy, Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin #206 steel
gray lined, gray int
 Manufactured by Ry. Art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Maple 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>1.50</u>	\$	0.00
" Metallic Lining	<u>complete</u>	\$	2.00
" Outside Box			
" Grave Vault			
" Burial Robe			
" Burial Slippers and Hose	<u>hose</u>		1.50
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			211.50
By Amount Paid in Advance			
Balance			
Entered into Ledger, page _____ or below			
Total Debit		\$	50

Dec. 17 - 28 Credits By ch 211.50

Record of Funeral

No. _____ Date Dec. 14-1928
 Name of the Deceased Blanton's Elizabeth Jane Sex F Color N
 Charge to Jesse Blanton Order given by _____

How Secured _____
 Date of Funeral Dec. 15-1928
 Place of Death her home
 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 Dec. 13-1928
 Occupation of the Deceased housewife

Single, Married, Divorced _____ Religion _____
 Aged 76 Years, 7 Months, 6 Days

Birth Place Dursey County Ky.

Father Patton C. Thomas

Birth Place Lee County Va.

Maiden Name of Mother Elizabeth Brewer

Birth Place Lee County Va.

Name of Husband Jesse Blanton

Name of Wife _____

Informant Jesse Blanton

Address Sparks Kerns

Body to be shipped to _____

Size and Style of Casket or Coffin # 811

Asheys State Hwy Church

Manufactured by Rx-Ad

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at Local Cemetery

Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin General \$ _____

" Metallic Lining complete \$ 325.00

" Outside Box _____

" Grave Vault _____

" Burial Robe dress \$ 21.00

" 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 _____ \$ 5.00

Outlay for Lot _____

Opening Grave _____

Lining Grave _____

Shipping Charges, prepaid _____

Removal Charges _____

Cremation Charges _____

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 _____

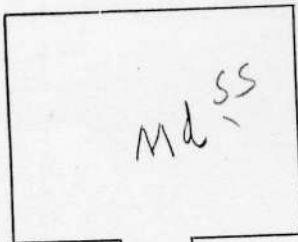
Record of Funeral

187

No. 19 Date Dec 16 1928
 Name of the Deceased Stargis Asa M. Sex M. Color W
 Charge to _____ Order given by Ed Monroe

How Secured _____
 Date of Funeral Dec. 16 - 1928
 Place of Death Clarin das Iowa
 Funeral Services at Masonic Temple 917
 Time of Funeral Services 2 P. M.
 Clergyman Rev. Finch
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Dec 13 - 1928
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 37 Years, 7 Months, 28 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Helen Stargis
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Steel gr flunk
Leaf Couch
 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 @ \$					15.00
Hearse <u>to home & funeral</u>					1.00
Wagon Deliveries <u>Box</u>					1.75
Death Notices in _____ Newspapers					

NAMES OF NEWSPAPERS

Flowers	-	-	-		15.00
Outlay for Lot	-	-	-		
Opening Grave	-	-	-		5.00
Lining Grave <u>& Dec</u>	-	-	-		
Shipping Charges, prepaid	-	-	-		
Removal Charges	-	-	-		
Cremation Charges <u>Personal services</u>	-	-	-		10.00
Total Footing of Bill	-	-	-		47.75
By Amount Paid in Advance	-	-	-		
Balance	-	-	-		
Entered into Ledger, page _____ or below					

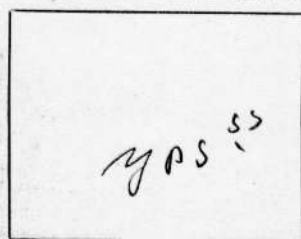
Total Debit

Dec 16 - 28 Cash by McRanis 47.75
 Credits

Record of Funeral

No. _____ Date Dec. 19 1928
 Name of the Deceased Cox Mores Franklin Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Dec. 20 - 1928
 Place of Death NE. of Troy
 Funeral Services at Christian Church
 Time of Funeral Services 2 P. M.
 Clergyman Rev. Sapp
 Certifying Physician W. Cordonier
 His Residence Troy Kansas
 Number of Burial Certificate _____
 Cause of Death Apoplexy
 Date of Death Dec. 18 - 1928
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 66 Years _____ Months 18 Days _____
 Birth Place Benton County
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Mary L. Cox
 Informant Mary L. Cox
 Address Troy Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 80.7
Mass Rose Bush Stet
 Manufactured by Rex
 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 <u>complete</u>	\$ <u>280.00</u>
" Metallic Lining	
" Outside Box	
" Grave Vault	<u>100.00</u>
" 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>1.75</u>

NAMES OF NEWSPAPERS

Flowers <u>Pellon</u>	<u>10.00</u>
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	<u>391.75</u>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

Dec 19-29 Credits By cash 391.75

No. _____
 Name of the Deceased _____
 Charge to Col

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 68 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 C
 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 _____

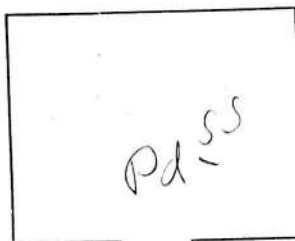
Record of Funeral

103

No. 1928 Date Dec 22 1928
 Name of the Deceased Williamson, Nellie Ann Sex F Color Negro
 Charge to Colored Eastern Star Order given by Dora Lee

How Secured by Dora Lee
 Date of Funeral Dec 27 - 1928
 Place of Death Woy Home
 Funeral Services at Woy Home
 Time of Funeral Services 7 P.M.
 Clergyman Rev. J. P. H.
 Certifying Physician Dr. Cardonier
 His Residence Woy Home
 Number of Burial Certificate 1
 Cause of Death Pneumonia
 Date of Death Dec 20 - 1928
 Occupation of the Deceased
 Single, Married, Divorced Religion
 Aged 68 Years 4 Months 19 Days
 Birth Place
 Father
 Birth Place
 Maiden Name of Mother
 Birth Place
 Name of Husband
 Name of Wife
 Informant Dora Lee

Address Woy Home
 Body to be shipped to
 Size and Style of Casket or Coffin #130 steel
grey crepe
 Manufactured by Rx
 Metallic Lining
 Outside Box
 Number of Handles
 Interment at W. Home 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	complete	\$ 1.00 00
" Metallic Lining		
" Outside Box		
" Grave Vault		
" Burial Robe		1.00 00
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	star	5.00
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		

Total Footing of Bill	11.50 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page <u></u> or below <u></u>	
Total Debit	\$

Feb. 1-29 Chas. By Dora Lee 75.00
 for O.C.I.
 2-1-29 Chas. By John Williamson 40.00
 11.50 00

Record of Funeral

No. _____ Date Dec. 27 1928
 Name of the Deceased Hayer Zephaniah Sex M Color M
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Dec. 28 - 1928
 Place of Death M^cEmmitt home near Benton
 Funeral Services at Baptist Church
 Time of Funeral Services 2 P.M. Wednesday
 Clergyman Rev. Carter
 Certifying Physician Dr. Cordover
 His Residence Proy, Kan.

Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Dec. 26 - 1928
 Occupation of the Deceased Ret. farmer
 Single, Married, Divorced _____ Religion _____
 Aged 81 Years, _____ Months, 15 Days

Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant J. H. Hayer

Address Proy, Kan.

