

Funeral of Cambell John E. Charge to \_\_\_\_\_ Account No. 663  
 Ordered by Mrs. Marie & Mrs. Pope Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at Residence  Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date March 15<sup>th</sup> 1944 Hour 2 P.M. Annual No. 521  
 Clergyman Rev. Freiburg Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers \_\_\_\_\_  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	300.00	5-16-45		
	Embalming				
	Outer Case of Vault <u>concrete box</u>	25.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Filed 6-24-74</u>				
	SALES TAX	3.90			
	To Funeral Complete	328.90			328.90



Funeral of Shorey Ivan John Charge to Mrs Lona Shore Account No. 664  
 Ordered by Mrs Lona Shore Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date March 23 44 Hour 2:30 Annual No. 522  
 Clergyman Red Carter Lodge Affiliations American Legion Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers \_\_\_\_\_  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	145.00	3-21-44		67.14
	Embalming.....		4-28-44		100.00
	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.....	5.00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Filed April 6-1944</u> <u>Veteran Administration</u> <u>Kansas City 6 Missouri</u>				
	SALES TAX	2.14			
	To Funeral Complete	167.14			167.14

NAME OF DECEASED Ivan J. Shone RESIDENCE Troy - Kansas Rural  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 3-23-44 HOUR 2:30 CLERGYMAN Rev. Carter  
 SINGERS no music LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	DEBITS
Charge for Complete Funeral	
Casket No. <u>51 oval top octagon</u>	
Interior <u>grey</u> Covering <u>grey lined</u>	
Manufacturer <u>Ret. Act.</u>	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing <u>shirt</u>	<u>15.00</u>
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>15.55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death his home S.E. of Troy  
 Date of Death March 20 - 1944  
 Cause of Death Coronary Heart attack  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M Color or Race W  
 Single  Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Jan 8 - 1896 Age, Years 48 Months 7 Days 12  
 Occupation farmer  
 How Long at Plate of Death \_\_\_\_\_  
 Birthplace—City or County Coring State or Country Iowa  
 Name of Father Aswold Shone  
 Birthplace of Father Iowa  
 Maiden Name of Mother Rose Thomas  
 Birthplace of Mother Iowa  
 Signed M. Charrendeckard Funeral Director  
 Address Troy - Ks. Date 3-22-1944  
 Interment at St. Olive Troy - Kans  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of Troy American Legion

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.



NAME OF DECEASED Agnes Pearl Murphy RESIDENCE Troy - Kansas Rural  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Baptist DATE 3-28-1944 HOUR 2 30 CLERGYMAN Rev. Carter  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>St. Josephs Hosp</u>
Casket No. <u>176</u> Style <u>octagon hinge lid</u>		Date of Death <u>March 27-1944</u>
Interior <u>grey velvet</u> Covering <u>Red-velvet</u>		Cause of Death <u>Infection of foot</u>
Manufacturer <u>Red-velvet</u>	DEBITS	Duration _____ Autopsy <u>W</u>
Total Net Cost of Casket		Sex <u>F</u> Color or Race <u>W</u>
Outer Case <u>Boys</u>		Single <u>Child</u> Married _____ Widowed _____ Divorced _____ Child <u>1</u>
Vault _____		Date of Birth <u>Nov 27 1929</u> Age, Years <u>15</u> Months <u>4</u> Days <u>23</u>
Embalming _____		Occupation <u>child</u>
Clothing _____		How Long at Place of Death <u>6 hrs</u>
		Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
		Name of Father <u>Riley Murphy</u>
		Birthplace of Father <u>Troy - Kansas</u>
		Maiden Name of Mother <u>Kellie Lorge</u>
		Birthplace of Mother <u>Troy - Kansas</u>
Total Cash Advances _____		Signed <u>Carter</u> Mortician <u>Paul Forgia</u> Coroner <u>M.D.</u>
		Address <u>Troy</u> Date <u>St Josephs Mo</u>
		Interment at <u>Courter 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>MMN 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.











NAME OF DECEASED Mary Kaucher RESIDENCE Troy - Kansas  
 FUNERAL AT RESIDENCE  MORTUARY  CHURCH  DEPT. April 7-1944 HOUR 10 AM CLERGYMAN Rev. Carter  
 SINGERS Public address LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral		
Casket No. <u>405</u> (Style) <u>Octagon hinged Couch</u>		
Interior <u>gray silk</u> Covering <u>White</u> <u>Stunde</u>		
Manufacture <u>Hudson</u>		DEBITS
Total Net Cost of Casket		
Outer Case <u>concrete box</u>		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>MTd 55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death McKernan Nursing home  
 Date of Death April 4-1944  
 Cause of Death arterio sclerosis  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race W  
 Single  Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth May 19-1861 Age, Years 82 Months 10 Days 15  
 Occupation housewife  
 How Long at Place of Death Troy 1 year  
 Birthplace—City or County \_\_\_\_\_ State of Country Mo  
 Name of Father Wm Kaucher  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother Sarah Watkins  
 Birthplace of Mother Indiana  
 Signed R.R. Clutz M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address Bendera  
 Interment at Memorial Park St. Joe - Mo  
 Lot or Grave No. 170 Section No. Acacia Hills  
 Shipped to Section B.  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_

REMARKS: Daughter of Bruner  
Alfred C. Nelson  
2709 & 35th Terrace  
St. Joe Mo

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





Funeral of Harris Wm Bucklin Est. Account No. 670  
 Ordered by Family Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary NE Church Date April 12-1944 Hour 2:30 Annual No. 527  
 Clergyman Gordon Coldsmith Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services <u>Lib 874</u>	<u>695.00</u>	<u>5-17-44</u>		
	Embalming				
	<del>Outer Case or Vault</del> <u>special metal</u>	<u>175.00</u>			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>shirt <sup>2.00</sup> necktie <sup>1.50</sup> socks <sup>1.50</sup></u>	<u>4.00</u>			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>15.00 Tot 3.00</u>	<u>15.30</u>			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>File 5-H-44</u>				
	SALES TAX	<u>11.94</u>			
	To Funeral Complete	<u>901.24</u>			<u>901.24</u>



Funeral of Chaney Melvin James Charge to Morris Pope Account No. 671  
 Ordered by Maurice Pope Guaranteed by Maurice Pope Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary Denton Church \_\_\_\_\_ Date Apr. 16/1944 Hour 2 P.M. Annual No. \_\_\_\_\_  
 Clergyman Rev. Brokelhill Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial	Date	Description of Service	Amount	Date	V	Credits	
Cemetery		Casket and Services <u>Sale 318</u>	275.00	4-21-44	✓	183.00	
Grave No.		Embalmg.		5-31-45	✓	50.00	
Lot No.		Outer Case or Vault <u>concrete</u>	25.00	9-4-46	✓	1.07	42
Block No.		Washing and Dressing					
Section		Shaving					
Pall Bearers		Slumber Robe					
		Suit or Dress <u>suit</u>	18.00				
		Other Articles of Clothing					
		Transferring Body					
		Door Badge					
		Opening Grave					
		Newspaper Notices					
		Telegrams and Telephone Calls					
		Use of _____ doz. Chairs					
		Flowers <u>8.00</u> <u>1.00</u> <u>1.00</u>	13.26				
		Clergyman					
Singers		Singers					
		Casket Coach					
		Use of _____ Funeral Cars					
		Use of Flower Cars					
		Professional Supervision <u>Maurice Pope</u> <u>Carby Bldg.</u>					
Insurance Policies		<u>Mrs. Maurice Pope</u> <u>2616 Maribee Ave</u> <u>H. J. J. - Mrs</u>					
		SALES TAX	4.16				
		To Funeral Complete <u>Not shown charge</u> <u>in small ledger</u>	335.42			335	42

