

FUNERAL OF Ratcliff Silas L. CHARGE TO _____ ACCOUNT No. _____
 PAYMENT GUARANTEED BY _____ ADDRESS Proy Kansas SERIAL No. 139
 PHONE _____ DATE Dec. 3-1931 ANNUAL No. 34

DESCRIPTION OF SERVICE	AMOUNT	DATE	V	CREDITS
Casket and Services <u>complete</u>	<u>285.00</u>	<u>12-21-31</u>		<u>371.00</u>
Embalming				
Outer Case or Vault				
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress <u>suit</u>	<u>28.00</u>			
Other Articles of Clothing <u>sw. wear, hose, tie, shirt</u>	<u>4.50</u>			
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of doz. Chairs				
Flowers				
Clergyman				
Singers				
Casket Coach				
Use of Funeral Cars				
Use of Flower Cars				
Professional Supervision				
<u>cremation charge</u>	<u>50.00</u>			
<u>urn</u>	<u>3.50</u>			
<u>Feb 1 12-21-31</u>				
To FUNERAL COMPLETE	371.00			371.00

NAME OF DECEASED Silas L. Ratchiff RESIDENCE Troy Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE Dec. 3-1931 HOUR 7 P.M. CLERGYMAN Rev. Parish
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>his home north of Troy</u>
Casket No. <u>806</u> Style <u>Waltby rough</u>		Date of Death <u>Nov. 30-1931</u>
Interior <u>grey</u> Covering <u>Emb. Queen</u>		Cause of Death <u>Cerebral Hemorrhage</u>
Manufacturer <u>Ray</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>M</u> Color or Race <u>W.</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>Dec. 12-1845</u> Age, Years <u>85</u> Months <u>11</u> Days <u>16</u>
Embalming _____		Occupation <u>farmer</u>
Clothing _____		How Long at Place of Death <u>36 years</u>
		Birthplace—City or County <u>Fountain</u> State or Country <u>Indiana</u>
		Name of Father <u>Thomas Ratchiff</u>
		Birthplace of Father <u>Ohio</u>
		Maiden Name of Mother <u>Amberweaver</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>C. E. Haller</u> M.D. _____ Coroner _____
		Address <u>Troy, Kas.</u> Date _____
		Interment at <u>Cremation at Kansas City, Mo.</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral <u>Y.M.P. 25</u>		Source of Call _____
*Less Overhead Per Funeral		Insured in _____ Amount _____
Net Profit Apparent		Beneficiary _____

REMARKS:

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

FUNERAL OF

Yeigh David H.

CHARGE TO

Donphars Co.

ACCOUNT No.

PAYMENT GUARANTEED BY

ADDRESS

SERIAL No.

150

PHONE

DATE

ANNUAL No.

35

DESCRIPTION OF SERVICE	AMOUNT	DATE		✓	CREDITS
Casket and Services	<i>50⁰⁰</i>	<i>12/11/31</i>	<i>by Check - County Lane</i>		<i>50⁰⁰</i>
Embalming					
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of doz. Chairs					
Flowers					
Clergyman					
Singers					
Casket Coach					
Use of Funeral Cars					
Use of Flower Cars					
Professional Supervision					
<i>Filed 12-7-31</i>					
To FUNERAL COMPLETE	<i>50⁰⁰</i>				<i>50⁰⁰</i>

NAME OF DECEASED David H. Yeigh RESIDENCE _____
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Cemetery DATE Dec 31 1931 HOUR 7 P.M. CLERGYMAN H. J. Parker
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		50.00	Place of Death	<u>Doniphan</u>
Casket No. <u>51</u> Style <u>Best crepe</u>			Date of Death	<u>Dec 11-1931</u>
Interior _____ Covering _____			Cause of Death	<u> tumor of prostate </u> contributory
Manufacturer <u>Ray</u>	DEBITS		Duration _____ Autopsy _____	
Total Net Cost of Casket			Sex <u>M</u> Color or Race _____	
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____	
Vault _____			Date of Birth <u>11-16-1854</u> Age, Years <u>77</u> Months <u>15</u> Days	
Embalming _____			Occupation <u>fisherman</u>	
Clothing _____			How Long at Place of Death <u>45 years</u>	
			Birthplace—City or County <u>Allegheny</u> State or Country <u>Penn</u>	
			Name of Father <u>Predigerth Yeigh</u>	
			Birthplace of Father <u>Penn</u>	
Total Cash Advances _____			Maiden Name of Mother <u>Anderson</u>	
			Birthplace of Mother _____	
			Signed <u>C. E. Cordover</u> M.D. Coroner	
			Address <u>Pray Pa.</u> Date _____	
			Interment at <u>Doniphan Kansas</u>	
			Lot or Grave No. _____ Section No. _____	
			Shipped to _____	
			Arrived from _____	
			Via _____ R. R. Date _____	
Total Net Cost of Funeral			In Charge of _____	
Gross Profit on Funeral		<u>41.55</u>	Source of Call _____	
*Less Overhead Per Funeral			Insured In _____ Amount _____	
Net Profit Apparent			Beneficiary _____	
REMARKS:				

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

NAME OF DECEASED Edward Goodwin RESIDENCE _____
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Catholic DATE Dec 5-1931 HOUR 9 A.M. CLERGYMAN Father Hall
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		50.00	Place of Death <u>Tracy Kansas</u>
Casket No. _____ Style _____			Date of Death <u>Dec. 4-1931</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>M.</u> Color or Race <u>W.</u>
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>April 12-1872</u> Age, Years <u>59</u> Months <u>7</u> Days <u>22</u>
Embalming _____			Occupation <u>laborer day painter</u>
Clothing _____			How Long at Place of Death <u>21 yrs</u>
_____			Birthplace—City or County <u>Columbus</u> State or Country <u>Ohio</u>
_____			Name of Father <u>Lugh Goodwin</u>
_____			Birthplace of Father <u>Ireland</u>
Total Cash Advances _____			Maiden Name of Mother <u>Mary Kline</u>
_____			Birthplace of Mother <u>Columbus</u>
_____			Signed <u>C. E. Hall</u> M.D. _____ Coroner _____
_____			Address <u>Tracy 14</u> Date _____
_____			Interment at <u>St. Charles cemetery Tracy</u>
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from _____
_____			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral <u>4.55</u>			Source of Call _____
*Less Overhead Per Funeral _____			Insured in _____ Amount _____
Net Profit Apparent _____			Beneficiary _____
REMARKS:			

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

FUNERAL OF Clement Lucinda CHARGE TO Carl Clemens ACCOUNT No. 1118
 PAYMENT GUARANTEED BY Carl Clemens ADDRESS 407 E. Mo. Ave St Joseph, Mo. SERIAL No. 102
 PHONE 70720-9 DATE _____ ANNUAL No. 37

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	225.00	12-23-31	By check	137.15
Embalming		1-6-32	"	62.85
Outer Case or Vault		3-30-32	By Cash	40.00
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress <u>dress & wear here</u>	15.00			
Other Articles of Clothing				
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of _____ doz. Chairs				
Flowers				
Clergyman				
Singers				
Casket Coach				
Use of _____ Funeral Cars				
Use of Flower Cars				
Professional Supervision				
<i>This dress has been paid for 7-23-1867</i>				
TO FUNERAL COMPLETE	240.00			240.00

NAME OF DECEASED Lucinda Clemens RESIDENCE Troy Kansas R.F.D.
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 12-22-31 HOUR 2:30 PM CLERGYMAN
 SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral	240.00	
Casket No. <u>207</u> Style <u>1/2 crown</u>		
Interior <u>tan leather</u> Covering <u>tan silk</u>		
Manufacturer <u>RH</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral	<u>MPD</u>	<u>.55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death 8 miles N.E. of Troy
 Date of Death Dec 19-1931
 Cause of Death Apoplexy Contributory
 Duration Autopsy
 Sex F Color or Race C
 Single Married Widowed Divorced Child
 Date of Birth Sept 28/1860 Age, Years 71 Months 2 Days 21
 Occupation housewife
 How Long at Place of Death 15 years
 Birthplace—City or County Centerville State or Country Iowa
 Name of Father James Harper
 Birthplace of Father Indian moun
 Maiden Name of Mother Phebe Reis
 Birthplace of Mother Indian moun
 Signed E.P. Kerr Coroner
 Address Troy Mo. Date
 Interment at St. Anthony's cemetery
 Lot or Grave No. Section No. 140
 Shipped to Arrived from
 Via R. R. Date
 In Charge of
 Source of Call
 Insured in Amount
 Beneficiary

ACCOUNT No.

SERIAL No.

ANNUAL No.