Body to be shipped to _____

Size and Style of Casket or Coffin # 206 steel

Manufactured by Ex-act

Metallic Lining _____

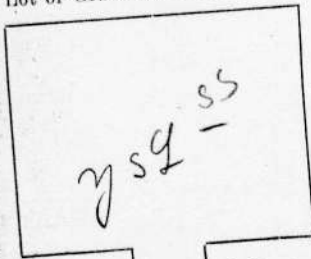
Outside Box _____

Number of Handles _____

Interment at Belmont 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>complete</u>	\$ <u>215.00</u>
" Metallic Lining	
" Outside Box	<u>100.00</u>
" 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>1.75</u>
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 _____

Jan. 25-26 Credits By Check 326.75

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services _____
 Time of Funeral _____
 Clergyman R
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 3
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name _____
 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. _____

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: _____

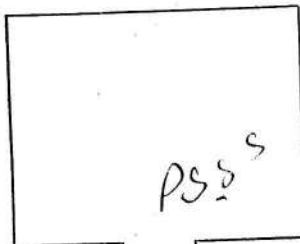
NAMES OF PALLBEARERS _____

Record of Funeral

No. 78 Date Jan 5 1929
 Name of the Deceased Duncan Gilbert Leroy Sex M Color N
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Jan 5 - 1929
 Place of Death Home of D.M. Duncan
 Funeral Services at " " "
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Dr. Condoner
 Certifying Physician Dr. Condoner
 His Residence Tracy, Kan.
 Number of Burial Certificate _____
 Cause of Death Drunk Interference
 Date of Death Jan 2 - 1928
 Occupation of the Deceased child
 Single, Married, Divorced _____ Religion _____
 Aged 3 Years 4 Months 5 Days
 Birth Place Julesburg, Colo.
 Father Percy Duncan
 Birth Place Tracy, Kan.
 Maiden Name of Mother Clara Whitehead
 Birth Place None Kansas
 Name of Husband _____
 Name of Wife _____
 Informant Clara Duncan

Address Tracy, Kan.
 Body to be shipped to _____
 Size and Style of Casket or Coffin #185 drop side white finish with
 Manufactured by R.R. Art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Behrmann 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	\$ 95.00
" 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	102.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

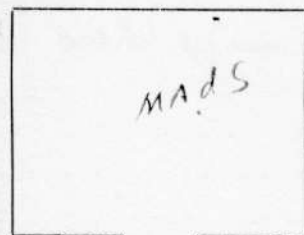
Jan 7 1929 Credits B & Ch 102.50

Record of Funeral

No. _____ Date Jan 9 - 1929 19
 Name of the Deceased Whittaker Mary Lou Sex F Color W
 Charge to Louis J. Whittaker Order given by _____

How Secured _____
 Date of Funeral Jan 9 - 1929
 Place of Death near Doughan
 Funeral Services at D. P. Whittaker home
 Time of Funeral Services 11 A.M.
 Clergyman Rev. Furch
 Certifying Physician Dr. Cordover
 His Residence Harry Run
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Jan 7 - 1929
 Occupation of the Deceased child
 Single, Married, Divorced _____ Religion _____
 Aged 1 Years 3 Months 8 Days
 Birth Place Doughan, Mass
 Father Louis J. Whittaker
 Birth Place _____
 Maiden Name of Mother Eva Rosa Taylor
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Louis Whittaker

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 150 white
Jan 6
 Manufactured by 12x
 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	- - - - \$	25.00
" 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	- - - -	3.00
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	
<u>boards</u>	- - - -	6.00
Total Footing of Bill	- - - -	33.60
By Amount Paid in Advance	- - - -	
Balance	- - - -	
Entered into Ledger, page _____ or below	- - - -	
Total Debit	- - - - \$	

	Credits	
Jan. 26	cash	33.60

Record of Funeral

 29 19
 Color W

 No. _____ Date Jan 10-1929 19____
 Name of the Deceased Arthur Nelson Sex _____ Color _____
 Charge to _____ Order given by _____

GES

 \$ 25.00

Fluid)

pers

S

or below

\$

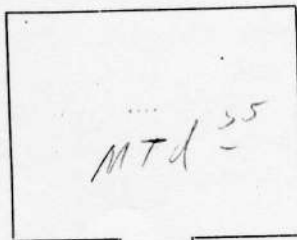
33.60

 How Secured _____
 Date of Funeral Jan 11-1929
 Place of Death his home
 Funeral Services at Christian Church
 Time of Funeral Services 2 P. M.
 Clergyman Rev. Jupp
 Certifying Physician Dr. Haller
 His Residence Gray Mo.
 Number of Burial Certificate _____

 Cause of Death _____
 Date of Death Jan 8-1929
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 81 Years, 1 Months, 27 Days
 Birth Place _____

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

 Address Farmet Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 807 steel
9x lily finish
 Manufactured by Rev

 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M. 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>265.00</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	- - - - -	<u>1.00</u>
NAMES OF NEWSPAPERS _____		
Flowers	- - - - -	
Outlay for Lot	- - - - -	
Opening Grave	- - - - -	
Lining Grave	- - - - -	
Shipping Charges, prepaid	- - - - -	
Removal Charges	- - - - -	
Cremation Charges	- - - - -	
Total Footing of Bill	- - - - -	<u>266.00</u>
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below	- - - - -	
Total Debit	- - - - -	\$ _____

 Feb. 5-1929 Credits By check 266.00

Record of Funeral

No. _____ Date Jan 30 1929

Name of the Deceased Shay Nina M. Sex F Color W

Charge to John Shay Order given by _____

How Secured _____

Date of Funeral Jan 30 - 1929

Place of Death N.O. of Severance

Funeral Services at Christian Ch. Severance

Time of Funeral Services 2 P.M.

Clergyman Rev. Myers + Hubbard

Certifying Physician Dr. Cordover

His Residence Brooklyn, N.Y.

Number of Burial Certificate _____

Cause of Death _____

Date of Death Jan 28 - 1929

Occupation of the Deceased _____

Single, Married, Divorced _____ Religion _____

Aged 46 Years, _____ Months, 17 Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant John Shay
Severance

Address Kans.

Body to be shipped to _____

Size and Style of Casket or Coffin #807 stat
half casket

Manufactured by Rx. Wt

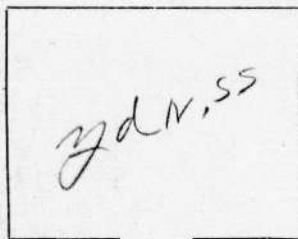
Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at Oak Hill 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	Complete	\$ 2.65.00
" Metallic Lining	- - - - -	
" Outside Box	- - - - -	
" Grave Vault	- - - - -	100.00
" Burial Robe	dress	20.00
" 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	- - - - -	3.85.00
Balance	- - - - -	
Entered into Ledger, page _____ or below	- - - - -	

Total Debit - - - - - \$

McH 1-1929 Credits By ch 385.00

No. _____

Name of the Deceased _____

Charge to _____

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 _____ Religion _____

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. _____



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

185

1929
Color *W*

No. _____ Date *Feb 6* 1929
Name of the Deceased *Grace George B* Sex *M* Color *W*
Charge to _____ Order given by _____

ES
\$ 265.00
100.00
200.00

How Secured _____
Date of Funeral *Feb 6 1929*
Place of Death *Kansas City Mo.*
Funeral Services at *R.C. NW*
Time of Funeral Services _____
Clergyman _____
Certifying Physician _____
His Residence _____
Number of Burial Certificate _____
Cause of Death *Acute Dilatation of Heart*
Date of Death _____
Occupation of the Deceased *Railor*
Single, Married, Divorced _____ Religion _____
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 *Dempsey* Cemetery
Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

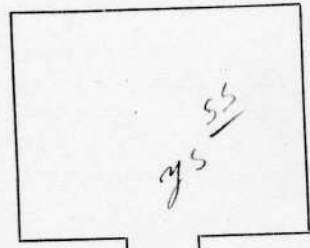
Price of Casket or Coffin	-	-	-	\$	
" Metallic Lining	-	-	-		
" Outside Box	-	-	-		
" Grave Vault	-	-	-		
" Burial Robe	-	-	-		
" Burial Slippers and Hose	-	-	-		
Engraving Plate	-	-	-		
Embalming Body (with _____ Fluid)	-	-	-		
Washing and Dressing	-	-	-		
Shaving	-	-	-		
Disinfecting Rooms	-	-	-		
Use of Catafalque and Drapery	-	-	-		
Use of Folding Chairs	-	-	-		
Use of Candelabrum	-	-	-		
Candles	-	-	-		
Gloves	-	-	-		
Crepe	-	-	-		50
Telephone	-	-	-		
Telegraph	-	-	-		
Number of Carriages @ \$	-	-	-		35.00
Hearse & service	-	-	-		
Wagon Deliveries	-	-	-		
Death Notices in _____ Newspapers	-	-	-		