NAME OF DECEASED Merwin J Chaney RESIDENCE Hiaratha Kansas P.O. 3  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Denton DATE 4-16-44 HOUR 2 P.M. CLERGYMAN L. W. Brakebill  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Hillcrest home Hiaratha Kans</u>
Casket No. <u>772</u> Style <u>Stags 1/2 Couch</u>		Date of Death <u>April 12 - 1944</u>
Interior <u>grey crepe</u> Covering <u>steel plush #2-11</u>		Cause of Death <u>Sabular heart disease</u>
Manufacturer <u>Ref - art</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>Male</u> Color or Race <u>white</u>
Outer Case <u>Concrete Box</u>	<u>75</u>	Single _____ Married _____ Widowed _____ Divorced <input checked="" type="checkbox"/> Child _____
Vault _____		Date of Birth <u>1-29-1875</u> Age, Years <u>69</u> Months <u>2</u> Days <u>14</u>
Embalming _____		Occupation <u>retired farmer</u>
Clothing <u>suit</u>		How Long at Place of Death <u>8 months</u>
		Birthplace—City or County <u>Denton</u> State or Country <u>Kansas</u>
		Name of Father <u>Jas. Chaney</u>
		Birthplace of Father <u>Illinois</u>
		Maiden Name of Mother <u>Alice Stillwell</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>J. R. Maryland</u> Coroner
		Address <u>Hiaratha Kans</u>
		Interment at <u>Denton Cemetery - Denton K</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>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 Tyre Etta P. Charge to Estate Account No. 672  
 Ordered by Sisters + family Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary ME Church W.B. Date Apr 26-44 Hour 2 P.M. Annual No. 528  
 Clergyman Rev. Coldsmith Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

*Dress*  
*W.T.S.*  
*M.N.T.d*  
*W.B. Coldsmith*  
*Collman Rd*

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services <i>672-93</i>	550.00	Sept 7-44		
	Embalming				
	Outer Case or Vault <i>Concrete</i>	125.00			728.13
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	<del>Suit or Dress</del>	18.95			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave <i>+ extra service</i>	15.00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman	10.00			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<i>Filed 5-15-44</i>				
	SALES TAX	9.18			
	To Funeral Complete	728.13			728.13

NAME OF DECEASED Dr. Etta P. Tyne RESIDENCE Troy, Kansas  
 FUNERAL AT Troy, Mo. RESIDENCE Methodist MORTUARY Methodist CHURCH Methodist DATE April 26, 1944 HOUR 2 P.M. CLERGYMAN Dr. Caldwell  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Mo. Meth Hosp.</u>
Casket No. <u>924</u> <u>Set</u> <u>See special R.E. Job</u>		Date of Death <u>April 24-1944</u>
Interior <u>gyp &amp; velvet</u> <u>Covering gray B.C.</u>		Cause of Death <u>Burns</u> Contributory _____
Manufacturer <u>Ret-act</u>	DEBITS	Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket		Sex <u>F</u> Color or Race <u>W</u>
Outer Case <u>Pathefragle Concrete Vault</u>		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth _____ Age, Years <u>71</u> Months _____ Days _____
Embalming _____		Occupation <u>Dentist</u>
Clothing _____		How Long at Place of Death <u>10 years near Troy</u>
		Birthplace—City or County <u>Markham</u> State or Country <u>Canada</u>
		Name of Father <u>Joseph D. Patton</u>
		Birthplace of Father <u>Canada</u>
Total Cash Advances _____		Maiden Name of Mother <u>Isabel Burton</u>
		Birthplace of Mother <u>Canada</u>
		Signed <u>Paul Ferguson</u> M.D. Coroner _____
		Address <u>414 1/2 N. 1st St. No. Gower - Mo.</u>
		Interment at <u>Mt Zion</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>20MS 45</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 Thurs John Louis charge to \_\_\_\_\_ Account No. 673  
 Ordered by Mrs J. Emeric Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
Arthur J. Arthur of Iowa  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date Sept 28 1944 Hour 9.30 AM Annual No. \_\_\_\_\_  
 Clergyman Father Robert Johnson Affiliation Good Intent N. W. of Alabama Body shipped to or from \_\_\_\_\_

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services <u>Done 175</u>	<u>175 00</u>			<u>123</u>
	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 <u>No 1000</u>	<u>23</u>			
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>April 6 - 1944 175 55</u>				
	SALES TAX	<u>2 10</u>			
	To Funeral Complete	<u>177 33</u>			















Funeral of Throckmorton Madison R. Children Account No. 677  
 Ordered by Children Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Christians Date May 11-1944 Hour 3 P.M. Annual No. 532  
 Clergyman Rev. Elliot -Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers \_\_\_\_\_  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	245.00	9-2-44		
	Embalming <u>at Eads I.C. Me</u>	35.00			
	Outer Case or Vault <u>concrete</u>	25.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>270</u>				
	Transferring Body				
	Door Badge				
	Opening Grave <u>bell</u>				
	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>Filed 6-12-44</u>				
	<b>SALES TAX</b>	3.74			
	To Funeral Complete	333.74			333.74





NAME OF DECEASED John Howland RESIDENCE Troy - Kans  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY  CHURCH \_\_\_\_\_ DATE June 1-44 HOUR 2:30 CLERGYMAN Rev. Coldsmitth  
 SINGERS Margaret Lowden LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_  
 Casket No. 192 Style hinge lid  
 Interior white Covering white lamb.  
 Manufacturer Rex-art  
 Total Net Cost of Casket \_\_\_\_\_  
 Outer Case \_\_\_\_\_  
 Vault \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Total Cash Advances \_\_\_\_\_

DEBITS

Place of Death Between Troy & Natchena  
 Date of Death May 30-1944 on way to hosp  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race W  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child   
 Date of Birth Dec 4-1941 Age, Years \_\_\_\_\_ Months 2 Days 5 <sup>26</sup>  
 Occupation Child at home  
 How Long at Place of Death entire life  
 Birthplace—City or County Troy State or Country Kansas  
 Name of Father Joseph Howland  
 Birthplace of Father Troy - Kans  
 Maiden Name of Mother Mary Moser  
 Birthplace of Mother Troy, Kansas  
 Signed Warch Blair, M.D. Coroner  
 Address Troy - Kans Date \_\_\_\_\_  
 Interment at Moray Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_

Total Net Cost of Funeral \_\_\_\_\_  
 Gross Profit on Funeral 05 85  
 \*Less Overhead Per Funeral \_\_\_\_\_  
 Net Profit Apparent \_\_\_\_\_

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.



NAME OF DECEASED Shelby A. Davies RESIDENCE Troy Kansas Rural  
 FUNERAL AT RESIDENCE MORTUARY CHURCH L.O.S. DATE June 4-1944 HOUR 2:30 CLERGYMAN Rev. Wombly  
 SINGERS Jeschke sisters LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>176</u> Style <u>ectagon half covech</u>		
Interior <u>gray art</u> Covering <u>gray plush</u>		
Manufacturer <u>Ret-art</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>7.55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death his home N.E. of Troy  
 Date of Death June 1-1944  
 Cause of Death Coronary embolism  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M. Color or Race W  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Sept. 30-1873 Age, Years 70 Months 8 Days 1  
 Occupation farmer  
 How Long at Place of Death entered left this community  
 Birthplace—City or County Troy State or Country Kansas  
 Name of Father David Davies  
 Birthplace of Father Andrew County Mo.  
 Maiden Name of Mother Mary Etta Blunt  
 Birthplace of Mother Moyetta Ind.  
 Signed A. E. Ordway Coroner  
 Address Troy Ks. Date \_\_\_\_\_  
 Interment at Fleming Kansas  
 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 Krissey Sylvester Frank Charge to Estate Account No. 680  
 Ordered by Sam Krissey Guaranteed by Sam Krissey Serial No. \_\_\_\_\_  
 Funeral at Residence  Mortuary  Church \_\_\_\_\_ Date June 22-1944 Hour 2 PM Annual No. 535  
 Clergyman Rev. Coldsmith Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Fall Bearers \_\_\_\_\_  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	375.00	8/22-'44	By check	<del>494.1</del>
	Embalming				
	<del>Outer Case</del> or Vault <u>concrete</u>	100.00			487.60
	Washing and Dressing <u>total 475</u>				
	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 <u>6.00 (for) 10</u>	6.10			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>filed 7-12-44</u>				
	SALES TAX	6.50			
	To Funeral Complete	487.60			487.60