Joseph Mo

153

DATE *Dec. 31 1931*

DESCRIPTION OF SERVICE

AMOUNT

DATE

V

CREDITS

Casket and Services

100.00

Jan 30 31 B. G. Ch

100.00

Embalming

Jan 30 31 P. Cash

10.75

Outer Case of Vault

Washing and Dressing

Shaving

Slumber Robe

Suit or Dress

Suit & Underwear

22.00

Other Articles of Clothing

Transferring Body

Door Badge

Opening Grave

Newspaper Notices

Telegrams and Telephone Calls

Use of doz. Chairs

Flowers

3.75

Clergyman

5.00

Singers

Casket Coach

Use of Funeral Cars

Use of Flower Cars

Professional Supervision

153

TO FUNERAL COMPLETE

130.75

NAME OF DECEASED Frederick Homer Large RESIDENCE Albuquerque N.M.
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE Jan 4-37 HOUR 11 A.M. CLERGYMAN Fenich
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Albuquerque N.M.</u>
Casket No. _____ Style _____			Date of Death <u>Dec. 30-1931</u>
Interior _____ Covering _____			Cause of Death <u>Pulmonary T.B.</u> Contributory
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>M</u> Color or Race _____
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>3-13-1883</u> Age, Years <u>48</u> Months <u>9</u> Days <u>17</u>
Embalming _____			Occupation <u>laborer</u>
Clothing _____			How Long at Place of Death _____
_____			Birthplace—City or County _____ State or Country _____
_____			Name of Father <u>Geo. Large</u>
_____			Birthplace of Father <u>Ohio</u>
_____			Maiden Name of Mother <u>Elyra Gordon</u>
Total Cash Advances _____		Birthplace of Mother <u>Ohio</u>	
_____		Signed _____ M.D. _____ Coroner _____	
_____		Address _____ Date _____	
_____		Interment at <u>Courtesy Cemetery Troy Mo</u>	
_____		Lot or Grave No. _____ Section No. _____	
_____		Shipped to _____	
_____		Arrived from _____	
_____		Via _____ R. R. Date _____	
_____		In Charge of _____	
Total Net Cost of Funeral _____		Source of Call _____	
Gross Profit on Funeral <u>75.50</u>		Insured in _____ Amount _____	
*Less Overhead Per Funeral _____		Beneficiary _____	
Net Profit Apparent _____			

REMARKS:

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

NAME OF DECEASED Ada Edella Casbery RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Jan 12-32 HOUR 2 PM CLERGYMAN Rev. Funch
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		150.00	Place of Death	<u>Troy Kansas</u>
Casket No. <u>234</u> Style <u>single panel</u>			Date of Death	<u>Jan. 9-1932</u>
Interior <u>Cx side</u> Covering <u>chub doe</u>			Cause of Death	<u>lung throat</u> Contributory
Manufacturer <u>Rx</u>	DEBITS		Duration	Autopsy
Total Net Cost of Casket			Sex	<u>F</u> Color or Race <u>W</u>
Outer Case			Single	Married <input checked="" type="checkbox"/> Widowed Divorced Child
Vault			Date of Birth	<u>June 4-1897</u> Age, Year <u>44</u> Months <u>8-5</u> Days
Embalming			Occupation	<u>housewife</u>
Clothing			How Long at Place of Death	<u>3 weeks</u>
			Birthplace—City or County	<u>Concordia</u> State or Country <u>Kansas</u>
			Name of Father	<u>Joseph Forkner</u>
			Birthplace of Father	<u>Drakesville Iowa</u>
			Maiden Name of Mother	<u>Sarah Cardwell</u>
			Birthplace of Mother	<u>Benton County Mo.</u>
Total Cash Advances			Signed	<u>C. H. Mallett</u> M.D. Coroner
			Address	<u>Troy, Kas.</u> Date
			Interment at	<u>Int. Chival cemetery Troy</u>
			Lot or Grave No.	Section No.
			Shipped to	
			Arrived from	
			Via	R. R. Date
Total Net Cost of Funeral			In Charge of	
Gross Profit on Funeral		<u>MMS</u>	Source of Call	
*Less Overhead Per Funeral			Insured in	Amount
Net Profit Apparent			Beneficiary	

REMARKS:

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

NAME OF DECEASED Margaret Jane Jackson RESIDENCE Sparkes Haus R.F.D. 2 miles south
 FUNERAL AT M.C. Troy MORTUARY CHURCH DATE June 15-32 HOUR 7 P.M. CLERGYMAN Rev. Finick
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		700.00	Place of Death <u>her home 2 miles south Sparkes.</u>
Casket No. <u>206</u> Style <u>half comb</u>			Date of Death <u>June 12-1932</u>
Interior <u>grey silk</u> Covering <u>Emb. Be. steel 30.</u>			Cause of Death _____ Contributory _____
Manufacturer <u>R4</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>F</u> Color or Race <u>W</u>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>Feb. 28-1867</u> Age, Years <u>64</u> Months <u>10</u> Days <u>14</u>
Embalming			Occupation <u>housewife</u>
Clothing			How Long at Place of Death <u>36 yrs</u>
			Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
			Name of Father <u>John Wiley</u>
			Birthplace of Father <u>Ireland</u>
			Maiden Name of Mother <u>Elizabeth Kretzer</u>
			Birthplace of Mother <u>W</u>
Total Cash Advances			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>W. Olive Cemetery Troy</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
Total Net Cost of Funeral			Source of Call _____
Gross Profit on Funeral		<u>125.50</u>	Insured in _____ Amount _____
*Less Overhead Per Funeral			Beneficiary _____
Net Profit Apparent			
REMARKS:			

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

NAME OF DECEASED *Thomas Leslie Simpson* RESIDENCE *Troy Kansas*
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH *Christian* DATE *Jan 18-1932* HOUR *2 P.M.* CLERGYMAN *Rev. Trumble*
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <i>home of John L. Simpson</i>
Casket No. <i>234</i> Styl. <i>large panel throw</i>			Date of Death <i>Jan 16-1932</i>
Interior <i>art silk</i> Covering <i>Embroidered silk gr.</i>			Cause of Death _____ Contributory _____
Manufacturer <i>Net</i>			Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <i>M.</i> Color or Race <i>W</i>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <i>July 23-1902</i> Age, Years <i>29</i> Months <i>5</i> Days <i>29</i>
Embalming			Occupation <i>School teacher</i>
Clothing			How Long at Place of Death _____
			Birthplace—City or County <i>Troy</i> State or Country <i>Kansas</i>
			Name of Father <i>John L. Simpson</i>
			Birthplace of Father <i>Allen County Kansas</i>
			Maiden Name of Mother <i>Mary Dawkins</i>
			Birthplace of Mother <i>Troy Kansas</i>
Total Cash Advances			Signed <i>E. E. Hullett</i> M.D. Coroner
			Address <i>Troy Kansas</i> Date _____
			Interment at <i>Mt Olive Cemetery Troy</i>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral		<i>14 55</i>	Source of Call _____
*Less Overhead Per Funeral			Insured in _____ Amount _____
Net Profit Apparent			Beneficiary _____

REMARKS:

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

NAME OF DECEASED

Benson Flickinger

RESIDENCE

Doniphan Kansas

FUNERAL AT

RESIDENCE

MORTUARY

CHURCH

DATE

June 24-32

HOOR

10 AM

CLERGYMAN

Finch

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

DEBITS

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

75.00

REMARKS:

Place of Death

County farm

Date of Death

June 22-1932

Cause of Death

arterio sclerosis Contributory

Duration

Autopsy

Sex

M.

Color or Race

W

Single

Married

Widowed

Divorced

Child

Date of Birth

Aug 28-1836

Age, Years

95

Months

4

Days

24

Occupation

How Long at Place of Death

6 weeks

Birthplace—City or County

Manchester

State or Country

Ohio

Name of Father

Unknown

Birthplace of Father

..

Maiden Name of Mother

..

Birthplace of Mother

..

Signed

J. Y. Swails

M.D.

Coroner

Address

Mathena St.

Date

Interment at

Doniphan Cemetery

Lot or Grave No.

Section No.

Shipped to

Arrived from

Via

R. R. Date

In Charge of

Source of Call

Insured in

Amount

Beneficiary

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

NAME OF DECEASED Burton C Byers RESIDENCE Troy Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____
 DATE Feb 24 32 HOUR 2 P.M. CLERGYMAN Rev. Fenick
 SINGERS Male Quartette LODGE AFFILIATIONS M.W.A.

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral	150 ⁰⁰	
Casket No <u>234</u> Style <u>light wood over brown</u>		
Interior <u>with silk</u> Covering <u>silk lamb Emb</u>		
Manufacturer <u>Rex</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>155</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

Place of Death Troy Kansas
 Date of Death Feb. 22 - 1932
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Feb. 9 - 1874 Age, Years 58 Months _____ Days 13
 Occupation Barber
 How Long at Place of Death life
 Birthplace—City or County _____ State or Country Kansas
 Name of Father Jacob. B. Byers
 Birthplace of Father Ohio
 Maiden Name of Mother Cornelia Brown
 Birthplace of Mother N. Y.
 Signed A. E. Cardon M.D. _____ Coroner
 Address Troy Mo. Date 2-24-32
 Interment at St. Olive Troy Mo.
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in M.W.A. Amount _____
 Beneficiary _____

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

NAME OF DECEASED Harvey Lee Callahan RESIDENCE Troy Kansas
 FUNERAL AT Christian RESIDENCE Christian MORTUARY Tracy CHURCH Tracy DATE March 18 1937 HOUR 10:30 AM PASTOR Rev. Myers
 SINGERS Christian Church Boy Choir LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		235.00	Place of Death <u>2 miles west of Troy on #16</u>
Casket No. <u>1026</u> Style <u>Walton top half comb</u>			Date of Death <u>March 15 1937</u>
Interior <u>110 Ivory</u> Covering <u>349 Blue Steel</u>			Cause of Death <u>Auto accident</u> Contributory _____
Manufacturer <u>Berk Casket Co.</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>M</u> Color or Race <u>W</u>
Outer Case			Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>Sept 24 1914</u> Age, Years <u>17</u> Months <u>5</u> Days <u>71</u>
Embalming			Occupation <u>Troy High School</u>
Clothing			How Long at Place of Death <u>7 years</u>
			Birthplace—City or County <u>Oneida</u> State or Country <u>Kans</u>
			Name of Father <u>Lester Callahan</u>
			Birthplace of Father <u>Oneida Kansas</u>
			Maiden Name of Mother <u>Florabelle Markley</u>
Total Cash Advances			Birthplace of Mother <u>Oneida Kans</u>
			Signature <u>C. T. Harr: Coroner</u> Coroner _____
			Address <u>Troy Kansas</u> Date _____
			Interment at <u>Oneida Kansas</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral		<u>MA 55</u>	Source of Call _____
*Less Overhead Per Funeral			Insured in _____ Amount _____
Net Profit Apparent			Beneficiary _____
REMARKS:			