NAMES OF NEWSPAPERS

Flowers	-	-	-		
Outlay for Lot	-	-	-		6.00
Opening Grave	-	-	-		
Lining Grave	-	-	-		
Shipping Charges, prepaid	-	-	-		
Removal Charges	-	-	-		
Cremation Charges	-	-	-		5.00
<i>Lining car</i>	-	-	-		
Total Footing of Bill	-	-	-		46.50
By Amount Paid in Advance	-	-	-		
Balance	-	-	-		
Entered into Ledger, page _____ or below	-	-	-		
Total Debit	-	-	-	\$	

385.00

385.00



(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 *Brother Chas. Grace*
Denton Kaut

NAMES OF PALLBEARERS

Funeral at Kansas City
By Eyles Funeral Home
1800 Linwood Blvd.

Feb. 9 - 1929 *Chas. Eyles P.H.* *46.50*

Record of Funeral

No. _____ Date Feb. 8-1929 19____
 Name of the Deceased Zimmerman Wm Franklin Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____

Date of Funeral Feb. 9-1929Place of Death Troy KansasFuneral Services at M.C. ChurchTime of Funeral Services 2 P.M.Clergyman Rev. Everett + FrenchCertifying Physician Dr. CordorierHis Residence Troy Kans

Number of Burial Certificate _____

Cause of Death _____

Date of Death Feb. 7-1929

Occupation of the Deceased _____

Single, Married, Divorced _____ Religion _____

Aged 72 Years, 10 Months, 29 Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant Kellie ZimmermanAddress Troy Kans

Body to be shipped to _____

Size and Style of Casket or Coffin # 804 Tan Tanglevelvet, white satin, brown leatherManufactured by Gateway

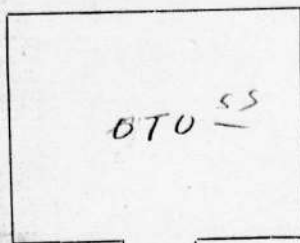
Metallic Lining _____

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 + complete	\$ 400.00
" Metallic Lining	
" Outside Box	
" Grave Vault	100.00
" 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	1.75

NAMES OF NEWSPAPERS

Flowers <u>683 roses, lilies, etc.</u>	20.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill 521.75

By Amount Paid in Advance _____

Balance _____

Entered into Ledger, page _____ or below _____

Total Debit _____ \$ _____

Mar 19-29 Credits By Ch 521.75

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 _____

Cause of Death _____

Date of Death _____

Occupation of the _____

Single, Married, _____

Aged 38Birth Place Id

Father _____

Birth Place _____

Maiden Name of _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant WAddress K

Body to be shipped _____

Size and Style of _____

hugely

Manufactured by _____

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at _____

Lot or Grave No. _____

MT

(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: _____

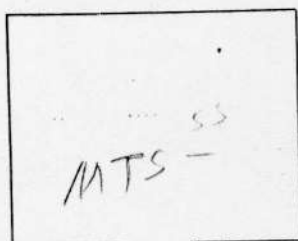
NAMES OF _____

Record of Funeral

No. _____ Date Feb. 9 1929
 Name of the Deceased Rummel Boyd Anderson Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Feb. 10 - 1929
 Place of Death Mo. Meth. Hosp. St. Joseph
 Funeral Services at Karr Funeral Home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Parish & Emerson
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Feb. 8 - 1929
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 38 Years, 7 Months, 19 Days
 Birth Place Drog Kansas
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. C. W. Collier

Address Kansas City, Kan.
 Body to be shipped to _____
 Size and Style of Casket or Coffin #807 state half casket special order
 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	- - - - -	\$ 260.00
" Metallic Lining	- - - - -	
" Outside Box	- - - - -	
" Grave Vault	- - - - -	
" Burial Robe	- - - - -	
" Burial Slippers and Hose	- - - - -	
Engraving Plate	- - - - -	
Embalming Body (with _____ Fluid)	- - - - -	2.50.00
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	- - - - -	1.50.00
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	- - - - -	
_____	- - - - -	1.00.00
_____	- - - - -	10.00
Total Footing of Bill	- - - - -	325.00
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below	- - - - -	
Total Debit	- - - - -	\$

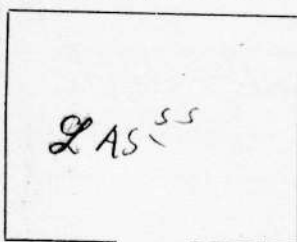
6-3-29 Ch By Anna B Mansfield 125.00
 Credits
 11-19-29 Ch By Anna Mansfield 50.00
 3-7-30 Ch " " " 22.76
 1-1-31 Bal by Jan 1014 127.24
 325.00

Transferred to
 page 1014

Record of Funeral

No. _____ Date Feb. 16 - 1929 19
 Name of the Deceased Sapton James Albe Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Feb. 16 - 1929
 Place of Death Proy Kansas
 Funeral Services at Karl Funeral Home
 Time of Funeral Services 2 P.M.
 Clergyman Rev Finch
 Certifying Physician Dr. Condonier
 His Residence Proy Kansas
 Number of Burial Certificate _____
 Cause of Death Arterio Sclerosis
 Date of Death Feb. 14 - 1929
 Occupation of the Deceased Rt Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 80 Years, 6 Months, 3 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Sarah Sapton
 Informant Mrs. Nick Brazleton
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin #204 r Gen
metal state dealer
 Manufactured by Russell Casket Co
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at W. Alvine 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>funeral</u>	\$	650.00
" Metallic Lining <u>complete</u>		
" Outside Box <u>✓</u>		
" Grave Vault <u>✓</u>		
" Burial Robe <u>✓</u>		
" Burial Slippers and Hose <u>✓</u>		
Engraving Plate <u>✓</u>		
Embalming Body (with <u>✓</u> Fluid)		
Washing and Dressing <u>✓</u>		
Shaving <u>✓</u>		
Disinfecting Rooms <u>✓</u>		
Use of Catafalque and Drapery <u>✓</u>		
Use of Folding Chairs <u>✓</u>		
Use of Candelabrum <u>✓</u>		
Candles <u>✓</u>		
Gloves <u>✓</u>		
Crepe <u>✓</u>		
Telephone <u>✓</u>		
Telegraph <u>✓</u>		
Number of Carriages _____ @ \$ _____		
Hearse <u>✓</u>		
Wagon Deliveries <u>✓</u>		
Death Notices in _____ Newspapers		
<u>shut</u>		1.50

NAMES OF NEWSPAPERS

Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave <u>✓</u>		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		651.50
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$

Feb. 19-28 Credits Bz ch. 651.50

Record of Funeral

No. _____ Date Feb. 20 1929
 Name of the Deceased Bell Alpheus Sex M. Color
 Charge to J.B. Sutton Order given by _____

How Secured _____
 Date of Funeral Feb. 20 - 1929
 Place of Death Sparks Kansas
 Funeral Services at Sparks Christ Church
 Time of Funeral Services 2 P.M.

Clergyman _____
 Certifying Physician _____
 His Residence _____

Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Feb. 18 - 1929

Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 65 Years, _____ Months, 26 Days

Birth Place _____
 Father _____
 Birth Place _____

Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____

Name of Wife _____
 Informant Mrs J.B. Sutton

Address Sparks Kansas

Body to be shipped to _____

Size and Style of Casket or Coffin #807 Matt
half ch.