NAME OF DECEASED Sylvester Kinsey RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE June 23-1944 HOUR 2 P.M. CLERGYMAN Rev. Oldsmith  
 SINGERS Male Quartet LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST      CREDITS      PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>802</u> Style <u>state half bough</u>		
Interior <u>gray emb. velvet</u> covering <u>gray emb. velvet</u>		
Manufacturer <u>Rep. Co.</u>		
Total Net Cost of Casket		
Outer Case <u>Concrete vault</u>		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral <u>55</u>		
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death Sisters Hosp St Joseph Mo  
 Date of Death June 21-1944  
 Cause of Death Broken neck sprayer accident  
 Duration 3 days Autopsy \_\_\_\_\_  
 Sex Male Color or Race White  
 Single  Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Jan 12-1897 Age, Years 47 Months 5 Days 9  
 Occupation farmer  
 How Long at Place of Death 2 days  
 Birthplace—City or County Troy State or Country Kansas  
 Name of Father Frank Kinsey  
 Birthplace of Father Loganport, Indiana  
 Maiden Name of Mother Delsyvia Snyder  
 Birthplace of Mother Troy - Kansas  
 Signed Paul Forgrave Coroner  
 Address St. Joseph Mo Date 6-22-44  
 Interment at Mt. 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 \_\_\_\_\_ 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 Rose Andrews RESIDENCE Troy (Rural)  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE July 6-1944 HOUR 2:30 CLERGYMAN Rev. Coldsmith  
 SINGERS Public address LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral  
 Casket No. 212 U.S. Style hinged panel  
 Interior gray Covering Plain Mole  
 Manufacturer Ray - Pine Bluff DEBITS  
 Total Net Cost of Casket  
 Outer Case Box  
 Vault  
 Embalming  
 Clothing  
 Total Cash Advances  
 Total Net Cost of Funeral  
 Gross Profit on Funeral  
 \*Less Overhead Per Funeral  
 Net Profit Apparent

Place of Death Bell Memorial R.C. Ho.  
 Date of Death July 4-1944  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M Color or Race W  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Oct. 30-1909 Age, Years 34 Months 8 Days 4  
 Occupation housewife  
 How Long at Place of Death 2 weeks  
 Birthplace—City or County Jayson State or Country Nebraska  
 Name of Father Sam Grayson  
 Birthplace of Father Phillipsburg - K.  
 Maiden Name of Mother Jayson  
 Birthplace of Mother Jayson Neb  
 Signed at Bell Memorial Hosp. CORNER  
 Address R.C. Ho. Date \_\_\_\_\_  
 Interment at Burl 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 \_\_\_\_\_

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 Cornett John J. Charge to Doniphan County Account No. 682  
 Ordered by Emil Sigut Mgr. Guaranteed by Margaret Sillert Serial No. \_\_\_\_\_  
 Funeral at County Farm Cemetery Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date July 11-44 Hour 7 P.M. Annual No. 537  
 Clergyman H. L. Parker Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	65.00	8-1-44		65.00
	Embalsming				
	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				
	<u>Filed by mail 7-12-44</u>				
	SALES TAX				
	To Funeral Complete	65.00			65.00

NAME OF DECEASED John J. Connett RESIDENCE Counity farm  
 FUNERAL AT Counity farm CLERGYMAN H. L. Parker  
 DATE July 11-1944 HOUR 7 PM  
 SINGERS  LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_  
 Casket No. 20 Style flat top  
 Interior cream Covering emb. Gavel  
 Manufacturer Huffman Co. DEBITS  
 Total Net Cost of Casket \_\_\_\_\_  
 Outer Case \_\_\_\_\_  
 Vault \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Total Cash Advances \_\_\_\_\_  
 Total Net Cost of Funeral \_\_\_\_\_  
 Gross Profit on Funeral 79.55  
 \*Less Overhead Per Funeral \_\_\_\_\_  
 Net Profit Apparent \_\_\_\_\_

Place of Death Counity farm  
 Date of Death July 11-1944  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M. Color or Race W.  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth July 8-1867 Age, Years 71 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Occupation none  
 How Long at Place of Death several years  
 Birthplace—City or County \_\_\_\_\_ State or Country Indiana  
 Name of Father \_\_\_\_\_  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birthplace of Mother \_\_\_\_\_  
 Signed Surgils M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address Nashua, N.H. Date \_\_\_\_\_  
 Interment at Counity farm  
 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.

Sale 795

Funeral of Larson George Charge to Sue Larson Account No. 683  
 Ordered by Mrs. Sue Larson Guaranteed by " " Serial No. \_\_\_\_\_  
 Funeral at Mt. Olive Cemetery Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date Aug. 2-1944 Hour 3 P.M. Annual No. 538  
 Clergyman Wm. Wombly Lodge Affiliations Masonic grave service Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	695.00	8-8-44		
	Embalming				
	Outer Case or Vault <u>concrete</u>	100.00			
	Washing and Dressing				865.84
	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 <u>25.00 Nat. 50</u>	25.50			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Cash paid Bright Mortuary at Savenish - M. D. recovery of body</u>	35.00			
	SALES TAX	10.34			
	To Funeral Complete	865.84			865.84

NAME OF DECEASED *George Larson* RESIDENCE *Troy - Kansas*  
 FUNERAL AT *Mt Olive Cemetery* DATE *Aug 27 1940* HOUR *3 PM* CLERGYMAN *W M Twombly*  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS *Masonic services at grave*

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <i>30012</i> Style <i>State haley Couch</i>	
Interior <i>Nelson glass</i> covering <i>Natural Walnut</i>	
Manufacturer <i>Detroit</i>	
Total Net Cost of Casket	
Outer Case	
Vault <i>Concrete (Hise)</i>	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<i>1.00</i>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death *Some where near White Cloud Mo.*  
 Date of Death *Nov. 7 - 1943*  
 Cause of Death *Drowning* Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex *M.* Color or Race *White*  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth *Nov. 7 - 1878* Age Years *65* Months \_\_\_\_\_ Days \_\_\_\_\_  
 Occupation *Under Sheriff*  
 How Long at Place of Death *Part one day*  
 Birthplace—City or County *Denton* State or Country *Kans*  
 Name of Father *Lars Larson*  
 Birthplace of Father *Denmark*  
 Maiden Name of Mother *Mary Christenson*  
 Birthplace of Mother *Denmark*  
 Signed \_\_\_\_\_ M.D. *W. Seidler* Coroner  
 Address *Savannah Mo* Date \_\_\_\_\_  
 Interment at *Mt Olive* Troy - K.  
 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.