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

NAME OF DECEASED Mary Bell Pennel RESIDENCE Troy Kansas R.F.D.
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE April 8-32 HOUR 2 P.M. CLERGYMAN Rev. Raper
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		100.00	Place of Death <u>Home of Jas Pennel Troy</u>
Casket No <u>51</u> Style <u>octagon</u>			Date of Death <u>April 8-1932</u>
Interior <u>cr. silk</u> Covering <u>sil. lawn.</u>			Cause of Death <u>Cancer</u> Contributory _____
Manufacturer <u>W4</u>			Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>F.</u> Color or Race <u>negro</u>
Outer Case			Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>Aug 16-1885</u> Age, Years <u>46</u> Months <u>7</u> Days <u>19</u>
Embalming			Occupation <u>Drummer</u>
Clothing <u>dress</u>	8.00	8.00	How Long at Place of Death _____
			Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
			Name of Father <u>Augustus Pennel</u>
			Birthplace of Father <u>N.Y.</u>
			Maiden Name of Mother <u>Mary Johnson</u>
			Birthplace of Mother <u>Ky</u>
Total Cash Advances			Signed <u>Cordonia</u> M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Pennel cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral		11.55	Source of Call _____
*Less Overhead Per Funeral			Insured in _____ Amount _____
Net Profit Apparent			Beneficiary _____

REMARKS:

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

NAME OF DECEASED Barber (Infant) RESIDENCE _____
 FUNERAL AT _____ RESIDENCE MORTUARY _____ CHURCH _____ DATE April 14-32 HOUR 2 P.M. CLERGYMAN Enrich
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		15.00	Place of Death	<u>Troy Kansas</u>
Casket No. _____ Style _____			Date of Death	<u>April 13-1932</u>
Interior _____ Covering _____			Cause of Death	<u>Stillborn</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____	Autopsy _____
Total Net Cost of Casket			Sex <u>F</u>	Color or Race <u>W</u>
Outer Case _____			Single _____ Married _____	Widowed _____ Divorced _____
Vault _____			Date of Birth <u>4-13-32</u>	Age, Years _____ Months <u>0</u> Days <u>0</u>
Embalming _____			Occupation	<u>Infant</u>
Clothing _____			How Long at Place of Death _____	
			Birthplace—City of County <u>Troy</u> State or Country <u>Kansas</u>	
			Name of Father <u>Geo. Barber</u>	
			Birthplace of Father <u>Mercer County Mo.</u>	
Total Cash Advances _____			Maiden Name of Mother <u>Dora Stahn</u>	
			Birthplace of Mother <u>C. F. Cameron Mo.</u>	
			Signed <u>W. H. Miller</u> M.D.	Coroner _____
			Address <u>Troy Kans</u> Date _____	
			Interment at <u>MT Olive cemetery</u>	
			Lot or Grave No. _____	Section No. _____
			Shipped to _____	
			Arrived from _____	
			Via _____	R. R. Date _____
			In Charge of _____	
Total Net Cost of Funeral			Source of Call _____	
Gross Profit on Funeral		7.55	Insured in _____	Amount _____
*Less Overhead Per Funeral			Beneficiary _____	
Net Profit Apparent				

REMARKS:

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

FUNERAL OF Cherry William Crawford SERVICE TO

ACCOUNT No. 47

PAYMENT GUARANTEED BY Mrs Cherry + Ellen Scott ADDRESS

SERIAL No. 164

PHONE

DATE April 16, 1932

ANNUAL No.

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	100.00	April 15-32	By note + Mortgage	115.00
Embalming				
Outer Case or Vault				
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress <u>suit</u>	15.00			
Other Articles of Clothing				
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of _____ doz. Chairs				
Flowers				
Clergyman				
Singers				
Casket Coach				
Use of _____ Funeral Cars				
Use of Flower Cars				
Professional Supervision				
To FUNERAL COMPLETE	115.00			115.00

*See note + Mortgage
Paid in full 12-19-1933*

NAME OF DECEASED William O Blunt RESIDENCE Woy Junction Kas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE April 16-32 HOUR 2:30 PM CLERGYMAN Thomas
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		100 00	Place of Death <u>Woy Junction</u>
Casket No. <u>51</u> Style <u>Steel over lift lid</u>			Date of Death <u>April 14-1937</u>
Interior <u>Walrus</u> Covering <u>steel case</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Ray</u>			Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>M</u> Color or Race <u>W</u>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>May 21-1857</u> Age, Years <u>70</u> Months <u>10</u> Days <u>23</u>
Embalming			Occupation <u>farmer</u>
Clothing <u>15 00</u>			How Long at Place of Death <u>24 yrs</u>
			Birthplace—City or County <u>Wells County</u> State or Country <u>Iowa</u>
			Name of Father <u>Nathaniel Blunt</u>
			Birthplace of Father _____
Total Cash Advances			Maiden Name of Mother <u>Carbensen</u>
			Birthplace of Mother _____
			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>St. Clare</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral		<u>PN 55</u>	Source of Call _____
*Less Overhead Per Funeral			Insured in _____ Amount _____
Net Profit Apparent			Beneficiary _____

REMARKS:

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

NAME OF DECEASED Harry Crystal RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE April 18, 1932 HOUR 10 A.M. CLERGYMAN Myers of Troy
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral <u>vault</u>	<u>750.00</u>	Place of Death <u>S.E. of Troy 1/2 mile east of Weathers.</u>
Casket No. <u>234</u> Style <u>High panel over the top</u>		Date of Death <u>April 13-1932</u>
Interior <u>in silk</u> Covering <u>black. Female.</u>		Cause of Death <u>apoplexy</u> Contributory _____
Manufacturer <u>Rx</u>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>Male</u> Color or Race _____
Outer Case		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
<input checked="" type="checkbox"/> Vault		Date of Birth _____ Age, Years <u>64</u> Months _____ Days _____
Embalming		Occupation <u>farmer</u>
Clothing		How Long at Place of Death <u>1 year</u>
		Birthplace—City or County <u>Wathena</u> State or Country <u>Kansas</u>
		Name of Father <u>Peter Crystal</u>
		Birthplace of Father <u>Jeffington Ky</u>
		Maiden Name of Mother <u>Marion Herman</u>
		Birthplace of Mother <u>Sumner</u>
		Signed <u>E.P. Shaw</u> M.D. <u>Coroner</u> Coroner
		Address <u>Troy Kansas</u> Date _____
		Interment at <u>Fairview</u> <u>Kansas</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____
Total Net Cost of Funeral		
Gross Profit on Funeral	<u>MON. 53</u>	
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

NAME OF DECEASED Oscar S. Nelson RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Moray DATE April 24-32 HOUR 2 PM CLERGYMAN Rev. Peterson
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	200.00	Place of Death <u>Bell Memorial Hosp. K.C. Mo</u>
Casket No. <u>806</u> Style <u>standing panel</u>		Date of Death <u>April 21-1932</u>
Interior <u>cr silk</u> Covering <u>cr cloth</u>		Cause of Death <u>Chronic Nephritis</u>
Manufacturer <u>RH</u>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>M</u> Color or Race <u>W</u>
Outer Case		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>July 8-1907</u> Age, Years <u>24</u> Months <u>9</u> Days <u>13</u>
Embalming		Occupation <u>book keeper</u>
Clothing		How Long at Place of Death _____
		Birthplace—City or County _____ State or Country _____
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>Moray Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral	<u>11.55</u>	
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

NAME OF DECEDENT Etta Stewart Dinning RESIDENCE Burr Oak
 FUNERAL AT Burr Oak RESIDENCE Burr Oak MORTUARY Burr Oak CHURCH Baptist DECEASED April 24-32 HOUR 2 P.M. CLERGYMAN Rev Bowser
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		310.00	Place of Death <u>St Joseph Mo.</u>
Casket No. <u>806</u> Style <u>half round</u>			Date of Death <u>April 22-1932</u>
Interior <u>Gray Baranett</u> Covering <u>W. Burman</u>			Cause of Death <u>Killed by train</u> Contributory auto accident
Manufacturer <u>NY</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>M.</u> Color or Race <u>W</u>
Outer Case			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>Aug 29-1907</u> Age, Years <u>24</u> Months <u>7</u> Days <u>23</u>
Embalming			Occupation <u>farmer</u>
Clothing			How Long at Place of Death <u>to</u>
			Birthplace—City or County <u>Mathena</u> State or Country <u>Kan.</u>
			Name of Father <u>Wm Dinning</u>
			Birthplace of Father <u>Mathena Kan.</u>
			Maiden Name of Mother <u>Louella Dinning</u>
			Birthplace of Mother <u>Mathena Kan.</u>
Total Cash Advances			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>New Hope Cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral <u>45.55</u>			Source of Call _____
*Less Overhead Per Funeral			Insured in _____ Amount _____
Net Profit Apparent			Beneficiary _____

REMARKS:

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

NAME OF DECEASED Viola E Revill RESIDENCE Proy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE May 2-32 HOUR 3 P.M. CLERGYMAN Rev. Funch
 SINGERS Louise Miller LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		258. ⁰⁰	Place of Death <u>Her home Proy Kansas</u>
Casket No. <u>207</u> Style <u>Decorative half casket</u>			Date of Death <u>April 30-1932</u>
Interior <u>Pine Barlowe</u> Covering <u>Shen tan flannel</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Ray</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket <u>45.35</u>			Sex <u>F</u> Color or Race <u>W.</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>Aug 9-1855</u> Age, Years <u>76</u> Months <u>8</u> Days <u>21</u>
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>66 yrs.</u>
			Birthplace—City or County <u>Parisville</u> State or Country <u>Missouri</u>
			Name of Father <u>Franz F Brown</u>
			Birthplace of Father <u>Ray County Mo.</u>
			Maiden Name of Mother <u>Mary Jane Brown</u>
			Birthplace of Mother <u>Missouri</u>
Total Cash Advances _____			Signed <u>E. J. Miller</u> M.D. _____ Coroner _____
			Address <u>Proy 15</u> Date _____
			Interment at <u>Mt Olive cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral <u>MTS 55</u>			
*Less Overhead Per Funeral _____			Source of Call _____
Net Profit Apparent _____			Insured in _____ Amount _____
			Beneficiary _____

REMARKS:

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

NAME OF DECEASED Samuel B. Carpenter RESIDENCE Proy Kans
 FUNERAL AT Proy Mo RESIDENCE Proy Mo MORTUARY Proy Mo CHURCH Proy Mo DATE May 21-32 HOUR 2.30 P.M. ALERGYMAN Rev. Finich
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		150.00	Place of Death <u>His home Proy Mo.</u>
Casket No. <u>234</u> Style <u>Living panel</u>			Date of Death <u>May 18-1932</u>
Interior <u>W silk</u> Covering <u>Emb. Gaud</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Rx</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>M.</u> Color or Race <u>W</u>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>June 19-1861</u> Age, Years <u>70</u> Months <u>11</u> Days
Embalming			Occupation <u>farmer</u>
Clothing			How Long at Place of Death <u>15 years</u>
			Birthplace—City or County <u>Halls</u> State or Country <u>Missouri</u>
			Name of Father <u>Samuel J. Carpenter</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Phel Allen Brown</u>
			Birthplace of Mother <u>Tenn</u>
Total Cash Advances			Signed <u>W. E. Cordonia</u> M.D. _____ Coroner
			Address _____ Date _____
			Interment at <u>Doniphans</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral		155.55	Source of Call _____
*Less Overhead Per Funeral			Insured in _____ Amount _____
Net Profit Apparent			Beneficiary _____
REMARKS:			

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

NAME OF DECEASED John W. Pry
 FUNERAL AT RESIDENCE MORTUARY CHURCH
 SINGERS _____

RESIDENCE Severance Kans
 DATE May 31-32 HOUR 2 P.M. CLERGYMAN Rev. Sapp.
 LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____	<u>175.00</u>	Place of Death <u>Severance Kansas</u>
Casket No. <u>7331</u> Style <u>large panel</u>		Date of Death <u>May 29-1932</u>
Interior <u>CS silk</u> Covering <u>Blue silk plush</u>		Cause of Death <u>hanging suicide</u> Autopsy _____
Manufacturer <u>Ref</u>		Duration _____ Autopsy _____
Total Net Cost of Casket _____	<u>00 55</u>	Sex <u>M.</u> Color or Race <u>W</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>July 19 1869</u> Age, Years <u>62</u> Months <u>10</u> Days <u>10</u>
Embalming _____		Occupation <u>farmer</u>
Clothing <u>suit 25.00 shoes 4.37</u>		How Long at Place of Death <u>life</u>
_____		Birthplace—City or County <u>Severance</u> State or Country <u>Kans</u>
_____		Name of Father <u>W. B. Pry</u>
_____		Birthplace of Father <u>Pa</u>
_____		Maiden Name of Mother <u>Catherine Nash</u>
Total Cash Advances _____		Birthplace of Mother <u>Pa</u>
_____		Signed _____ M.D. <u>E. F. Karr</u> Coroner _____
_____		Address _____ Date _____
_____		Interment at <u>Oak Hill cemetery Severance K</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____	<u>1100.55</u>	Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS:		

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

FUNERAL OF Infant of Mr. & Mrs. Virgil Jasper CHARGE TO _____ ACCOUNT No. 54
 PAYMENT GUARANTEED BY Clas Ricketts ADDRESS Troy, Kansas. SERIAL No. 174
 PHONE _____ DATE June 4, 1932 ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE	V	CREDITS	
<input checked="" type="checkbox"/> Casket and Services	40 00	6-4-32		20 00	
Embalming		7-2-32		20 00	
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegram and Telephone Calls					
Use of _____ doz. Chairs					
Flowers					
Clergyman					
Singers					
Casket Coach					
Use of _____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
To FUNERAL COMPLETE	40 00			40 00	

NAME OF DECEASED *Infant of Mr. & Mrs. Virgil Jasper* RESIDENCE *Troy, Kansas.*
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH *Assembly* DATE *June 4, 1932* HOUR *1 P.M.* CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____	40 00	Place of Death <i>Troy, Kansas.</i>
Casket No. <i>186</i> Style _____		Date of Death <i>June 3, 1932</i>
Interior <i>Red & White</i> Covering <i> Ribbon</i>		Cause of Death <i>Difficult Labor</i> Contributory _____
Manufacturer <i>Ry</i>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____	777 55	Sex <i>F.</i> Color or Race <i>W.</i>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____		Date of Birth <i>June 3, 1932</i> Age, Years <i>Infant</i> Months _____ Days _____
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <i>Troy</i> State or Country <i>Kansas.</i>
_____		Name of Father <i>Virgil Jasper</i>
_____		Birthplace of Father <i>Troy, Kansas.</i>
_____		Maiden Name of Mother <i>Genevieve Dickerson</i>
_____		Birthplace of Mother <i>Grand Island, Neb.</i>
Total Cash Advances _____		Signed <i>A. E. Cardon</i> M.D. _____ Coroner
_____		Address <i>Troy, Kansas</i> Date <i>June 4, 1932</i>
_____		Interment at <i>Praying Kansas.</i>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____	75 55	Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS: _____		

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

FUNERAL OF *Bessie Emma F* CHARGE TO *S. W. Barrie*

ACCOUNT NO. *55*

PAYMENT GUARANTEED BY _____

ADDRESS _____

SERIAL NO. *175*

PHONE _____

DATE *June 21-1937* ANNUAL NO. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE		✓	CREDITS
Casket and Services <i>complete</i>	<i>250.00</i>	<i>6-22-32</i>	<i>By check</i>		<i>205.00</i>
Embalming		<i>8-30-32</i>	" "		<i>50.00</i>
Outer Case or Vault <i>vault</i>	<i>100.00</i>	<i>10-30-32</i>	" "		<i>25.00</i>
Washing and Dressing		<i>12-8-32</i>	" "		<i>25.00</i>
Shaving		<i>1-8-33</i>	" <i>Cash</i>		<i>25.00</i>
Slumber Robe		<i>1-23-33</i>	" <i>Cash</i>		<i>25.00</i>
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of doz. Chairs					
Flowers <i>x</i>	<i>5.00</i>				
Clergyman					
Singers					
Casket Coach					
Use of Funeral Cars					
Use of Flower Cars					
Professional Supervision					
To FUNERAL COMPLETE	<i>355.00</i>				<i>355.00</i>

NAME OF DECEASED Emmard F Barrie RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Troy ME DATE June 21-32 HOUR 2 P.M. CLERGYMAN Rev. J. H. Campbell
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		<u>750.00</u>	Place of Death <u>Troy Kansas</u>
Casket No. <u>207</u> Style <u>1/2 Couch</u>			Date of Death <u>June 19-1932</u>
Interior <u>Tan Rubana</u> Covering <u>Dark tan pleated</u>			Cause of Death _____ Contributory _____
Manufacturer <u>ps</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>F</u> Color or Race <u>W.</u>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault	<u>100.00</u>		Date of Birth <u>Feb 21-1873</u> Age, Years <u>59</u> , Months <u>2</u> Days <u>28</u>
Embalming			Occupation <u>housewife</u>
Clothing			How Long at Place of Death <u>15 years</u>
			Birthplace—City or County <u>Altona</u> State or Country <u>Illinois</u>
			Name of Father <u>Solan C. Henshaw</u>
			Birthplace of Father _____
Total Cash Advances			Maiden Name of Mother <u>Katie Harblin</u>
			Birthplace of Mother _____
			Signed <u>C. E. Haller</u> M.D. _____ Coroner _____
			Address <u>Troy Kansas</u> Date _____
			Interment at <u>St. Olive cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral		<u>947.55</u>	
*Less Overhead Per Funeral			
Net Profit Apparent			
REMARKS:			Source of Call _____
			Insured in _____ Amount _____
			Beneficiary _____

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

FUNERAL OF Schoy Ernest J. CHARGE TO _____ ACCOUNT No. 56
 PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL No. 176
 PHONE _____ DATE June 26-1937 ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	<u>225.00</u>	<u>7-7-37</u>		
Embalming		<u>By church</u>		
Outer Case or Vault	<u>100.00</u>	<u>Mr. Louis R. Schoy</u>		<u>325.00</u>
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress				
Other Articles of Clothing				
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of _____ doz. Chairs				
Flowers				
Clergyman				
Singers				
Casket Coach				
Use of _____ Funeral Cars				
Use of Flower Cars				
Professional Supervision				
<u>To FUNERAL COMPLETE</u>	<u>325</u>			<u>325.00</u>

NAME OF DECEASED Ernest J. Scholz RESIDENCE _____
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH M.E. Nathanael HOUR June 23 3:30 2 P.M. CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS Nathanael W.P. & A.M.