Manufactured by Rx-Int.

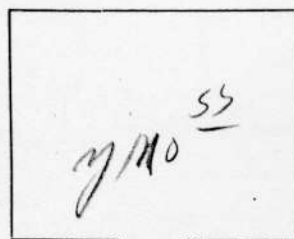
Metallie Lining _____

Outside Box _____

Number of Handles _____

Interment at Highland 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	<u>complete</u>	265.00
" Metallic Lining	<u>complete</u>	
" Outside Box		
" Grave Vault		
" Burial Robe	<u>suit</u>	35.00
" 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	300.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit _____ \$

March 22 1929 Credits By church 300.00

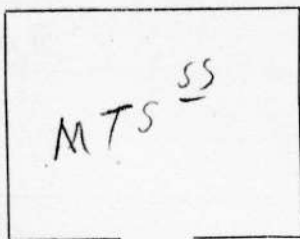
NAMES OF PALLBEARERS

Record of Funeral

No. _____ Date Feb. 19 - 1929 19
 Name of the Deceased Hanson, Mervin Sex M. Color W.
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Feb. 21 - 1929
 Place of Death Home North of Troy
 Funeral Services at Karl Funeral Home
 Time of Funeral Services 2 P.M.
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Feb. 19 - 1929
 Occupation of the Deceased Hammill
 Single, Married, Divorced _____ Religion _____
 Aged 85 Years, 1 Months, 11 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Will Hanson

Address Troy Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin #807 style
half couch
 Manufactured by Ry
 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 <u>Funeral</u>	\$ <u>265.00</u>
Metallic Lining <u>complete</u>	
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		5.00
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 _____ \$

March 29 Credits By Ch. 270.00

No. _____
 Name of the Deceased _____
 Charge to _____

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 6 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. _____

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. Wale Dory Emerg Date March Feb. 25 1929
 Name of the Deceased Wale Dory Emerg Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Feb. 25 - 1929
 Place of Death his home
 Funeral Services at Baptist Church Hwy
 Time of Funeral Services 2 P. M.
 Clergyman Rev. Moore
 Certifying Physician Dr. Cardonier
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Feb. 23 - 1929
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 63 Years 4 Months 25 Days
 Birth Place Garfield Ind.
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. Stalk
Starkberry W.
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin #813 Bohemia
slip floor
 Manufactured by Rx. Int.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M. Church Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin & funeral	\$450.00
" Metallic Lining complete	100.00
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	1.75

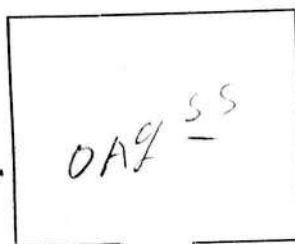
NAMES OF NEWSPAPERS

Flowers	10.00
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	\$561.75

Mar. 7 '29

Credits



(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 7-1929 19
 Name of the Deceased Bridgman Henry Sex M. Color M.
 Charge to Wm Bridgman Order given by _____

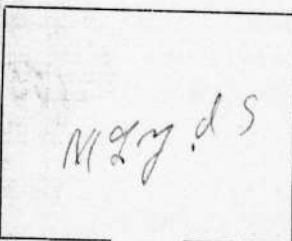
How Secured _____
 Date of Funeral March 7-1929
 Place of Death County Farm
 Funeral Services Karr Funeral Home
 Time of Funeral Services 9 A.M.
 Clergyman Rev Carter
 Certifying Physician Dr. J. J. Smith
 His Residence Mathura 14
 Number of Burial Certificate _____

Cause of Death _____
 Date of Death March 5-1929
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 75 Years, 3 Months, 8 Days

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

Address Gray Mass
 Body to be shipped to _____
 Size and Style of Casket or Coffin #206 steel
gray lamb. gv expt art int
 Manufactured by Rx

Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Bulmore 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	- - - - -	\$	100.00
" 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 - - - - -
 Entered into Ledger, page _____ or below

Total Debit - - - - - \$

4-9-29 Credits Wm Bridgman 208.50

Record of Funeral

1929 19
Color *W*

No. _____ Date *March 15* 19*29*
Name of the Deceased *Long Thomas* Sex *M* Color *W*
Charge to *Rev. Quonley* Order given by _____

REGES

\$ *100.00*

Fluid)

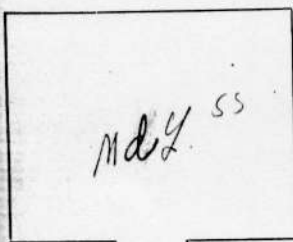
papers

ERS

or below

Budget 208.50

How Secured _____
Date of Funeral *March 15-1929*
Place of Death *Wagon*
Funeral Services at *Quonley*
Time of Funeral Services *2 P.M.*
Clergyman *Rev. Burnett*
Certifying Physician *Forgrave*
His Residence *St. Joseph*
Number of Burial Certificate _____
Cause of Death *Gut Burn*
Date of Death *March 13-1929*
Occupation of the Deceased *farmer*
Single, Married, Divorced _____ Religion _____
Aged *40* Years, *2* Months, *11* Days
Birth Place *Fanning Kansas*
Father _____
Birth Place _____
Maiden Name of Mother _____
Birth Place _____
Name of Husband _____
Name of Wife *Maudie Long*
Informant *Rev. Quonley*
Address _____
Body to be shipped to _____
Size and Style of Casket or Coffin *# 2/5*
half coach adagon
Manufactured by *Ry. Art*
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	<i>conflit</i>	\$ <i>235.00</i>
" Metallic Lining		
" Outside Box	<i>✓</i>	
" Grave Vault		
" Burial Robe		<i>16.50</i>
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)	<i>✓</i>	
Washing and Dressing	<i>✓</i>	
Shaving	<i>✓</i>	
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages	@ \$	
Hearse	<i>✓</i>	
Wagon Deliveries	<i>✓</i>	
Death Notices in _____ Newspapers		

NAMES OF NEWSPAPERS

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

Total Footing of Bill	<i>251.50</i>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

March 15 29 Credits By Note *251.50*

(See note for this)

Record of Funeral

No. _____ Date March 26 1929
 Name of the Deceased McClellan & Harry W. Sex M. Color W.
 Charge to Paid - 3-26-29 Order given by _____

How Secured _____
 Date of Funeral March 27-1929
 Place of Death Nathana Kansas
 Funeral Services at his home
 Time of Funeral Services _____
 Clergyman Rev. Carter
 Certifying Physician Dr. Swails
 His Residence Nathana Kans.
 Number of Burial Certificate _____

Cause of Death _____
 Date of Death March 25-1929

Occupation of the Deceased _____ Religion _____
 Single, Married, Divorced _____
 Aged 62 Years 10 Months 26 Days

Birth Place Nathana Kansas
 Father G. B. M. McClellan

Birth Place unknown
 Maiden Name of Mother unknown

Birth Place unknown
 Name of Husband Nathana Ms.

Name of Wife Nellie M. McClellan
 Informant Nellie M. McClellan

Address Nathana Ms.

Body to be shipped to _____

Size and Style of Casket or Coffin #806 blue steel stall half bush grey int.