NAME OF DECEASED George Litson RESIDENCE Troy - Kansas Rural  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH St Charles DATE Aug 3 - 1944 HOUR 9 am CLERGYMAN Father Robert Salmon  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>234</u> Style <u>H.P. Octagon</u>		
Interior <u>gray art.</u> Covering <u>Wired Shroud</u>		
Manufacturer <u>Ref. art.</u>		
Total Net Cost of Casket		
Outer Case <u>Concrete Box</u>	<u>25.00</u>	
Vault		
Embalming		
Clothing <u>Shroud</u>		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>109.50</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death his home west of Troy  
 Date of Death July 31 - 1944  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex Male Color or Race W  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth May 10 1872 Age, Years 72 Months 4 Days 21  
 Occupation farmer  
 How Long at Place of Death 10 yrs  
 Birthplace—City or County \_\_\_\_\_ State or Country Indiana  
 Name of Father David Litson  
 Birthplace of Father unknown  
 Maiden Name of Mother \_\_\_\_\_  
 Birthplace of Mother \_\_\_\_\_  
 Signed W.E. Cordova M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address Troy Mo Date 8-2-44  
 Interment at St Olivet St Joseph - Mo  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_

REMARKS M.E. Davis  
Lovell Okla.  
Bank: Farmers & Merchants

\* 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 Refus Sparks Reynolds RESIDENCE Fanning - Kansas

FUNERAL AT RESIDENCE MORTUARY CHURCH L.D.S. DATE Aug 10 - 1944 HOUR 2 P.M. ALERGYMAN W.M. Trumble  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_  
 Casket No. 205 Style Octagon high top  
 Interior gray Covering gold and blue  
 Manufacturer Huffman  
 Total Net Cost of Casket \_\_\_\_\_  
 Outer Case wood top  
 Vault \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Clothing \_\_\_\_\_

DEBITS

Place of Death his home Fanning Kansas  
 Date of Death Aug 6 - 1944  
 Cause of Death arteriosclerosis Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M Color or Race W.  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Mar 22 - 1877 Age, Years 67 Months 4 Days 14  
 Occupation none  
 How Long at Place of Death 25 yrs  
 Birthplace—City or County \_\_\_\_\_ State or County Kentucky  
 Name of Father John Reynolds  
 Birthplace of Father unknown  
 Maiden Name of Mother \_\_\_\_\_  
 Birthplace of Mother \_\_\_\_\_  
 Signed Ray Heddinger M.D. Coroner  
 Address Highland State \_\_\_\_\_  
 Interment at Fanning Kansas  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

F. J. Reynolds  
214 Fairmount dr.  
Tucson - Arizona

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 M<sup>rs</sup> Intyre James J. Charge to Jan M<sup>rs</sup> Intyre & Hunt, Connico Account No. 686  
 Ordered by Jan. J. & Hunt Connico Guaranteed by " " Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date Aug. 16, 1944 Hour 10 A.M. Annual No. 541  
 Clergyman Father Robt Salmon Lodge Faming Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	300.00	8-31-44	By Check	95.00
	Embalming			" "	75.00
	Outer Case or Vault			" "	157.45
	Washing and Dressing				307.45
	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	38.50			
	SALES TAX	3.60			
	To Funeral Complete	207.45			307.45

NAME OF DECEASED James Joseph McEntyre RESIDENCE Spartan Rural  
 FUNERAL AT RESIDENCE MORTUARY CHURCH St. Anthony's Catholic DATE Aug 16 - 1944 HOUR 10 AM CLERGYMAN Rev Robt Salmon  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>772</u> Style <u>Stat. box of oak</u>	
Interior <u>gray crepe</u> Covering <u>oak leaf jacquard</u>	
Manufacturer <u>Rea - Let.</u>	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death his home North of Spartan  
 Date of Death Aug 13 - 1944  
 Cause of Death Cancer of face  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M. Color or Race D.  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth May 3 - 1863 Age, Years 81 Months 3 Days 10  
 Occupation farmer  
 How Long at Place of Death life  
 Birthplace—City or County Center town of Dougherty Co.  
 Name of Father Jas. J. McEntyre  
 Birthplace of Father Ireland  
 Maiden Name of Mother Bridget Conway  
 Birthplace of Mother Ireland  
 Signed G. E. Gordon Coroner  
 Address 1505 1st St Date \_\_\_\_\_  
 Interment at St. Anthony's Catholic 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 \_\_\_\_\_

REMARKS:

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

Sale  
265

Funeral of Morris Malissa Jane Charge to Mrs. M. Morris Account No. 687  
 Ordered by M. Morris Guaranteed by M. Morris Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary Troy Baptist Church Date Aug 21 1944 Hour 2:30 Annual No. 542  
 Clergyman Rev. Carter Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Grant  
MS. 55  
M. J. T. d  
NEA Ed. Paul & Mack 453

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	255 00	7-27-44		
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	10 20			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	5 10			
	Clergyman <u>Rev. Carter</u>				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	SALES TAX	3 06			
	To Funeral Complete	273 36			273 36



Funeral of Young Jacob Land Charge to Donathan Co. No. 688  
 Ordered by Miss Foley Guaranteed by Miss Foley Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Christian Date Sept. 29, 44 Hour 2 P.M. Annual No. 542  
 Clergyman Rev. F. E. Carter Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers \_\_\_\_\_  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	65 00	11-8-214	By Ch. Don. Co.	65 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				
	SALES TAX				
	To Funeral Complete	65 00			65 00

NAME OF DECEASED Jacob C. Young RESIDENCE Troy - Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE Sept 29-1944 HOUR 2 P.M. CLERGYMAN Rev. Carter  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>his home Troy - K.</u>
Casket No. _____ Style <u>bring lid</u>		Date of Death <u>Sept. 29. 1944</u>
Interior <u>gray silk</u> Covering <u>Embroidered</u>		Cause of Death <u>Coronary Thrombosis</u>
Manufacturer <u>Pine Bluff</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>M</u> Color or Race <u>W</u>
Outer Case <u>Bot</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Dec 22 1878</u> Age, Years _____ Months _____ Days _____
Embalming _____		Occupation <u>retired laborer</u>
Clothing _____		How Long at Place of Death <u>12 years</u>
		Birthplace—City or County <u>Gary Ind.</u> State or Country <u>Ind.</u>
		Name of Father <u>Joseph Young</u>
		Birthplace of Father <u>Indiana</u>
Total Cash Advances _____		Maiden Name of Mother <u>Mary Nullendore</u>
		Birthplace of Mother <u>Indiana</u>
		Signed <u>A. C. Cordova</u> M.D. _____ Coroner
		Address <u>Troy Mo</u> Date <u>9-29-44</u>
		Interment at <u>McClure</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>od 55</u>	
*Less Overhead Per Funeral		
Net Profit Apparent		Source of Call _____

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.