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral <u>list page 1</u> 225 00		Place of Death <u>Home of O.G. Hinger Troy</u>
Casket No. <u>807</u> Style <u>over throw</u>		Date of Death <u>June 23 - 1932</u>
Interior <u>As silk</u> Covering <u>light steel Brocade</u>		Cause of Death <u>Hypertrophy</u> Contributory _____
Manufacturer <u>Rx</u>		Duration _____ Autopsy <input checked="" type="checkbox"/>
Total Net Cost of Casket		Sex <u>M.</u> Color or Race <u>W</u>
Outer Case		Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child _____
Vault <u>100 00</u>		Date of Birth <u>Sept 2 - 1862</u> Age, Years <u>69</u> Months <u>9</u> Days <u>21</u>
Embalming		Occupation <u>painter</u>
Clothing <u>none</u>		How Long at Place of Death <u>22 years</u> <u>Nathanael</u>
		Birthplace—City or County <u>Nichols</u> State or Country <u>Germany</u>
		Name of Father <u>John G. Scholz</u>
		Birthplace of Father <u>Germany</u>
Total Cash Advances		Maiden Name of Mother <u>Hannah Pender</u>
		Birthplace of Mother <u>Unknown</u>
		Signed <u>C.G. Halle</u> M.D. Coroner
		Address <u>Troy N.Y.</u> Date _____
		Interment at <u>St. Charles Cemetery Troy</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____

Total Net Cost of Funeral _____
 Gross Profit on Funeral 225 55
 *Less Overhead Per Funeral _____
 Net Profit Apparent _____

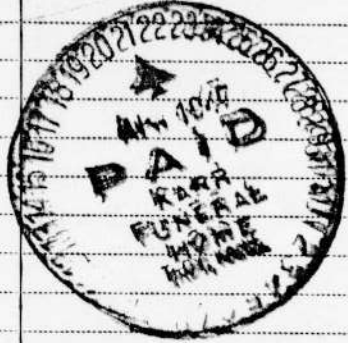
REMARKS:

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

CHARGE TO J. H. Armstrong & Sons Undertakers ACCOUNT NO. _____
 PAYMENT GUARANTEED BY _____ ADDRESS Bendena Kern SERIAL NO. 177
 PHONE _____ DATE July 2-1932 ANNUAL NO. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services <u>complete</u>	150.00	8-10-32		
Embalmng				
Outer Case or Vault				
Washing and Dressing		8-8-33		
Shaving				
Slumber Robe		12-1-44		
Suit or Dress <u>dress</u>	6.00	6-3-46		
Other Articles of Clothing		4-21 47		
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of _____ doz. Chairs				
Flowers <u>By Nellie Remyer</u>	3.00			
Clergyman				
Singers				
Casket Coach				
Use of _____ Funeral Cars				
Use of Flower Cars				
Professional Supervision <u>dress</u>				
To FUNERAL COMPLETE	159.00			159.00

Rec. Due #91.00



NAME OF DECEASED Hattie E. Armstrong RESIDENCE 2 mts S.W. of Benders
 FUNERAL AT _____ RESIDENCE MORTUARY _____ CHURCH _____ DATE July 2-32 HOUR 2 P.M. CLERGYMAN Rev. Peterson
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		150.00	Place of Death	<u>2 miles S.E. of Benders</u>
Casket No. <u>234</u> Style <u>left panel + throw</u>			Date of Death	<u>June 30-1932</u>
Interior <u>W silk</u> Covering <u>Emb. Lace</u>			Cause of Death	Contributory
Manufacturer <u>RH</u>	DEBITS		Duration	Autopsy
Total Net Cost of Casket			Sex <u>F.</u> Color or Race <u>W</u>	
Outer Case			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____	
Vault			Date of Birth <u>May 14-1862</u> Age, Years <u>70</u> Months <u>1</u> Days <u>19</u>	
Embalming			Occupation <u>housewife</u>	
Clothing <u>dress</u>	6.00		How Long at Place of Death <u>36 years</u>	
			Birthplace—City or County <u>Severance</u> State or Country <u>Kan</u>	
			Name of Father <u>John P. Bitner</u>	
			Birthplace of Father <u>Greenburg Pa.</u>	
Total Cash Advances			Maiden Name of Mother <u>Ellen Robb</u>	
			Birthplace of Mother <u>Pa.</u>	
			Signed <u>W. C. Stutz</u> M.D. Coroner	
			Address _____ Date _____	
			Interment at <u>Bitner Cemetery Severance</u>	
			Lot or Grave No. _____ Section No. _____	
			Shipped to _____	
			Arrived from _____	
			Via _____ R. R. Date _____	
			In Charge of _____	
Total Net Cost of Funeral			Source of Call _____	
Gross Profit on Funeral		155.55	Insured in _____ Amount _____	
*Less Overhead Per Funeral			Beneficiary _____	
Net Profit Apparent				

REMARKS:

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

DECEASED BY *Pollard Ella W.* CHARGE TO *Tom Pollard* ACCOUNT No. _____
 PAYMENT GUARANTEED BY _____ ADDRESS *Troy Kansas* SERIAL No. *178*
 PHONE _____ DATE *July 5-1932* ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE	V	CREDITS
Casket and Services <i>complete</i>	150 00	7-5-32	Cash by Mrs. D. Kent	17.00
Embalming		7-11-32	By cash	2.50
Outer Case or Vault		7-11-32	US note	140 00
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress <i>dress</i>	6.50			
Other Articles of Clothing				
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of _____ doz. Chairs				
Flowers				
Clergyman				
Singers				
Casket Coach				
Use of _____ Funeral Cars				
Use of Flower Cars				
Professional Supervision				
		<i>See note</i>		
To FUNERAL COMPLETE	156 50			156 50

NAME OF DECEASED *Ella G. Pollard* RESIDENCE *Troy Kasw R.F.D.*
 FUNERAL AT RESIDENCE MORTUARY CHURCH *Troy Christian* DATE *July 5-32* HOUR *2:30 PM* CLERGYMAN *Rev. Sapp*
 SINGERS *Male Quartette* LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		150 00	Place of Death	<i>Troy Kasw R.F.D.</i>
Casket No. <i>234</i> Style <i>large funeral over throw</i>			Date of Death	<i>July 3-1932</i>
Interior <i>with</i> Covering <i>black</i>			Cause of Death	
Manufacturer <i>R4</i>			Duration	
Total Net Cost of Casket			Sex	<i>F.</i>
Outer Case			Color or Race	<i>W</i>
Vault			Single	<input type="checkbox"/>
Embalming			Married	<input checked="" type="checkbox"/>
Clothing <i>dress</i>	6.50		Widowed	<input type="checkbox"/>
			Divorced	<input type="checkbox"/>
			Child	<input type="checkbox"/>
			Date of Birth	<i>Oct 9 1887</i> Age, Years <i>44</i> Months <i>8</i> Days <i>24</i>
			Occupation	<i>housewife</i>
Total Cash Advances			How Long at Place of Death	
			Birthplace—City or County	<i>Troy Kasw</i> State or Country <i>Kan</i>
			Name of Father	<i>John Sandy</i>
			Birthplace of Father	<i>Indiana</i>
			Maiden Name of Mother	<i>Louisa Jones</i>
			Birthplace of Mother	<i>De Kalb Mo</i>
			Signed	<i>R. C. E. Bally</i> Coroner
			Address	
			Date	
			Interment at	<i>St. Olive Cemetery</i>
			Lot or Grave No.	
			Shipped to	
			Arrived from	
			Via	
			R. R. Date	
Total Net Cost of Funeral			In Charge of	
Gross Profit on Funeral		15.55		
*Less Overhead Per Funeral			Source of Call	
Net Profit Apparent			Insured in	
			Beneficiary	
REMARKS:				

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

NAME OF DECEASED Ada Euler RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE July 12-37 HOUR 2:30 PM CLERGYMAN Rev. Sapp
 SINGERS _____ LODGE AFFILIATIONS _____

179

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral	350.00	
Casket No. <u>260</u> Style <u>Round end state</u>		
Interior <u>flesh flat</u> Covering <u>Blue</u> <u>French gal</u> <u>Panels</u>		
Manufacturer <u>R.A.</u>		
Total Net Cost of Casket		
Outer Case		
Vault		100.00
Embalming		
Clothing <u>dress</u>		10.00
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

PERSONAL AND STATISTICAL

Place of Death Sisters Hosp St Joseph
 Date of Death July 10-1937
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth _____ Age, Years _____ Months _____ Days _____
 Occupation _____
 How Long at Place of Death 4 hrs
 Birthplace—City or County Wathens State or Country Kans
 Name of Father Geo Cordover
 Birthplace of Father _____
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed _____ M.D. _____ Coroner _____
 Address _____ Date _____
 Interment at St Olive cemetery Troy
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

REMARKS:

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

FUNERAL OF Briggs Stephen A. CHARGE TO Jack Briggs ACCOUNT No. 58
 PAYMENT GUARANTEED BY _____ ADDRESS St Joseph Mo SERIAL No. 180
 PHONE 6-6710 DATE July 18-1932 ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
✓ Casket and Services <u>complete</u>	325 00	9-8-32	By check	425 00
✓ Embalming <u>at Grand Home</u>			386	
✓ Outer Case or Vault <u>Wanted</u>	100 00			
✓ Washing and Dressing				
✓ Shaving				
✓ Slumber Robe				
✓ Suit or Dress <u>suit</u>				
✓ Other Articles of Clothing				
✓ Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of _____ doz. Chairs				
Flowers				
Clergyman				
Singers				
✓ Casket Coach				
✓ Use of _____ Funeral Cars				
Use of Flower Cars				
✓ Professional Supervision				
To FUNERAL COMPLETE	425 00			425 00