Manufactured by Rix-ant

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 complete \$ 275.00
 " Metallic Lining complete \$ 100.00
 " 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 _____

March 26 29 By check 90.00
 " 26 29 " " 285.00
 " 26 29 " " 375.00

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____

Date of Funeral March 27

Place of Death Nathana

Funeral Services at _____

Time of Funeral Services _____

Clergyman Rev

Certifying Physician _____

His Residence _____

Number of Burial _____

Cause of Death As

Date of Death March 25

Occupation of the Deceased _____

Single, Married, Divorced _____

Aged 62

Birth Place Kans

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped _____

Size and Style of Casket _____

Manufactured by gr. Crp

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at C

Lot or Grave No. _____

(Diagram)

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

26 1929
Color *W*No. _____ Date *April 4-1929* 19
Name of the Deceased *Williams Leander Edwin* Sex *M.* Color *W*
Charge to _____ Order given by _____

ARGES

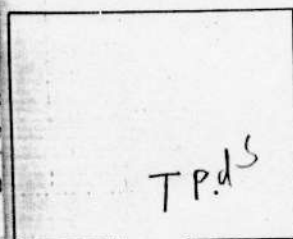
275.00
100.00

Fluid)

spapers

APERS

or below

check 900
285.00
3.75.00How Secured _____
Date of Funeral *April 4-1929*
Place of Death *North of Troy*
Funeral Services at *Williams Home*
Time of Funeral Services *2 P.M.*
Clergyman *Rev. Finch*
Certifying Physician *Dr. Cardonier*
His Residence *Troy N.*
Number of Burial Certificate _____
Cause of Death *Apoplexy*
Date of Death *April 2-1929*
Occupation of the Deceased *farmer*
Single, Married, Divorced _____ Religion _____
Aged *64* Years _____ Months *22* Days
Birth Place *Pa*
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 *#130 steel*
in casket
Manufactured by *Rx*
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at *Courtesy* 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 - - - \$ *135.00*
" Metallic Lining - - - _____
" Outside Box - - - _____
" Grave Vault - - - _____
" Burial Robe - - - *15.00*
" 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

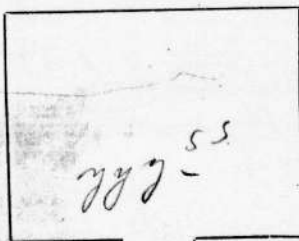
Flowers _____
Outlay for Lot - - - _____
Opening Grave - - - _____
Lining Grave - - - _____
Shipping Charges, prepaid - - - _____
Removal Charges - - - _____
Cremation Charges - - - _____Total Footing of Bill - - - *155.00*
By Amount Paid in Advance - - - _____
Balance - - - _____
Entered into Ledger, page _____ or below _____
Total Debit - - - \$ _____*April 3.29 secured by note 155.00**(See note)*

Record of Funeral

No. _____ Date April 6-1929 19____
 Name of the Deceased Liberton John Wesley Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral April 7-1929
 Place of Death at home
 Funeral Services at his home
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Dumbly
 Certifying Physician Dr. Cardosner
 His Residence Troy Ram
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death April 6-1929
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 85 Years 8 Months 20 Days
 Birth Place Roch Island Ill
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Ellen Liberton
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin #806 Plush state half Couch metal Corn
 Manufactured by Rx
 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 <u>funeral</u>	\$	275.00
" Metallic Lining <u>linen</u>		
" Outside Box		
" Grave Vault		
" Burial Robe <u>suit</u>		37.50
" 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		5.00
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		317.50
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$

April 26 Credit Bz Ch. 317.50

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 the Deceased _____
 Single, Married _____
 Aged 52
 Birth Place B
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Stu

Address _____
 Body to be shipped _____
 Size and Style of Casket _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 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 April 10-1929 19__
 Name of the Deceased Ramseier Elizabeth Caroline Sex F. Color R
 Charge to Henry Ramseier Order given by _____

How Secured _____

Date of Funeral April 11-1929Place of Death her home south of TroyFuneral Services at M.E. Church TroyTime of Funeral Services 2 P.M.Clergyman Rev. F. SmithCertifying Physician W. G. Gann & CordovaHis Residence St. Joseph - Troy

Number of Burial Certificate _____

Cause of Death _____

Date of Death April 9-1929Occupation of the Deceased housewife

Single, Married, Divorced _____ Religion _____

Aged 52 Years, 6 Months, 11 DaysBirth Place Birchman and County Mo

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant Henry RamseierAddress Troy Ramseier

Body to be shipped to _____

Size and Style of Casket or Coffin # 807 stateManufactured by Lay Co.

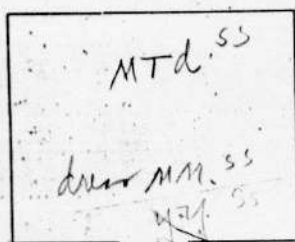
Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at M. Church 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 funeral \$ 265.00Metallic Lining Complete

Outside Box _____

Grave Vault _____

Burial Robe dress \$ 22.00

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 _____

in Memorial \$.50

NAMES OF NEWSPAPERS _____

Flowers _____

Outlay for Lot _____

Opening Grave _____

Lining Grave _____

Shipping Charges, prepaid _____

Removal Charges _____

Cremation Charges _____

Total Footing of Bill \$ 287.50

By Amount Paid in Advance _____

Balance _____

Entered into Ledger, page _____ or below _____

Total Debit \$ _____

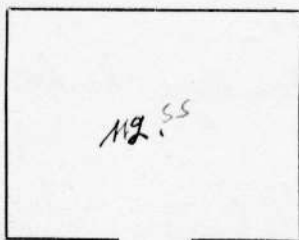
Aug 20. 1940 credit By cash \$ 40.00Nov. 1-1940 By note \$ 150.00Nov. 1-1940 " \$ 97.50\$ 287.50

Record of Funeral

No. _____ Date April 10 - 1929 19
 Name of the Deceased Ben del Phillips Sex M Color W
 Charge to Frank Brindel Order given by _____

How Secured _____
 Date of Funeral April 10 - 1929
 Place of Death Home of Henry Bauman
 Funeral Services at Ben del House Pauviers
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Acute Colitis
 Date of Death April 9 - 1929
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged 2 Years, 6 Months, 8 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Frank Brindel

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin 3-0 white
Lebanon
 Manufactured by Empire
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Sabetha 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>import</u>	\$	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	30.00
By Amount Paid in Advance	-
Balance	-
Entered into Ledger, page _____ or below	-
Total Debit	\$

Credits <u>By cash</u>	15.00
<u>1-1-31 Bal in page 1014</u>	15.00
	30.00

Transferred to
page 1015

Record of Funeral

209

10-1929
Color *W*

ED CHARGES

inspect \$ 30.00

and Hose

Fluid)

rapery

@ \$

Newspapers

SPAPERS

nce

or below

\$

cash 15.00

1011 12.00

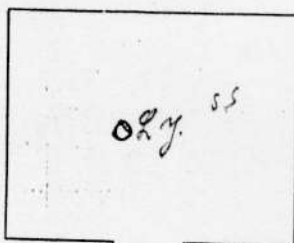
30.00

red Th

1015

No. _____ Date *April 16* 19*29*
Name of the Deceased *Bran St Louis H.* Sex *M.* Color *W*
Charge to _____ Order given by _____

How Secured _____
Date of Funeral *April 16-1929*
Place of Death *St Joseph Mo. No. Muth, Mo.*
Funeral Services at *Baptist Church*
Time of Funeral Services *2 P.M.*
Clergyman *Rev. Moore*
Certifying Physician *Dr. Engstrom*
His Residence *St Joseph Mo.*
Number of Burial Certificate _____
Cause of Death *Chs Myocarditis*
Date of Death *April 14-1929*
Occupation of the Deceased *Retired Farmer*
Single, Married, Divorced _____ Religion _____
Aged *60* Years, *3* Months, *6* Days
Birth Place *Andrew County Mo.*
Father _____
Birth Place _____
Maiden Name of Mother _____
Birth Place _____
Name of Husband _____
Name of Wife *Eva Bran St*
Informant *Jack Bran St*
Address *Troy Mo.*
Body to be shipped to _____
Size and Style of Casket or Coffin *#817 Tan*
hi fill Tan Ovens Not Buried
Manufactured by *Rev.*
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 *4.00*
Metallic Lining *complete* 4.00
Outside Box - - - - -
Grave Vault - - - - - 100.00
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 1.75