NAME OF DECEASED Wm. C. Zimmerman RESIDENCE Troy, Kansas  
 FUNERAL AT RESIDENCE  MORTUARY  CHURCH  DATE Oct. 3, 1944 HOUR 2:30 CLERGYMAN Rev. Carter  
 SINGERS Baptist Choir LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. _____ Style <u>honey panel</u>		
Interior <u>cu silk</u> Covering <u>Camb. Lamb</u>		
Manufacturer <u>Huffman</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>AN 55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death his home Troy, Kans  
 Date of Death Sept. 30 - 44  
 Cause of Death Coronary thrombosis  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M Color or Race W  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age, Years 82 Months 9 Days 5  
 Occupation retired farmer  
 How Long at Place of Death 35 yrs  
 Birthplace—City or County St. Joseph State or Country Mo  
 Name of Father Henry Zimmerman  
 Birthplace of Father Germany  
 Maiden Name of Mother Mary Krull  
 Birthplace of Mother Indiana  
 Signed A. E. Cordova Coroner  
 Address Troy, Mo Date 10-2-44  
 Interment at Mt. 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 \_\_\_\_\_ 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 Otto Carl Schmidtke RESIDENCE 5 miles S.E. of Troy  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Lutheran DATE Oct 18, 1944 HOUR 2:30 CLERGYMAN Rev Herbert Bagman  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>No Meth Hosp. St Joe Mo</u>
Casket No. <u>64613</u> Style <u>randomey spot</u>			Date of Death <u>Oct. 16-1944</u>
Interior <u>#64 flash</u> Covering <u>Bronze, Metal tone cloth</u>			Cause of Death <u>by postaki diagnosis due to cancer</u>
Manufacturer <u>Mo-Kaw. Co</u>	DEBITS		Duration _____ Autopsy <u>Colon</u>
Total Net Cost of Casket			Sex <u>M</u> Color or Race <u>W.</u>
Outer Case <u>Wood boots</u>			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>Feb. 10-1891</u> Age, Years <u>53</u> Months <u>8</u> Days <u>6</u>
Embalming			Occupation <u>farmer</u>
Clothing			How Long at Place of Death <u>life</u>
			Birthplace—City or County <u>Nathena</u> State or Country <u>Kans Rural</u>
			Name of Father <u>Herrman Schmidtke</u>
			Birthplace of Father <u>Germany</u>
			Maiden Name of Mother <u>Johanne Ruchelke</u>
			Birthplace of Mother <u>Germany</u>
			Signed <u>Paul Fougard</u> M.D. Coroner
			Address <u>St Joseph Mo</u> Date <u>10-16-44</u>
			Interment at <u>St Olive 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 <u>American Legion</u>
Gross Profit on Funeral		<u>0M 85</u>	
*Less Overhead Per Funeral			
Net Profit Apparent			
			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 Pickrell Lord C. Charge to Paid Account No. 692  
 Ordered by Mr Mrs Vergie Jasper & Mr Mrs Berry Guaranteed by L.O.S. Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date Oct. 22-1944 Hour 2 30 Annual No. 545  
 Clergyman Rev. Wronbly Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

*Handwritten notes:*  
 N.E. H. has been paid for dress  
 115003820

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	175 00	10-20-44	By cash	197 50
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	10 00			
	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				
	Insurance Policies				
	SALES TAX	2 50			
	To Funeral Complete	197 50			197 50

NAME OF DECEASED Lord E. Peikerell RESIDENCE Fanning Kassar  
 FUNERAL AT L.O.S. RESIDENCE L.O.S. MORTUARY L.O.S. CHURCH L.O.S. DATE Oct. 22-1944 HOUR 2:30 CLERGYMAN Rev. Tumble  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>234</u> Style <u>Octagon bronze panel</u>		
Interior <u>grey art</u> Covering <u>Quilt Brocade</u>		
Manufacturer <u>Ret-art</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>MS 55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

PERSONAL AND STATISTICAL

Place of Death Home of Virgil Jasper  
 Date of Death Oct. 17-1944  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race W  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Oct 19-1879 Age, Years 64 Months 11 Days 28  
 Occupation housewife  
 How Long at Place of Death 18 years  
 Birthplace—City or County \_\_\_\_\_ State or Country Illinois  
 Name of Father \_\_\_\_\_  
 Birthplace of Father H. P. Wood  
 Maiden Name of Mother Illinois  
 Birthplace of Mother Cambanoun  
 Signed A. E. Cordover M.D. Coroner  
 Address Troy, Ill. Date \_\_\_\_\_  
 Interment at Fanning  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

REMARKS:

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



NAME OF DECEASED Francis Lyle Edson RESIDENCE Highland 3 miles east  
 FUNERAL AT Troy N E RESIDENCE CHURCH DATE Oct. 27 1944 HOUR 2:30 CLERGYMAN Rev. C. J. Hardy  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_  
 Casket No. 264 H.S. Style Autogon Hinged panel  
 Interior Flax silk Covering gold and green plush  
 Manufacturer Price DEBITS \_\_\_\_\_  
 Total Net Cost of Casket \_\_\_\_\_  
 Outer Case \_\_\_\_\_  
 Vault \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Clothing suit 17.00  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Total Cash Advances \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Total Net Cost of Funeral \_\_\_\_\_  
 Gross Profit on Funeral 1907.93  
 \*Less Overhead Per Funeral \_\_\_\_\_  
 Net Profit Apparent \_\_\_\_\_

Place of Death his home East of Highland  
 Date of Death Oct. 26 - 1944  
 Cause of Death Life of lung Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M Color or Race W  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Jan 17 1887 Age, Years 57 Months 9 Days 9  
 Occupation farmer  
 How Long at Place of Death 17 months  
 Birthplace—City or County Waynesville State or Country Nebraska  
 Name of Father J. B. Edson  
 Birthplace of Father Montezuma N.Y.  
 Maiden Name of Mother Sarah Parmbrater  
 Birthplace of Mother Illinois  
 Signed H. L. Edson M.D. \_\_\_\_\_ Coroner  
 Address 1937 1/2 Date \_\_\_\_\_  
 Interment at M. Olive Troy N.E.  
 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.



NAME OF DECEASED

FUNERAL AT

SINGERS

RESIDENCE MORTUARY CHURCH

DATE

HOURLY

CLERGYMAN

LODGE AFFILIATIONS

## REVENUE ITEMS AND THEIR COST

## CREDITS

## PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

## REMARKS:

Place of Death

Date of Death

Cause of Death

Duration

Sex

Color or Race

Single

Married

Widowed

Divorced

Child

Date of Birth

Age

Years

Months

Days

Occupation

How Long at Place of Death

Birthplace—City or County

State or Country

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed

M.D.

Coroner

Address

Date

Interment at

Lot or Grave No.

Section No.

Shipped to

Arrived from

Via

R. R.

Date

In Charge of

Source of Call

Insured in

Amount

Beneficiary

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

Funeral of Bauer Phillip Charge to Est Account No. 695  
 Ordered by Casper Bauer Hellen Vogel Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church St. Benedict Date Nov. 17-1944 Hour 10.30 Annual No. 548  
 Clergyman Rev. Robert Salmon Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Singers \_\_\_\_\_

Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	450.00	6-7-45		60
	Embalming	.			
	Outer Case or Vault <u>Mausoleum</u>	235.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe <u>late 710</u>				
	Suit or Dress	25.00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave <u>Paul and Thelma 3468</u>	10.00			
	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 H.W. 2-45</i>				
	SALES TAX	18.60			
	To Funeral Complete	730.60			730.60

NAME OF DECEASED Phillip Bauer RESIDENCE Troy - Kansas  
 FUNERAL AT St. Benedict's RESIDENCE St. Benedict's MORTUARY St. Benedict's CHURCH St. Benedict's DATE Nov. 17 - 1944 HOUR 10:30 CLERGYMAN Rev. Robt Salmon  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_  
 Casket No. 3755 273F Style State half Couch  
 Interior \_\_\_\_\_ Covering \_\_\_\_\_  
 Manufacturer 3867 Homeyurkles Crafts  
 Total Net Cost of Casket \_\_\_\_\_  
 Outer Case Mausoleum  
 Vault \_\_\_\_\_  
 Embalming suit  
 Clothing \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Total Cash Advances \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Total Net Cost of Funeral \_\_\_\_\_  
 Gross Profit on Funeral 24.55  
 \*Less Overhead Per Funeral \_\_\_\_\_  
 Net Profit Apparent \_\_\_\_\_

Place of Death M<sup>c</sup> Kernan Nursing Home  
 Date of Death Nov 15 - 1944  
 Cause of Death Cerebral Hemorrhage  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M Color or Race W  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Dec. 14 - 1863 Age, Years 80 Months 11 Days 1  
 Occupation retired farmer  
 How Long at Place of Death 50 yrs Joseph County  
 Birthplace—City or County \_\_\_\_\_ State or Country Germany  
 Name of Father Frederich Bauer  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother Katherine Neuman  
 Birthplace of Mother Germany  
 Signed Arch Blair D.O. Coroner  
 Address Troy, Kansas Date \_\_\_\_\_  
 Interment at St. Benedict's 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 \_\_\_\_\_