NAME OF DECEASED Stephen A Briggs RESIDENCE _____
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE July 18-32 HOUR 1:30 PM CLERGYMAN Rev. Finch
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		425 00	Place of Death	<u>Asaratomie Kans.</u>
Casket No. <u>215</u>	Styl. <u>Octagon 1 1/2 Corn</u>		Date of Death	<u>July 16-1932</u>
Interior <u>CW</u>	Covering <u>flannel</u>		Cause of Death	
Manufacturer _____			Contributory	
Total Net Cost of Casket			Duration	Autopsy
Outer Case			Sex <u>M.</u>	Color or Race <u>W</u>
Vault			Single _____ Married _____	Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Embalming <u>at Asaratomie 35.00</u>			Date of Birth <u>Oct 3-1859</u>	Age, Years <u>72</u> Months <u>9</u> Days <u>13</u>
Clothing			Occupation	
			How Long at Place of Death <u>3 years</u>	
			Birthplace—City or County <u>MT Aire</u>	State or Country <u>Iowa</u>
			Name of Father	
			Birthplace of Father	
			Maiden Name of Mother	
			Birthplace of Mother	
Total Cash Advances			Signed _____	M.D. _____ Coroner _____
			Address _____	Date _____
			Interment at <u>MT Aire Troy</u>	
			Lot or Grave No. _____	Section No. _____
			Shipped to _____	
			Arrived from _____	
			Via _____	R. R. Date _____
Total Net Cost of Funeral			In Charge of _____	
Gross Profit on Funeral		70 55		
*Less Overhead Per Funeral			Source of Call <u>Jacob Briggs</u>	
Net Profit Apparent			Insured in <u>Security Benefit</u>	Amount _____
			Beneficiary _____	

REMARKS:

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

FUNERAL OF Bullock Minnie A. CHARGE TO Joseph J. Bullock ACCOUNT No. _____
 PAYMENT GUARANTEED BY _____ ADDRESS Trty. Kansas SERIAL No. 181
 PHONE _____ DATE July 30.32 ANNUAL No. 325

DESCRIPTION OF SERVICE	AMOUNT	DATE	REMARKS	✓	CREDITS
✓ Casket and Services	265.00	8-13-32	By check		50.00
✓ Embalming		8-26-33	By check		25.00
✓ Outer Case or Vault <u>vault</u>	100.00	7-5-35	By check		100.00
✓ Washing and Dressing		12-7-36	" "		50.00
Shaving		11-8-39	" "		25.00
Slumber Robe		2-22-41	" "		100.00
Suit or Dress		2-22-41	" "		18.00
Other Articles of Clothing <u>underwear & hose</u>	23.33		not paid		
✓ Transferring Body					
✓ Door Badge					
Opening Grave					
Newspaper Notices					
✓ Telegrams and Telephone Calls					
Use of _____ doz. Chairs					
Flowers					
Clergyman					
Singers					
✓ Casket Coach					
✓ Use of _____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
To FUNERAL COMPLETE	368.00				368.00

2.7.37 due 3.00
 1.50
 Pd 18.00

NAME OF DECEASED Reginald D. Jones RESIDENCE _____
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Aug 7-32 HOUR 2 P.M. CLERGYMAN S. M. Finich
 SINGERS Frank Lyness - Deland - Carlson LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral	150.00	
Casket No. <u>234</u> Style <u>Single lid Perfecton</u>		
Interior <u>W silk</u> Covering <u>emb to show</u>		
Manufacturer <u>Ry</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral	155.55	
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death 5 miles S.E. of Bendena
 Date of Death Aug 5
 Cause of Death cerebral hemorrhage contributory
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Aug 7-1879 Age, Years 52 Months 11 Days 28
 Occupation farmer
 How Long at Place of Death _____
 Birthplace—City or County Bendena State or Country Kan.
 Name of Father _____
 Birthplace of Father Geo. A. Jones Ohio
 Maiden Name of Mother Gambel Stallen
 Birthplace of Mother Atkinson Co. Kan.
 Signed W. Clutz M.D. _____ Coroner
 Address Bendena Date _____
 Interment at St. Alve Proy. Kas.
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

NAME OF DECEASED *Sophia Sturz* RESIDENCE *3 miles N.E. Blair*
 FUNERAL AT *Smiths Creek* RESIDENCE _____ MORTUARY _____ CHURCH *Creek* DATE *Aug 13 1932* HOUR *2 P.M.* CLERGYMAN *Iffert*
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		150 00
Casket No. <i>234</i> Style <i>Wagon's high lid</i>		
Interior <i>Ornate</i> Covering <i>black fabric</i> <i>Per throw</i>		
Manufacturer <i>put</i>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing <i>dress</i>	11 00	
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		11 55
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death *her home 3 mi N.E. of Blair*
 Date of Death *August 11 1932*
 Cause of Death *Cardiac Stenosis*
 Duration _____ Autopsy _____
 Sex *F* Color or Race *W*
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth *May 1 1878* Age, Years *54* Months *3* Days *10*
 Occupation *housewife*
 How Long at Place of Death _____
 Birthplace—City or County *Blair Rd. Kan.* State or Country *Kan.*
 Name of Father *Fred Ramseyer*
 Birthplace of Father *Switzerland*
 Maiden Name of Mother *Louisa Odenberger*
 Birthplace of Mother *Ohio*
 Signed *C. E. Haller* M.D. Coroner
 Address *Iron, Mo.* Date _____
 Interment at *Smiths Creek*
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

FUNERAL OF Hazel Louise Harvey

CHARGE TO

Douglas County

ACCOUNT No.

63

PAYMENT GUARANTEED BY

filed Sept 21-32

ADDRESS

SERIAL No.

136

PHONE

DATE Sept. 15/1932

ANNUAL No.

DESCRIPTION OF SERVICE	AMOUNT	DATE	REMARKS	CHECK	CREDITS
Casket and Services	25 00	Oct. 6, 1932	Check by County	✓	25 00
Embalming					
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of _____ doz. Chairs					
Flowers					
Clergyman					
Singers					
Casket Coach					
Use of _____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
To FUNERAL COMPLETE	25 00				25 00

NAME OF DECEASED Hazel Louise Harvey

RESIDENCE _____

FUNERAL AT Mt Olive Cemetery

RESIDENCE _____ MORTUARY _____ CHURCH _____

DATE Sept. 15/32 HOUR 5 p.m. CLERGYMAN Rev Rafert colored

SINGERS _____

LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Missouri river north of Troy</u>
Casket No. _____ Style _____			Date of Death <u>Sept. 12/32</u>
Interior _____ Covering _____			Cause of Death <u>drowning</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>F</u> Color or Race <u>Negro</u>
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child " " _____
Vault _____			Date of Birth <u>May 15/1930</u> Age, Years <u>2</u> Months <u>3</u> Days <u>27</u>
Embalming _____			Occupation <u>child</u>
Clothing _____			How Long at Place of Death _____
_____			Birthplace—City or County _____ State or Country _____
_____			Name of Father <u>Ben Harvy</u>
_____			Birthplace of Father <u>Columbia Missouri</u>
_____			Maiden Name of Mother <u>Nora Hatton</u>
_____			Birthplace of Mother <u>Columbia Missouri</u>
Total Cash Advances			Signed <u>E. F. Karr</u> Coroner M.D. _____ Coroner _____
_____			Address _____ Date _____
_____			Interment at <u>Mt Olive cemetery</u>
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from _____
_____			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral		<u>111 55</u>	_____
*Less Overhead Per Funeral			Source of Call _____
Net Profit Apparent			Insured in _____ Amount _____
REMARKS:			Beneficiary _____

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

FUNERAL OF Rasmus Dietrickson

CHARGE TO _____

ACCOUNT NO. 64

PAYMENT GUARANTEED BY Robt. Dietrickson

ADDRESS Troy Kansas

SERIAL NO. 137

PHONE _____

DATE Sept. 17/1932

ANNUAL NO. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	285. 00	Nov. 7-34		447. 50
Embalming				
Outer Case or Vault <u>vault</u>	100. 00			
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress <u>suit</u>	27. 50			
Other Articles of Clothing				
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of doz. Chairs				
Flowers	10. 00			
Clergyman				
Singers				
Casket Coach				
Use of Funeral Cars				
Use of Flower Cars				
Professional Supervision				
TOTAL	422. 50			447. 50

Handwritten notes:
 \$4.10 for Rev. Peterson
 and \$1.15 for 110 Franklyn
 given to Robt Dietrickson
 for delivery # 2448 and 2449
 Rev. FNB given

Handwritten notes at bottom:
 To FUNERAL COMPLETE
 10.00
 monument & grave digging 15.00
 ordered by Robt Dietrickson

NAME OF DECEASED Rasmus Dietrickson RESIDENCE Severance Kansas

FUNERAL AT RESIDENCE MORTUARY CHURCH Bendena DATE Sept. 17/1938 HOUR 2.30 p.m. PASTOR/CLERGYMAN Rev. Peterson

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Home of Peter Anderson Severance</u>
Casket No. <u>817</u> Style <u>state half couch</u>		Date of Death _____
Interior <u>W Barouett</u> Covering <u>Platinum velvet</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Ry</u> DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>M</u> Color or Race <u>W</u>
Outer Case _____		Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault _____		Date of Birth <u>July 23/1846</u> Age, Years <u>86</u> Months <u>1</u> Days <u>24</u>
Embalming _____		Occupation <u>Retired farmer</u>
Clothing _____		How Long at Place of Death <u>6 years 26 yrs with Andersons</u>
		Birthplace—City or County _____ State or Country <u>Denmark</u>
		Name of Father <u>Rasmus Dietrickson</u>
		Birthplace of Father _____ <u>Denmark</u>
		Maiden Name of Mother <u>unknown</u>
Total Cash Advances _____		Birthplace of Mother _____ <u>Denmark</u>
		Signed <u>Clutz</u> M.D. _____ Coroner _____
		Address <u>Bendena Kans</u> Date _____
		Interment at <u>Moray Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____

Total Net Cost of Funeral _____
 Gross Profit on Funeral _____
 *Less Overhead Per Funeral _____ 05945
 Net Profit Apparent _____

REMARKS:

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

FUNERAL OF Frank Powell

CHARGE TO Doniphan County

ACCOUNT No.