NAMES OF NEWSPAPERS

Flowers - - - - - 12.00
Outlay for Lot - - - - -
Opening Grave - - - - -
Lining Grave - - - - -
Shipping Charges, prepaid - - - - -
Removal Charges - - - - -
Cremation Charges - - - - -
pressing suit .50
Total Footing of Bill - - - - - 512.75
By Amount Paid in Advance - - - - -
Balance - - - - -
Entered into Ledger, page _____ or below
Total Debit - - - - - \$

April 22.29 Credits By check 512.75

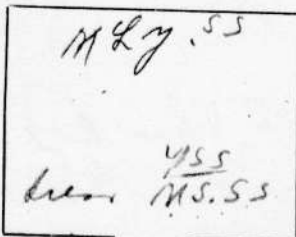
Record of Funeral

No. _____ Date April 17-1929 19____
 Name of the Deceased Martin Hannah Sex F Color Negro
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral April 18-1929
 Place of Death Troy Kansas
 Funeral Services at W.M.E. Church
 Time of Funeral Services 2 P.M.
 Clergyman Rev. C. G. Wilson
 Certifying Physician Dr. Cordonia
 His Residence Troy IL

Number of Burial Certificate _____
 Cause of Death _____
 Date of Death April 16-1929
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 52 Years, 11 Months, 10 Days
 Birth Place Atchison Kansas
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Frank Martin
 Name of Wife _____
 Informant Frank Martin

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin #206
W. Lamb's 1/2 Casket
 Manufactured by Rx
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Madeline 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. Brother

Remarks: J. H. Bangaman
1101 W. Washington

NAMES OF PALLBEARERS Bloomington 10

ITEMIZED CHARGES

Price of Casket or Coffin	<u>funeral</u>	\$	
" Metallic Lining	<u>complete</u>	\$	<u>2.00 00</u>
" Outside Box			
" Grave Vault			
" Burial Robe			<u>1.00 00</u>
" Burial Slippers and Hose			

Engraving Plate			<u>1</u>
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			<u>210.00</u>
By Amount Paid in Advance			
Balance			
Entered into Ledger, page _____ or below			
Total Debit		\$	

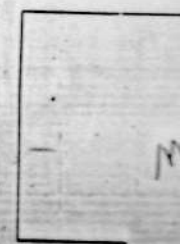
5-10-29 P.O. order by Frank Martin	100.00
1-1-31 P.O. order by J. H. Bangaman	110.00
	<u>210.00</u>

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to page 1015

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 39 Years, _____ Months, _____ Days
 Birth Place _____
 Father Mr.
 Birth Place _____
 Maiden Name _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin half casket
 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

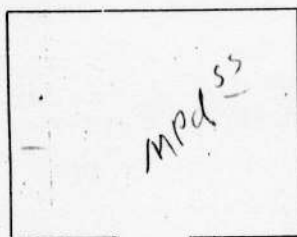
7-1929 19
Color *Regis*

No. _____ Date *April 20* 19*29*
Name of the Deceased *Maag Henry Adolph* Sex *M.* Color *W*
Charge to _____ Order given by _____

CHARGES	
<i>Funeral</i>	<i>2.00.00</i>
<i>Hose</i>	<i>1.0.00</i>
<i>Fluid</i>	<i>1</i>
<i>per</i>	
<i>@ \$</i>	
<i>Newspapers</i>	
<i>SPAPERS</i>	
<i>d</i>	
<i>210.00</i>	
<i>or below</i>	
<i>by Frank</i>	<i>100.00</i>
<i>Martha</i>	<i>1.10.00</i>
<i>1016</i>	<i>00</i>
<i>210</i>	
<i>1016</i>	

How Secured _____
Date of Funeral *April 20 - 19-29*
Place of Death *N.W. of Mathena*
Funeral Services at *Baptist Church Mathena*
Time of Funeral Services *2 P.M.*
Clergyman *Rev. J. Hunt*
Certifying Physician *E. P. Karr Coroner*
His Residence *Troy Kansas*
Number of Burial Certificate _____
Cause of Death *Throat cut suicide*
Date of Death *April 18 - 1929*
Occupation of the Deceased *farmer*
Single, Married, Divorced _____ Religion _____
Aged *39* Years *1* Months *5* Days
Birth Place *Mathena Kansas*
Father *Martin Maag*
Birth Place *St Joseph Mo*
Maiden Name of Mother *Emma Dubach*
Birth Place *St Joseph Mo*
Name of Husband *Delphat Maag*
Name of Wife *Delphat Maag*
Informant *Wm C. Maag*

Address *Mathena Kansas*
Body to be shipped to _____
Size and Style of Casket or Coffin *#215 flush half coach octagon*
Manufactured by *Rx*
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at *Belmont* 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 <i>+ finished</i>	
" Metallic Lining <i>complete</i>	<i>235.00</i>
" 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 <i>Quib 75</i>	
Gloves <i>15</i>	
Crepe <i>175</i>	
Telephone <i>24</i>	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	<i>15</i>

NAMES OF NEWSPAPERS

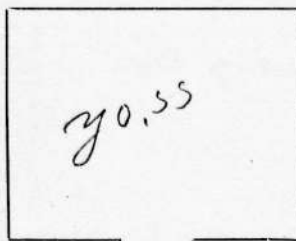
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	<i>2.00</i>
<i>short</i>	<i>1.35</i>
Total Footing of Bill	<i>240.00</i>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	

<i>424-29</i>	<i>Ch John Maag</i>	<i>55</i>
	<i>" Wm C. Maag</i>	<i>185.00</i>
		<i>240.00</i>

Record of Funeral

No. _____ Date April 29-29 1929
 Name of the Deceased Stoney James Sex M Color W
 Charge Douglas County Order given by _____

How Secured _____
 Date of Funeral April 29-1929
 Place of Death County farm
 Funeral Services at Hughland Cemetery
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Flannery
 Certifying Physician Dr. Swails
 His Residence Nathanael
 Number of Burial Certificate _____
 Cause of Death Chronic Nephritis
 Date of Death April 28-1929
 Occupation of the Deceased James
 Single, Married, Divorced _____ Religion _____
 Aged 72 Years, 7 Months, 14 Days
 Birth Place Marion, County Ill.
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Ed Muedinger
 Address County farm
 Body to be shipped to _____
 Size and Style of Casket or Coffin #51 Blk
 Manufactured by RS
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Hughland 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 _____

Filed May 16-1929

ITEMIZED CHARGES

Price of Casket or Coffin	<u>funeral</u>	\$	<u>50.00</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			<u>50.00</u>
By Amount Paid in Advance			
Balance			
Entered into Ledger, page _____ or below			

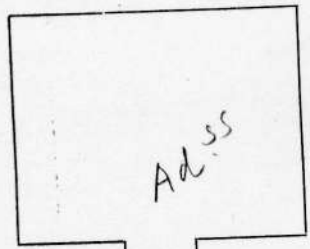
Total Debit - - - - \$

June 5 Credits Cah Douglas Co 50.00

Record of Funeral

No. 79 Date May 4 1929
Name of the Deceased Kaelin Edith Kathleen Sex F Color W
Charge to Oscar & Kaelin Order given by _____