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 Swiggett Mary Catherine Charge to W. J. Briggs Account No. 696  
 Ordered by Mrs. W. J. Briggs Guaranteed by " " Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date Nov. 30-1944 Hour 2:30 Annual No. \_\_\_\_\_  
 Clergyman Rev. Geo. Davis Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	275 00	11-30-44	By cash	144 25
	Embalming.....		12-15-44	" "	20 00
	Outer Case or Vault.....		1-20-45	" " P.O. order	25 00
	Washing and Dressing.....		3-3-45	" " P.O. order	25 00
	Shaving.....		4-18-45	" "	25 00
	Slumber Robe.....		6-9-45	" " Fed. CR	37 33
	Suit of Dress.....	10 00	8-25-45	" check	11 92
	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.....				
	Insurance Policies.....				
	SALES TAX	3 50			
	To Funeral Complete	288 50			

NAME OF DECEASED

Mary Catherine Swiggert

RESIDENCE

St. Joseph - Mo

FUNERAL AT RESIDENCE MORTUARY  CHURCH

DATE

Nov. 30 - 1944

HOUR

2:30

CLERGYMAN

Rev. Geo. Davis

SINGERS

LODGE AFFILIATIONS

Rebekah.

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. 244

Octagon half Couch  
Rose tan silk covering  
Ref - Curt  
Dahlia

Interment

Manufacturer Ref - Curt

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing dress

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

MTG 52

Place of Death

St. Joseph, St. Joseph Mo

Date of Death

Nov. 28 1944

Cause of Death

Contributory

Duration

Autopsy

Sex

Color or Race

Single

Married

Widowed

Divorced

Child

Date of Birth

Age, Years 84 Months 7 Days 21

Occupation

housewife

How Long at Place of Death

near St. Joe 17 yrs

Birthplace—City or County

Zungstown State of Country Ohio

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed

Geo. Davis, M.D.

Coroner

Address

St. Joseph Mo Date 11-28-44

Interment at

McClure Troy 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

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 Molloy Andrew F. Charge to D C Account No. 697  
 Ordered by Molloy Family Guaranteed by Margaret Miller Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date Dec 11-19 # 2 Hour 30 Annual No. 549  
 Clergyman Rev. F. E. Carter Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	65 00	12-30-44		65 00
	Embaling				
	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				
	<u>Sub 12-13-44</u>				
	SALES TAX				
	To Funeral Complete	65 00			65 00

NAME OF DECEASED Andrew F. Molloy RESIDENCE Troy Ks. Rural  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE Dec 11-1944 HOUR 2:30 CLERGYMAN Rev. Carter  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral  
 Casket No. 734 Style W.P. Oregon  
 Interior grey art Covering  
 Manufacturer Ref-art

Total Net Cost of Casket  
 Outer Case  
 Vault  
 Embalming  
 Clothing

Total Cash Advances

DEBITS

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

Place of Death Home of John Molloy  
 Date of Death Dec 9-1944  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M Color or Race W  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Jun 21-1865 Age, Years 79 Months 10 Days 18  
 Occupation retired farmer  
 How Long at Place of Death 33 yrs near Troy  
 Birthplace—City or County Liberty State or Country Mo  
 Name of Father Mr. Molloy  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother Ellan Young  
 Birthplace of Mother \_\_\_\_\_  
 Signed Arch Black M.D. \_\_\_\_\_ Coroner  
 Address Troy Ks Date \_\_\_\_\_  
 Interment at W. Hill Troy 15

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_

Source of Call

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

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

Funeral of Rauhs Martha Charge to Welfare Board Account No. 698  
 Ordered by Bill Rauhs Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Parish Date Dec. 14-1944 Hour 2 P.M. Annual No. 530  
 Clergyman Walter Myers Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	65 00	12-30-44	By CR Don. Co	65 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				
	<u>Filed 13-13-44</u>				
	SALES TAX				
	To Funeral Complete	65 00			65 00

NAME OF DECEASED Martha W Rawls RESIDENCE Sparks Kansas  
 FUNERAL AT Sparks RESIDENCE Sparks MORTUARY Sparks CHURCH Sparks DATE Dec 14 - 1944 HOUR 2 PM CLERGYMAN Walter Myers  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>2129.S.</u> Style <u>flat top</u>		
Interior <u>gray</u> Covering <u>gray flannel</u>		
Manufacturer <u>Orin Bluff</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>05 55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death her home Sparks Kans.  
 Date of Death Dec 11 - 1944  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race W.  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Oct. 16 - 1854 Age, Years 90 Months \_\_\_\_\_ Days 15  
 Occupation housewife  
 How Long at Place of Death 82 yrs.  
 Birthplace—City or County Holt Co. State or Country Mo  
 Name of Father \_\_\_\_\_  
 Birthplace of Father Calvin Dawson  
 Maiden Name of Mother Indiana  
 Birthplace of Mother \_\_\_\_\_  
 Signed A. E. Cordonia M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address Wray - 15 Date 12 - 13 - 44  
 Interment at Laura Point 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 \_\_\_\_\_

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 Jack Hamilton Charge to Paid Account No. 699  
 Ordered by Mr. Harry Hamilton Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date Dec. 16, 1944 Hour 2 P.M. Annual No. 557  
 Clergyman Rev. Trumbly Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Singers \_\_\_\_\_

Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services <u>at Denver</u>	<u>100.00</u>	<u>12-16-44</u>		
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <u>Express from</u>				
	<del>Door</del> Badge <u>Denver, Colo.</u>	<u>41.39</u>			
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls <u>to Denver</u>	<u>2.65</u>			
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision	<u>35.00</u>			
	SALES TAX				
	To Funeral Complete	<u>179.04</u>			<u>179.04</u>

By check  
Harry Hamilton 179.04

NAME OF DECEASED Jack Hamilton RESIDENCE Denver - Colorado  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE Dec 16 1944 HOUR 7 PM CLERGYMAN Rev Twombly  
 SINGERS Joschke Sisters LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

'CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral	<u>Casket &amp; Service</u>	
Casket No. _____	Style <u>477 panel at Denver</u>	
Interior _____	Covering <u>plaid top</u>	
Manufacturer _____	<u>gray crepe</u>	DEBITS
Total Net Cost of Casket		
Outer Case _____		
Vault _____		
Embalming <u>at Chicago Denver Colo</u>		
Clothing _____		
Total Cash Advances _____		
Total Net Cost of Funeral		
Gross Profit on Funeral	<u>03</u>	<u>55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death Denver Colorado  
 Date of Death Dec. 11 - 1944  
 Cause of Death T.B. Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy N  
 Sex M. Color or Race N  
 Single  Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Sept 30 - 1915 Age, Years 29 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 How Long at Place of Death \_\_\_\_\_  
 Birthplace—City or County \_\_\_\_\_ State or Country \_\_\_\_\_  
 Name of Father Harry Hamilton  
 Birthplace of Father Omaha - Neb.  
 Maiden Name of Mother Laura Nessen  
 Birthplace of Mother Chaska - Mo  
 Signed \_\_\_\_\_ M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address \_\_\_\_\_ Date \_\_\_\_\_  
 Interment at St Anne - Troy - Mo  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_

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 Leonard Goll Charge to East Account No. 700  
 Ordered by \_\_\_\_\_ Guaranteed by Mrs Goll + Evelyn Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church # Benedict Date Dec. 18-1944 Hour 10 A.M. Annual No. 552  
 Clergyman Rev Patrick O Shea Lodge Affiliations \_\_\_\_\_ Body Shipped to or from 1-5