65

PAYMENT GUARANTEED BY Mr Noble

ADDRESS Highland Kansas

SERIAL No.

188

PHONE

DATE Oct. 3/1932

ANNUAL No.

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	50.00	Nov. 14-32	Ch Dow Co	50.00
Embalming				
Outer Case or Vault				
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress				
Other Articles of Clothing				
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of doz. Chairs				
Flowers				
Clergyman				
Singers				
Casket Coach				
Use of Funeral Cars				
Use of Flower Cars				
Professional Supervision				
<i>Filed</i>				
To FUNERAL COMPLETE	\$50.00			50.00

NAME OF DECEASED Amanda Rader RESIDENCE Elwood Kansas

FUNERAL AT RESIDENCE MORTUARY " CHURCH DATE Oct. 25/32 HOUR 10 am CLERGYMAN Rev Meyer

SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		170.00	Place of Death	<u>State hospital Topeka Kans</u>
Casket No. <u>130</u> style <u>crepe lift panel</u>			Date of Death	<u>Oct. 22/1923</u>
Interior <u>cr silk</u> Covering <u>steel crepe</u>			Cause of Death	<u>Chronic Myocardiodis</u>
Manufacturer <u>Rex</u>	DEBITS		Duration	
Total Net Cost of Casket			Autopsy	
Outer Case			Sex	<u>F</u> Color or Race <u>W</u>
Vault			Single	<u>Married</u> Widowed <u>"</u> Divorced <u></u> Child <u></u>
Embalming			Date of Birth	<u>March 30/1855</u> Age <u>76</u> Years <u>6</u> Months <u>22</u> Days
Clothing			Occupation	<u>housewife</u>
			How Long at Place of Death	<u>4 weeks</u>
			Birthplace—City or County	
			Name of Father	<u>James Hiner Rader</u>
			Birthplace of Father	
			Maiden Name of Mother	
			Birthplace of Mother	
			Signed	<u>M.D.</u> Coroner <u></u>
			Address	
			Date	
			Interment at	<u>Mt Olive cemetery Troy</u>
			Lot or Grave No.	
			Shipped to	
			Arrived from	
			Via	<u>R. R.</u> Date <u></u>
			In Charge of	
			Source of Call	
			Insured in	Amount <u></u>
			Beneficiary	
Total Net Cost of Funeral				
Gross Profit on Funeral				
*Less Overhead Per Funeral				
- Net Profit Apparent		<u>MSA ds</u>		
REMARKS: <u>Morris Peterson</u> <u>Sister Mrs</u> <u>son in Law of Rader in Cal.</u>				
* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.				

FUNERAL OF Betty Lou Boling

CHARGE TO Doniphan County

ACCOUNT No. 671

PAYMENT GUARANTEED BY John Kotsch

ADDRESS

SERIAL No. 191

PHONE

DATE Oct. 25/32

ANNUAL No.

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	15.00	Nov. 14/32		15.00
Embalming				
Outer Case or Vault				
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress				
Other Articles of Clothing				
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of doz. Chairs				
Flowers				
Clergyman				
Singers				
Casket Coach				
Use of Funeral Cars				
Use of Flower Cars				
Professional Supervision				
<i>Filed Oct. 31-1932</i>				
To FUNERAL COMPLETE	15.00			15.00

NAME OF DECEASED Betty Lou Boling RESIDENCE North of Troy

FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE Oct. 25/32 HOUR _____ CLERGYMAN _____

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		15.00	Place of Death <u>North of Troy</u>
Casket No. <u>50</u> Style <u>lift panel</u>			Date of Death <u>Oct. 24/32</u>
Interior <u>Covering white lamb</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Rex</u>			Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>F</u> Color or Race <u>W</u>
Outer Case _____			Single <u>"</u> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>Oct 24/32</u> Age, Years _____ Months _____ Days <u>10 hrs</u>
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County <u>Troy</u> State or Country <u>Kans</u>
			Name of Father <u>Marbie Boling</u>
			Birthplace of Father <u>Savannah Mo.</u>
			Maiden Name of Mother <u>Dorothy Stoner</u>
			Birthplace of Mother <u>Albany Mo.</u>
			Signed <u>C.E. Waller</u> M.D. _____ Coroner
			Address <u>Troy Kans</u> Date _____
			Interment at <u>Courter Cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
Total Cash Advances			Source of Call _____
			Insured in _____ Amount _____
			Beneficiary _____
Total Net Cost of Funeral			
Gross Profit on Funeral		<u>MS</u>	
*Less Overhead Per Funeral			
Net Profit Apparent			

REMARKS:

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

FUNERAL OF Unknown Man

CHARGE TO Don. County

ACCOUNT No. 68

PAYMENT GUARANTEED BY _____

ADDRESS _____

SERIAL No. 192

PHONE _____

DATE Oct. 28/32

ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE	V	CREDITS
Casket and Services	25.00	Nov. 14-32		25.00
Embalming				
Outer Case or Vault				
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress				
Other Articles of Clothing				
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of _____ doz. Chairs				
Flowers				
Clergyman				
Singers				
Casket Coach				
Use of _____ Funeral Cars				
Use of Flower Cars				
Professional Supervision				
<i>Filed Oct. 31 1932</i>				
To FUNERAL COMPLETE	25.00			25.00

NAME OF DECEASED Unknown RESIDENCE _____

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

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		25.00	Place of Death <u>Unknown, found on sand Bar near Geary</u>
Casket No. _____ Style _____			Date of Death _____
Interior _____ Covering _____			Cause of Death <u>probably drowned</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex _____ Color or Race _____
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth _____ Age, Years _____ Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
_____			Birthplace—City or County _____ State or Country _____
_____			Name of Father _____
_____			Birthplace of Father _____
_____			Maiden Name of Mother _____
_____			Birthplace of Mother _____
Total Cash Advances _____			Signed _____ <u>M.D. E.F. Karr</u> Coroner
_____			Address _____ Date _____
_____			Interment at <u>Mt Olive cemetery</u>
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from _____
_____			Via _____ R.R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____		<u>75.55</u>	
*Less Overhead Per Funeral _____			Source of Call _____
Net Profit Apparent _____			
REMARKS:			Insured in _____ Amount _____
			Beneficiary _____

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

FUNERAL OF John Oscar Thompson

CHARGE TO

ACCOUNT No. 69

PAYMENT GUARANTEED BY

ADDRESS

SERIAL No. 193

PHONE

DATE Nov. 6/1932

ANNUAL No.

DESCRIPTION OF SERVICE	AMOUNT	DATE	V	CREDITS
Casket and Services	285.00	Nov. 14 '32 By check		145.00
Embalming		Dec. 3-32		145.00
Outer Case or Vault				
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress				
Other Articles of Clothing				
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of _____ doz. Chairs				
Flowers	5.00			
Clergyman				
Singers				
Casket Coach				
Use of _____ Funeral Cars				
Use of Flower Cars				
Professional Supervision				
To FUNERAL COMPLETE	290.00			290.00

NAME OF DECEASED John Oscar Thompson RESIDENCE Sparks Kansas

FUNERAL AT Fanning FANNING RESIDENCE MORTUARY CHURCH L.D.S DATE Nov. 6/1932 HOUR 2.30 pm PASTORALYERGMAN Rev. Twombly

SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	290.00	Place of Death N.W. of Fanning his home
Casket No. 817		Date of Death Nov. 3/1932
Style State half couch		Cause of Death Pericarditis acute contributory
Interior gr baronete Beverly platinum		Duration Autopsy
Manufacturer Rex		Sex M Color or Race W
Total Net Cost of Casket		Single Married # Widowed Divorced Child
Outer Case		Date of Birth Sep. 26/1873 Age, Years 59 Months 1 Days 7
Vault		Occupation farmer
Embalming		How Long at Place of Death life
Clothing		Birthplace—City or County Fanning State or Country Kansas
		Name of Father Dori Thompson
		Birthplace of Father Cambridge Ohio
		Maiden Name of Mother Jennie Searls
		Birthplace of Mother Spring River Mo
		Signed C. E. Waller M.D. Coroner
		Address Troy, Kans Date
		Interment at Iola Cemetery Sparks Kans
		Lot or Grave No. Section No.
		Shipped to
		Arrived from
		Via R. R. Date
		In Charge of
		Source of Call
		Insured in Amount
		Beneficiary
Total Net Cost of Funeral		
Gross Profit on Funeral	yMO 95	
*Less Overhead Per Funeral		
Net Profit Apparent		
REMARKS:		

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

NAME OF DECEASED Anthony H. Kaelin RESIDENCE Wathena Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Wathena Catholic DATE Nov. 10/1938 HOUR 9 A.M. CLERGYMAN Father Eiker
 SINGERS _____ LODGE AFFILIATIONS Elks