How Secured _____
Date of Funeral May 4 - 1929
Place of Death N. W. of Mathena
Funeral Services at Catholic Church Mathena
Time of Funeral Services 9 AM
Clergyman Rev. Eiker
Certifying Physician Dr. Snails
His Residence Mathena Ks.
Number of Burial Certificate _____
Cause of Death _____
Date of Death May 2 - 1929
Occupation of the Deceased child
Single, Married, Divorced _____ Religion _____
Aged 5 Years 9 Months 3 Days
Birth Place Mathena, Kans.
Father Oscar Kaelin
Birth Place St. Joseph, Mo.
Maiden Name of Mother Matilda Bach
Birth Place Mathena Ks.
Name of Husband _____
Name of Wife _____
Informant Mrs. Oscar Kaelin
Address Mathena Ks.
Body to be shipped to _____
Size and Style of Casket or Coffin #170 white
plush state drop side
Manufactured by Rx. Co.
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at Cemetery at Mathena
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>funeral</u>	95.00
" Metallic Lining <u>complete</u>	
" Outside Box	
" Grave Vault	75.00
" 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 _____ \$ _____

1929
May 28.28 credits By ch. 170.00

Record of Funeral

No. _____ Date May 6 1929
 Name of the Deceased Sylbach Pauline M. Seal Sex F Color N
 Charge to Emil Sylbach Order given by _____

How Secured _____
 Date of Funeral May 6 - 1929
 Place of Death South of Troy
 Funeral Services at NE Church
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Finch
 Certifying Physician Dr. Waller
 His Residence Troy Kansas
 Number of Burial Certificate _____
 Cause of Death _____

Date of Death May 3 - 1929
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 70 Years, 3 Months, 7 Days
 Birth Place Germany
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____

Name of Husband Emil Sylbach
 Name of Wife _____
 Informant Emil Sylbach

Address Troy Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin #202 steel

Manufactured by gr B.C. elevator
 Metallic Lining _____
 Outside Box _____

Number of Handles _____
 Interment at mt Olive Cemetery
 Lot or Grave No. _____ 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: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin <u>8 funeral</u>	
" Metallic Lining <u>envelop</u>	350.00
" Outside Box	
" Grave Vault	100.00
" Burial Robe <u>dress</u>	35.00
" 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	12.00
Outlay for Lot	
Opening Grave - ✓	
Lining Grave - ✓	
Shipping Charges, prepaid	
Removal Charges - ✓	
Cremation Charges	
Total Footing of Bill	00
By Amount Paid in Advance	497
Balance	
Entered into Ledger, page _____ or below	

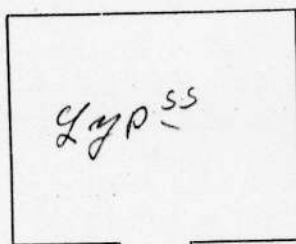
Total Debit - - - - \$

May 14 Credits By cash \$497.00

Record of Funeral

No. _____ Date May 10 - 1929 19
 Name of the Deceased Schultz Christ Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral May 10 - 1929
 Place of Death Mathema Kansas
 Funeral Services at Mathema ME Church
 Time of Funeral Services 2 P.M.
 Clergyman Rev Effert
 Certifying Physician Dr Cardonier
 His Residence Troy Kansas
 Number of Burial Certificate _____
 Cause of Death Apoplexy
 Date of Death May 8 - 1929
 Occupation of the Deceased Ret. farmer
 Single, Married, Divorced _____ Religion _____
 Aged 74 Years 11 Months 23 Days
 Birth Place Nuttenburg Germany
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Richard Schultz
 Address St Joseph Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 2040
 Manufactured by Mussoni Casket Co.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Belmont 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: Funeral held at Belmont 6-1-29

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin <u>+ funeral</u>	\$	55-00
" Metallic Lining <u>complete</u>		
" Outside Box		
" Grave Vault		100 00
" 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		15 00
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		

Total Footing of Bill		665 00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		

Total Debit _____ \$

June 17-29 Credits By ch 665 00

Record of Funeral

No. _____ Date May 14-1929 19____
 Name of the Deceased Baird, Wilbur S. Sex M. Color W.
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral May 14-1929
 Place of Death not with hosp.
 Funeral Services at his home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. J. H. Baird
 Certifying Physician Forgrave
 His Residence St. Joseph Mo.
 Number of Burial Certificate _____

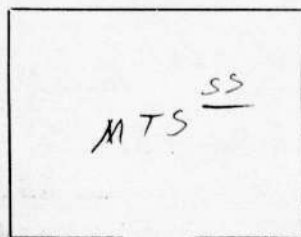
Cause of Death _____
 Date of Death May 12-1929
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 56 Years, 9 Months, 17 Days

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

Informant Baird
 Address Seneca and Kansas
 Body to be shipped to _____

Size and Style of Casket or Coffin #806
Blue steel finish state met. corner
 Manufactured by Rn

Metallie Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Nighton 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 + funeral	
" Metallie Lining <u>complete</u>	<u>285.00</u>
" 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	
<u>Embalming service</u>	<u>15.00</u>
Total Footing of Bill	<u>300.00</u>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

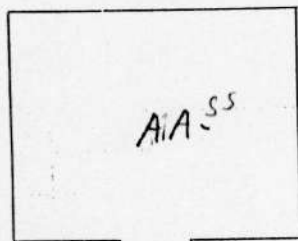
May 17 Credits By check \$300.00

Record of Funeral

217

No. 19 Date May 15 1929
 Name of the Deceased Muench, August Adolph Sex M. Color W
 Charge to Douglas County Order given by _____

How Secured _____
 Date of Funeral May 15-1929
 Place of Death County Jail
 Funeral Services at Karr Funeral Home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Meidinger
 Certifying Physician Dr. Sigels
 His Residence Nathans Kans
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death May 13-1929
 Occupation of the Deceased farmer
 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 Frank Meidinger
Ed Meidinger
 Address Nathans
 Body to be shipped to _____
 Size and Style of Casket or Coffin #130 steel
3/4 size
 Manufactured by Ra
 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 _____

ITEMIZED CHARGES

Price of Casket or Coffin <u>complete</u>	\$ <u>125.00</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	\$ <u>125.00</u>
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below _____	_____
Total Debit	\$ _____

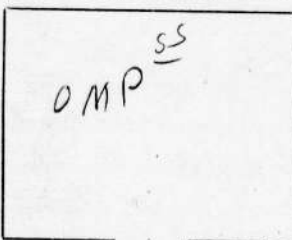
May 17-29 Credits Bj Ch 5.00
" " " " " " 70.00
June 5 Cash Douglas Co 50.00
125.00

Record of Funeral

No. _____ Day May 17-1929 19____
 Name of the Deceased Schmidtke Bernhard A. Sex M. Color M.
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral May 17-1929
 Place of Death Home SE of Troy
 Funeral Services at German Lutheran Ch.
 Time of Funeral Services _____
 Clergyman Rev. Ruff & Meyer
 Certifying Physician Dr. Walker
 His Residence Troy Kans
 Number of Burial Certificate _____
 Cause of Death Apoplexy
 Date of Death May 15-1929
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 55 Years, 1 Months, 15 Days
 Birth Place Germany
 Father Herman Schmidtke
 Birth Place Germany
 Maiden Name of Mother Samuel Reubke
 Birth Place Germany
 Name of Husband _____
 Name of Wife _____
 Informant Alto Schmidtke

Address Troy 14
 Body to be shipped to _____
 Size and Style of Casket or Coffin #202 Royal
and steel B.C. slab
 Manufactured by Rx
 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	<u>Funeral</u>	\$	<u>350.</u>	<u>00</u>
" Metallic Lining	<u>Complete</u>			
" Outside Box				
" Grave Vault			<u>100.</u>	<u>00</u>
" 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				

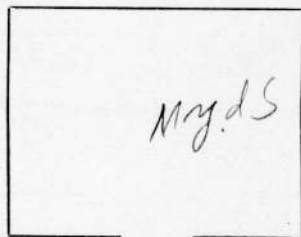
Total Footing of Bill			<u>450.</u>	<u>00</u>
By Amount Paid in Advance			<u>10.</u>	<u>00</u>
Balance			<u>440.</u>	<u>00</u>
Entered into Ledger, page _____ or below _____				
Total Debit				