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	195.00	5-3-45		
	Embalming				
	Outer Case of Vault <u>concrete</u>	100.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit <del>or Dress</del>	17.50			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>7.00 Jan 14</u>	7.14			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	<u>Filed Jan. 5-45</u>				
	SALES TAX	4.71			
	To Funeral Complete	324.35			324.35

NAME OF DECEASED Leonard Goll RESIDENCE 1 mile east of Denton  
 FUNERAL AT St. Benedict's RESIDENCE MORTUARY CHURCH St. Benedict's DATE Dec. 18, 1944 HOUR 10 AM ALERGYMA Rev. Patrick O. Shea  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST      CREDITS      PERSONAL AND STATISTICAL

Charge for Complete Funeral  
 Casket No. 264 Style H.P. Oregon  
 Interior flesh Covering sand plush  
 Manufacturer Pine Bluff DEBITS  
 Total Net Cost of Casket  
 Outer Case  
 Vault concrete J.E.H.  
 Embalming  
 Clothing  
 Total Cash Advances  
 Total Net Cost of Funeral  
 Gross Profit on Funeral 765.55  
 \*Less Overhead Per Funeral  
 Net Profit Apparent

Place of Death his home 1 mile east of Denton  
 Date of Death Dec. 14, 1944  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M. Color or Race W.  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Jan 14, 1872 Age, Years 72 Months 11 Days 0  
 Occupation farmer  
 How Long at Place of Death entire life  
 Birthplace—City or County Denton State or Country Kan.  
 Name of Father Henry Goll  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birthplace of Mother Ireland  
 Signed W. Clitz M.D. Coroner  
 Address Bendena, Ky. Date \_\_\_\_\_  
 Interment at St. Benedict's 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 \_\_\_\_\_

REMARKS:

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

#1  
1945

Anderson Osborn Morris  
 Funeral of \_\_\_\_\_ Charge to PA by Mrs Anderson Account No. 701  
 Ordered by Mrs Anderson & children Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date Jan. 8 - 1945 Hour 2 P.M. Annual No. 553  
 Clergyman Rev. Harder Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	185 00	2-6-45	By Ch Mrs A	192.20
	Embalming		2-8-45	cash Mrs A	2040
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	<input checked="" type="checkbox"/> Suit or Dress				
	Other Articles of Clothing	20 00			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman <u>has been paid</u>	5 00			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	SALES TAX	260			
	To Funeral Complete	212 60			212.60





NAME OF DECEASED Louis Charles Jeschke RESIDENCE Fanning, Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH L.D.S. DATE Jan 14 - 1945 HOUR 2 PM CLERGYMAN Rev. Wm. Gwombly  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_  
 Casket No. 244 Styl Octagon 1/2 couch  
 Interior Rosetan Covering Polystyrene Dalmatian  
 Manufacturer Rex-art  
 Total Net Cost of Casket \_\_\_\_\_  
 Outer Case Box  
 Vault \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Clothing suit  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Total Cash Advances \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Total Net Cost of Funeral \_\_\_\_\_  
 Gross Profit on Funeral YMD 55  
 \*Less Overhead Per Funeral \_\_\_\_\_  
 Net Profit Apparent \_\_\_\_\_

Place of Death Mo. Meth. Hosp.  
 Date of Death Jan. 10 - 1945  
 Cause of Death Septicemia Contributory accident  
 Duration \_\_\_\_\_ Autopsy with team  
 Sex M Color or Race W  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Sept. 2 - 1883 Age, Years 61 Months 4 Days 8  
 Occupation garment  
 How Long at Place of Death hosp. 8 weeks  
 Birthplace—City or County Chicago State or Country Illinois  
 Name of Father Karl Jeschke  
 Birthplace of Father Illinois  
 Maiden Name of Mother unknown  
 Birthplace of Mother \_\_\_\_\_  
 Signed \_\_\_\_\_ M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address \_\_\_\_\_ Date \_\_\_\_\_  
 Interment at St. Oliver's Troy Mo  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_

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 Kelley Anthony Charge to James Kelley Account No. 703  
 Ordered by Kelley Ruddy & James Kelley Guaranteed by " " Serial No. " "  
 Funeral at St. Catharine Residence St. Catharine Church St. Catharine Date Jan 17-1945 Hour 10-30 A.M. Annual No. 555  
 Clergyman Rev. Robt. Salamon Lodge Affiliations " " Body Shipped to or from " "

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	425 00	3-28-45		
Place of Burial	Embalming				
Cemetery	Outer Case or Vault <u>Box</u>				
Grave No.	Washing and Dressing				
Lot No.	Shaving				
Block No.	Slumber Robe				
Section	Suit or Dress <u>suit</u>	22 50			
Pall Bearers	Other Articles of Clothing <u>Suit</u>				
	Transferring Body <u>445.50</u>				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
Singers	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
Insurance Policies	<u>Top lumber</u>	392			
	<u>Filed Feb. 2 - 45</u>				
	<u>top</u>	5 62			
	To Funeral Complete	457 04			457 04

NAME OF DECEASED Anthony Kelley RESIDENCE Near Sparks Kansas  
 FUNERAL AT Fanning RESIDENCE Catholic MORTUARY Jan 17-1945 CHURCH Jan 17-1945 HOUR 10:30 CLERGYMAN Rev. Robt Salmon  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>844</u> Style <u>Octagon Stob</u>		
Interior <u>Crepe</u> Covering <u>Negale point</u>		
Manufacturer <u>Ret - Curt</u>		
Total Net Cost of Casket		
Outer Case <u>Bot</u>		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral	<u>00A 55</u>	
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death his home near Sparks Kan  
 Date of Death Jan 15-1945  
 Cause of Death Apoplexy  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M Color or Race W  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed ✓ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth about May 1854 Age about 90 Years \_\_\_\_\_ Months \_\_\_\_\_ Days yr  
 Occupation Retired farmer  
 How Long at Place of Death 80 yrs  
 Birthplace—City or County Lavenworth Country Kansas  
 Name of Father Patrick Kelley  
 Birthplace of Father Ireland  
 Maiden Name of Mother Ellen King  
 Birthplace of Mother Ireland  
 Signed A. E. Cordonis M.D. Coroner  
 Address 1209 Kan Date \_\_\_\_\_  
 Interment at Fanning Catholic 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 \_\_\_\_\_

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 Stiles Thomas C Charge to Pd Account No. 704  
 Ordered by Mrs Geo Cooper Guaranteed by Mrs Geo Cooper Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date Feb 8-1945 Hour \_\_\_\_\_ Annual No. 556  
 Clergyman Rev J. H. Reynolds Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services		2-7-45		
Place of Burial	Embalmg				
Cemetery	Outer Case or Vault <u>outside lot</u>	11 0 0			46 22
Grave No.	Washing and Dressing				
Lot No.	Shaving				
Block No.	Slumber Robe				
Section	Suit or Dress				
Pall Bearers	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
Singers	Casket Coach <u>+ Personal service</u>	35 0 0			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	<u>sales tax</u>	. 2 2			
	To Funeral Complete	46 22			46 22

NAME OF DECEASED Thomas Quincy Stiles RESIDENCE Falls City Nebraska  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_  
 DATE Feb. 8 - 1945 HOUR 2.30 CLERGYMAN Rev. J.H. Reynolds  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_  
 Casket No. at Falls City  
 Interior \_\_\_\_\_ Covering \_\_\_\_\_

DEBITS

Manufacturer \_\_\_\_\_  
 Total Net Cost of Casket \_\_\_\_\_  
 Outer Case \_\_\_\_\_  
 Vault \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Clothing \_\_\_\_\_

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

05 55

REMARKS:

Place of Death Falls City Nebraska  
 Date of Death Feb. 5 - 1945  
 Cause of Death Cerebral hemorrhage  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M Color or Race W.  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age, Years 76 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Occupation panter  
 How Long at Place of Death 20 yrs  
 Birthplace—City or County Chulcothe State or Country Illinois  
 Name of Father \_\_\_\_\_  
 Birthplace of Father Isaac Stiles  
 Maiden Name of Mother \_\_\_\_\_  
 Birthplace of Mother \_\_\_\_\_  
 Signed \_\_\_\_\_ M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address \_\_\_\_\_ Date \_\_\_\_\_  
 Interment at Mt 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 \_\_\_\_\_ 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 Kotsch Anna E. Charge to Harry Kotsch Account No. 705  
 Ordered by Harry Kotsch Guaranteed by .. Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church St. Charles Date Feb. 13-1945 Hour 10 AM Annual No. 557  
 Clergy Rev. Robt. Selman Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....		2-15-45		
	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.....	45 00			
	.....				
	.....				
	.....				
	To Funeral Complete	45 00			115 00

By Ch  
 Cy. Kotsch Jr

NAME OF DECEASED Anna E. Kotech RESIDENCE Rantoul Illinois  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH H. Charles DATE Feb. 13/1945 HOUR 10 AM CLERGYMAN Rev. Robt Salmon  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral  
 Casket No. \_\_\_\_\_ Style \_\_\_\_\_  
 Interior \_\_\_\_\_ Covering \_\_\_\_\_  
 Manufacturer \_\_\_\_\_  
 Total Net Cost of Casket \_\_\_\_\_  
 Outer Case \_\_\_\_\_  
 Vault \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Clothing \_\_\_\_\_

DEBITS

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

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

Gross Profit on Funeral 0d 55

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

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

REMARKS:

Place of Death Rantoul Illinois  
 Date of Death Feb. 9 - 1945  
 Cause of Death heart attack Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race N  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Feb 3-1883 Age, Years 61 Months 11 Days 7  
 Occupation housewife  
 How Long at Place of Death 8 months  
 Birthplace—City or County Mount City Country Mo  
 Name of Father \_\_\_\_\_  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birthplace of Mother \_\_\_\_\_

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

Interment at Rev. Vault Mt Olive St Joe. 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 \_\_\_\_\_

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

Funeral of Tru Nelson Clarence R Charge to \_\_\_\_\_ Account No. 706  
 Ordered by Mrs Francis Cota Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary St. Benedict's Church \_\_\_\_\_ Date Feb. 14-1945 Hour 10 A M Annual No. 537  
 Clergyman Rev. Patrick O'Shea Body Shipped to or from \_\_\_\_\_

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....		<u>6-7-45</u>		
	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 <u>Met from</u>	<u>45.00</u>			
	<u>house, Bot delivery</u>				
	<u>Filed 2-27-45</u>				
	To Funeral Complete	<u>45.00</u>			<u>45.00</u>

By ck  
R.F. Meyer Adm  
45.00

✓





NAME OF DECEASED Mary Clotilda Fisher RESIDENCE Stoy - Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH H. Charles DATE Feb. 16 1946 TIME 10 AM CLERGYMAN Rev. Rolf Salmon  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. _____ Style _____	
Interior _____ Covering _____	
Manufacturer _____	
Total Net Cost of Casket	
Outer Case _____	
Vault _____	
Embalming _____	
Clothing _____	
Total Cash Advances _____	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>yd 55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

PERSONAL AND STATISTICAL

Place of Death Stafford Kansas  
 Date of Death Feb. 13 1946  
 Cause of Death Acute Myocarditis  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race W  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  Child  
 Date of Birth Oct. 1 1884 Age, Years 60 Months 4 Days 12  
 Occupation Cafeteria Manager  
 How Long at Place of Death 6 days  
 Birthplace—City or County Mathena State or Country Kans.  
 Name of Father Theodore Wagner  
 Birthplace of Father Germany  
 Maiden Name of Mother Emma Vegely  
 Birthplace of Mother St Joseph Mo  
 Signed \_\_\_\_\_ M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address W Cavalry Date Mathena Mo  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

REMARKS:

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

Funeral of Dittmore Laura Charge to Alex Dittmore Account No. 708  
 Ordered by Mrs. Char Mayble Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Christian Date Feb. 23-1945 Hour 2 P.M. Annual No. 559  
 Clergyman Rev. F. E. Carter Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers \_\_\_\_\_  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

*Dress  
 made  
 by  
 F. N. S.*

*H.N.P. for dress  
 that cost \$4.00 - Mar 3-45*

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	285.00	2/3 1945		322.85
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	<del>Suit</del> Dress <u>underwear</u>	18.75			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>Flowers</u>	15.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Tot</u>	<u>410</u>			
	To Funeral Complete	<u>\$322.85</u>			<u>\$322.85</u>

NAME OF DECEASED Laura Dittermore RESIDENCE Troy - Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE Feb 23-1945 HOUR 2 P/M CLERGYMAN Rev. Carter  
 SINGERS Bill Webb LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>244</u> Styl <u>Reigns Hall Church</u>		
Interior <u>Rosetan</u> Covering <u>Polynesian Dahlia</u>		
Manufacturer <u>Ret - Lutz</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing <u>dress</u>		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>55 55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death her home Troy - Kansas  
 Date of Death Feb. 21 - 1945  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race W.  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Sept 25 1856, Years 88 Months 4 Days 26  
 Occupation housewife  
 How Long at Place of Death 65 yrs  
 Birthplace—City or County Seignoney State or Country Ind  
 Name of Father Thomas B Nyers  
 Birthplace of Father Gasport Ind  
 Maiden Name of Mother Gydia Carson  
 Birthplace of Mother Gasport Ind.  
 Sign W.C. Cordone M.D. Coroner  
 Address Troy Kan Date \_\_\_\_\_  
 Interment at W. Olive Troy Kan.  
 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:

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Funeral of Howard Schwab Charge to W<sup>m</sup> Schwab Bendena Account No. 709  
 Ordered by Schwab Family Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date Mar 8 Hour 2 p.m Annual No. \_\_\_\_\_  
 Clergyman Rev. Carter Lodge Affiliations I.O.O.F. Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	\$245.00	3/8 '45	By cash	10 00
	Embalming			(W <sup>m</sup> Schwab) tax	20
	Outer Case or Vault <u>Mausoleum</u>	\$235.00	9/21/45	By ck	504 98
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <u>Suit</u>	17.00			
	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				
	Insurance Policies				
	<u>Filed 3-30-45</u>				
	SALES TAX	8.18			
	To Funeral Complete	\$515.18			515 18

NAME OF DECEASED Howard Schwalb RESIDENCE Bendena Kansas

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY  CHURCH \_\_\_\_\_ DATE Mar 8-1945 HOUR 2 P.M. CLERGYMAN Rev. Carter

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

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>777</u> Style <u>H.P. State 6</u>	
Interior <u>Grey art</u> Covering <u>Repley cloth</u>	
Manufacture <u>Ret-art</u>	
Total Net Cost of Casket	
Outer Case <u>Mausoleum</u>	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>485 55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

PERSONAL AND STATISTICAL

Place of Death his home Bendena Mo

Date of Death March 8-1945

Cause of Death throat attack Contributory organize heart disease

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

Sex M Color or Race W

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

Date of Birth 3-28-1879 Age, Years 65 Months 11 Days 22

Occupation farmer

How Long at Place of Death life

Birthplace—City or County Bendena State or Country Kan

Name of Father Wm Schwalb

Birthplace of Father New Orleans La.

Maiden Name of Mother Mollie J Howard

Birthplace of Mother Adams County Pa

Signed R.R. Clutz M.D. \_\_\_\_\_ Coroner \_\_\_\_\_

Address Bendena Mo

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

REMARKS:

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