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	200.00	Place of Death <u>Home of Oscar Kaelin 2 miles west Wathena</u>
Casket No. <u>206</u> Style <u>Emb doe half couch</u>		Date of Death <u>Nov. 7/1932</u>
Interior <u>gr. silk</u> Covering		Cause of Death <u>Pul. KXXXX TB</u> Contributory
Manufacturer <u>Rex</u>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>M</u> Color or Race <u>W</u>
Outer Case		Single _____ Married _____ Widowed _____ Divorced " Child _____
Vault	75.00	Date of Birth <u>Feb. 17/1876</u> Ge. Years <u>55</u> Months <u>8</u> Days <u>20</u>
Embalming		Occupation <u>coal miner</u>
Clothing		How Long at Place of Death <u>about 3 years</u>
		Birthplace—City or County <u>Louisville</u> State or Country <u>Kentucky</u>
		Name of Father <u>Louis Kaelin</u>
		Birthplace of Father <u>Switzerland</u>
		Maiden Name of Mother <u>Katherine Zelser</u>
		Birthplace of Mother <u>Germany</u>
Total Cash Advances		Signed <u>Dr Swails</u> M.D. _____ Coroner
		Address <u>Wathena Kansas</u> Date _____
		Interment at <u>Wathena Catholic Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral		Source of Call _____
Gross Profit on Funeral	<u>111.55</u>	Insured in _____ Amount _____
*Less Overhead Per Funeral		Beneficiary _____
Net Profit Apparent		

REMARKS:

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

FUNERAL OF Leroy Edgar Mix

CHARGE TO Mrs Minnie Mix

ACCOUNT No.

PAYMENT GUARANTEED BY

ADDRESS

Troy Kansas

SERIAL No.

195

PHONE

DATE Nov. 16/1932

ANNUAL No.

DESCRIPTION OF SERVICE	AMOUNT		DATE	✓	CREDITS
Casket and Services complete	150.	00			
Embalming					
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing underwear, shirt, hose tie	2.	00			
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of doz. Chairs					
Flowers	3.	00			
Clergyman					
Singers					
Casket Coach					
Use of Funeral Cars					
Use of Flower Cars					
Professional Supervision					
To FUNERAL COMPLETE	155.	00			

NAME OF DECEASED Leroy Edgar Mix RESIDENCE Troy Kansas R.F.D
 FUNERAL AT Karr Funeral Home RESIDENCE MORTUARY CHURCH DATE Nov. 16/1932 HOUR 2 p.m. CLERGYMAN Rev. H.L. Parker
 SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		155.00	Place of Death <u>His home 2 miles north of Troy</u>
Casket No. <u>234</u> Style <u>hinge panel octagon</u>			Date of Death <u>Nov. 15/1932</u>
Interior <u>cr silk</u> Covering <u>Lt grey oxford</u>			Cause of Death <u>gun shot wound of head</u> Suicide
Manufacturer <u>Rex</u>	DEBITS		Duration <u></u> Autopsy <u></u>
Total Net Cost of Casket			Sex <u>M</u> Color or Race <u>W</u>
Outer Case			Single <u></u> Married <u>"</u> Widowed <u></u> Divorced <u></u> Child <u></u>
Vault			Date of Birth <u>Sept. 22/1883</u> Years <u>50</u> Months <u>1</u> Days <u>23</u>
Embalming			Occupation <u>farmer</u>
Clothing			How Long at Place of Death <u>life this community</u>
			Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
			Name of Father <u>Benjamin Mix</u>
			Birthplace of Father <u>unknown</u>
			Maiden Name of Mother <u>Bettie Lewis</u>
			Birthplace of Mother <u>Iowa</u>
Total Cash Advances			Signed <u>Minnie Mix</u> M.D. <u>E.F. Karr</u> Coroner
			Address <u></u> Date <u></u>
			Interment at <u>Courter cemetery</u>
			Lot or Grave No. <u></u> Section No. <u></u>
			Shipped to <u></u>
			Arrived from <u></u>
			Via <u></u> R. R. Date <u></u>
Total Net Cost of Funeral			In Charge of <u></u>
Gross Profit on Funeral <u>145.00</u>			Source of Call <u></u>
*Less Overhead Per Funeral			Insured in <u></u> Amount <u></u>
Net Profit Apparent			Beneficiary <u></u>
REMARKS:			

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

ORDER NO.

ACCOUNT NO.

ADDRESS

SERIAL NO.

PHONE

DATE Dec. 5/1932

ANNUAL NO.

196

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	100.00	1-9-33	Checks by Dow. Co.	50.00
Embalming				
Outer Case or Vault				
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress				
Other Articles of Clothing				
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of doz. Chairs				
Flowers				
Clergyman				
Singers				
Casket Coach				
Use of Funeral Cars				
Use of Flower Cars				
Professional Supervision				

April 4-33 Refund of 50 for
advance payment made to
County Treasurer - see
receipt with notes

see notes in file
for settlement

DAVID S PIPER
196

To FUNERAL COMPLETE

NAME OF DECEASED David S. Piper RESIDENCE Blair Kansas

FUNERAL AT RESIDENCE MORTUARY CHURCH at Blair DATE Dec. 5/1932 HOUR 1.30pm CLERGYMAN Rev. Crouch

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		100.00	Place of Death <u>Missouri Methodist Hosp St Joseph Mo.</u>
Casket No. <u>51</u> Style <u>lift lid</u>			Date of Death <u>Dec. 2/1932</u>
Interior <u>silk</u> Covering <u>plain gray Doe</u>			Cause of Death <u>Chr. Myocarditis</u> Contributory _____
Manufacturer <u>Rex</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>M</u> Color or Race <u>W</u>
Outer Case			Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>Jan. 15/1851</u> Age, Years <u>81</u> Months <u>10</u> Days <u>17</u>
Embalming			Occupation <u>farmer</u>
Clothing			How Long at Place of Death _____
			Birthplace—City or County <u>Janesville Wis</u> or Country <u>Wisconsin</u>
			Name of Father <u>John Piper</u>
			Birthplace of Father <u>Ireland</u>
			Maiden Name of Mother <u>unknown</u>
			Birthplace of Mother <u>unknown</u>
Total Cash Advances			Signed <u>Dr Shores</u> M.D. _____ Coroner _____
			Address <u>St Joseph Mo.</u> Date _____
			Interment at <u>Courter cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral		<u>2.55</u>	Source of Call _____
*Less Overhead Per Funeral			Insured in _____ Amount _____
Net Profit Apparent			Beneficiary _____

REMARKS:

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

NAME OF DECEASED Edmond M. Wayman RESIDENCE 1904 Faraon St. St. Joseph Mo.
 FUNERAL AT RESIDENCE " MORTUARY CHURCH Wayman DATE 12/27/32 HOUR 1 p.m. CLERGYMAN Rev. O. B. Lawless
Rev. W. O. Wayman
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	200.00
Casket No. <u>807</u> Style <u>hinge lid state perf. throw</u>	
Interior <u>cr silk</u> Covering <u>silver brocade</u>	
Manufacturer <u>Rex</u>	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>100.00</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death home of L.C. Wayman 1904 Faraon St. St. Joseph
 Date of Death Dec. 25/1932
 Cause of Death Nephritis Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married # Widowed _____ Divorced _____ Child _____
 Date of Birth Mch. 21/1850 Age, Years 82 Months 9 Days 4
 Occupation retired farmer
 How Long at Place of Death 2 years
 Birthplace—City or County _____ State or Country _____
 Name of Father John Wayman
 Birthplace of Father North Carolina
 Maiden Name of Mother Amy Barnett
 Birthplace of Mother North Carolina
 Signed J. M. Allman M.D. _____ Coroner _____
 Address St. Joseph Mo. Date _____
 Interment at Albany Mo.
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

Joseph

REMARKS:

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

NAME OF DECEASED Martha J. Fuhrken RESIDENCE 4 miles south of Denton
 FUNERAL AT RESIDENCE # MORTUARY CHURCH DATE Jan. 12/1933 HOUR 2.30 p.m. CEMETERY Rec. Ruhlen
 SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	322.50	Place of Death <u>Fuhrken home south of Denton</u>
Casket No. <u>536</u> style		Date of Death <u>January 10/1933</u>
Interior <u>Cr. silk</u> Covering <u>Silver apex</u>		Cause of Death <u>Pulmonary T.B.</u> Contributory
Manufacturer <u>Midland Valley</u>		Duration Autopsy
Total Net Cost of Casket		Sex <u>F</u> Color or Race <u>W</u>
Outer Case		Single <u>#</u> Married Widowed Divorced Child
Vault		Date of Birth <u>Apr. 7/1908</u> Age, Years <u>2</u> 4 Months <u>9</u> Days <u>3</u>
Embalming		Occupation <u>at home</u>
Clothing		How Long at Place of Death <u>life</u>
		Birthplace—City or County <u>Denton</u> State or Country <u>Kansas</u>
		Name of Father <u>John Fuhrkin</u>
		Birthplace of Father <u>Germany</u>
		Maiden Name of Mother <u>May Manchester</u>
		Birthplace of Mother <u>Denton Kansas</u>
		Signed <u>Dr Clutz</u> M.D. Coroner
		Address <u>Bendena Kans</u> Date
		Interment at <u>Denton cemetery</u>
		Lot or Grave No. Section No.
		Shipped to
		Arrived from
		Via R. R. Date
		In Charge of
		Source of Call
		Insured in Amount
		Beneficiary
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral	<u>YMO</u> 55	
*Less Overhead Per Funeral		
Net Profit Apparent		
REMARKS:		

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