<u>Dec 28-29</u>	Credits	<u>By Ch.</u>	<u>240.</u>	<u>00</u>
<u>Feb 20-30</u>		<u>By C.R.</u>	<u>200.</u>	<u>00</u>
			<u>440.</u>	<u>00</u>

Record of Funeral

No. _____ Date June 2-1929
 Name of the Deceased (2) Infants of Lee Pollard Sex M and F Color W
 Charge to Paist Order given by _____

How Secured _____
 Date of Funeral June 3-1929
 Place of Death SE. of Troy
 Funeral Services at none
 Time of Funeral Services _____
 Clergyman none
 Certifying Physician Dr. Cordonner
 His Residence Troy, Mo.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death June 2-1929
 Occupation of the Deceased infants
 Single, Married, Divorced _____ Religion Pres.
 Aged _____ Years _____ Months 8 Days
 Birth Place Mathura, K. R. F. D.
 Father Lee Pollard
 Birth Place Pala, Mo.
 Maiden Name of Mother Ann Buehler
 Birth Place St. Joseph, Mo.
 Name of Husband _____
 Name of Wife _____
 Informant Jess Pollard
 Address Troy, Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Pine 2-0
 Manufactured by Rx
 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: 2 children of Lee Pollard
1 lined for one 8 hrs.

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	- - - - -		
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	- - - - -	\$	
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June 3	Credit	By ch	25.00
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Record of Funeral

No. June 15 1929
 Name of the Deceased Blanton, Elizabeth Sex F Color W
 Charge to Mrs Enos Scarborough Order given by Joe Blanton

How Secured Joe Blanton
 Date of Funeral June 15-1929
 Place of Death Independence Mo
 Funeral Services at Fanning Church
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Guinness

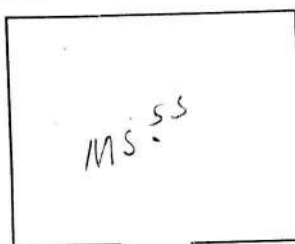
Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death June 13-1929
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 66 Years, _____ Months, _____ Days

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

Informant Mrs Enos Scarborough
Troy Mo
 Address _____

Body to be shipped to _____
 Size and Style of Casket or Coffin From
Mrs Forester R.C. Mo

Manufactured by _____
 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	\$	
" 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>R.C. & funeral</u>		<u>45.00</u>
Wagon Deliveries		
Death Notices in _____ Newspapers		

NAMES OF NEWSPAPERS		
Flowers (2) <u>Blanton, Scarborough</u>		<u>7.00</u>
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		

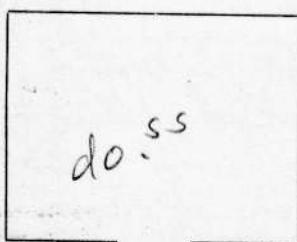
Total Footing of Bill		<u>52.00</u>
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit	\$	

June 17-29 <u>Joe Blanton Cash</u>	<u>26.00</u>
" 20-29 <u>Mrs Scarborough</u>	<u>26.00</u>
	<u>52.00</u>

Record of Funeral

No. _____ Date June 17 1929
 Name of the Deceased Lanzelere Frederica Frances Sex F Color W
 Charge to R. G. Lanzelere Order given by _____

How Secured _____
 Date of Funeral _____
 Place of Death St. Methodist Hosp.
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Stillborn
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 0 Years _____ Months _____ Days _____
 Birth Place St. Mary's Hosp. St. Joseph
 Father R. G. Lanzelere
 Birth Place Wichita
 Maiden Name of Mother Frederica Miller
 Birth Place Wichita
 Name of Husband _____
 Name of Wife _____
 Informant R. G. Lanzelere
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin #180 white Plush
 Manufactured by R. G.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Cremation 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	- - - - -	_____
Emb. Casket, transportation	- - - - -	110.00
cremation	- - - - -	_____
Total Footing of Bill	- - - - -	110.00
By Amount Paid in Advance	- - - - -	_____
Balance	- - - - -	_____
Entered into Ledger, page _____ or below _____	- - - - -	_____
Total Debit	- - - - - \$	110.00

By ch _____

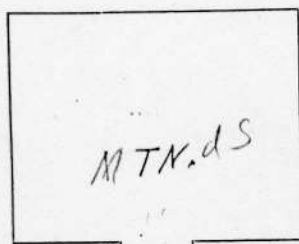
110.00

Record of Funeral

No. 1929 Date July 10 1929
 Name of the Deceased Steer Samuel Sex M. Color W.
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral July 10 - 1929
 Place of Death Home of Robt. Cummings
 Funeral Services at W.E. Church Troy
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Quonally
 Certifying Physician Colonel
 His Residence Troy N.Y.
 Number of Burial Certificate _____
 Cause of Death Atherosclerosis
 Date of Death July 8 - 1929
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 63 Years, 7 Months, 25 Days
 Birth Place Troy Kansas
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Rose Anna Murr
 Informant Mrs. Robert Cummings
 Address Troy Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin #807

Manufactured by Ree
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Moline 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>Funeral</u>	\$265.00
Metallic Lining <u>Complete</u>	
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	1.75

NAMES OF NEWSPAPERS

Flowers	10.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	7.50

Total Footing of Bill 284.25
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below

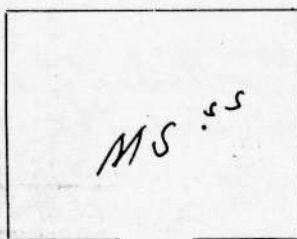
Total Debit \$ _____

7-10-29 By Ch. Myrpha Kotich	10.00
7-12-29 By Ch. John Kotich	274.25
	<u>284.25</u>

Record of Funeral

No. _____ Date July 11-1929 19____
 Name of the Deceased Kapelle Samantha Sex F Color N
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral July 11-1929
 Place of Death Eldorado Kans.
 Funeral Services Karr Funeral Home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Carter
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Acute Myocarditis
 Date of Death July 8-1929
 Occupation of the Deceased _____
 Single, Married, Divorced 8 Religion 17
 Aged 64 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 From Byrd Bros Co. Eldorado
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Courter 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>W. H. Johnson & Sons</u>	- - - - -	<u>25.00</u>
Wagon Deliveries	- - - - -	
Death Notices in _____ Newspapers	- - - - -	
<u>Personnel Services</u>	- - - - -	<u>10.00</u>

NAMES OF NEWSPAPERS

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

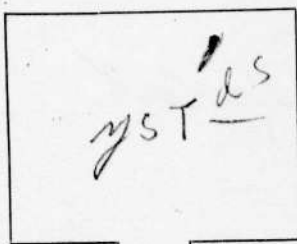
Total Debit

1929		
July 11	Credit	<u>By Cash 35.00</u>

Record of Funeral

No. 177 19 29 Date Aug 3-1929 19 29
 Name of the Deceased Engle John H. Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Aug 3-1929
 Place of Death N.C. of Prop.
 Funeral Services at his home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Finck
 Certifying Physician Dr. Cardoner
 His Residence Prop. Kans.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Aug 2-1929
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 86 Years _____ Months 7 Days 5
 Birth Place Summit Co. Ohio
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Wm Engle
 Address Wartons Pl.
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 807
 Manufactured by Rx
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Conter 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 <u>funeral</u>	\$	265.00
" Metallic Lining <u>complete</u>		
" Outside Box		
" Grave Vault		
" Burial Robe		20.00
" 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		5.00
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		5.00
Total Footing of Bill		295.00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		

9-19-29 Bych H.B. Credits Strahan 100.00
 9-19-29 Bych H.B. Credits Strahan 191.00
 1-1-31 Bych H.B. Credits Strahan 4.00
 295.00

NAMES OF PALLBEARERS 9-20-29 Paid Rev. Finck 5.00