

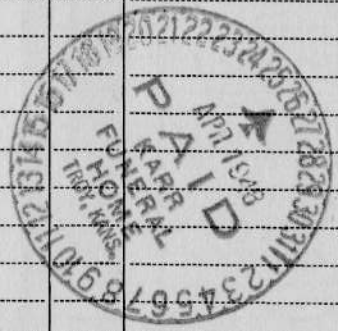
Funeral of Huss, Mazie E. Charge to Adam Huss Account No. 112  
 Ordered by..... Guaranteed by..... Serial No. 1  
 Funeral at..... Residence..... Mortuary..... Church  Date 4-14-48 Hour 3:00 P.M. Annual No.....  
 Clergyman Meyers Lodge Affiliations..... Body Shipped to or from.....

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.....	366 00	4/28/48	<input checked="" type="checkbox"/>	646 81
	Embalming.....				
	Outer Case or Vault <u>Mausoleum</u> .....	250 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <input checked="" type="checkbox"/> .....	21 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	SALES TAX	9 81			
	To Funeral Complete	646 81			646 81

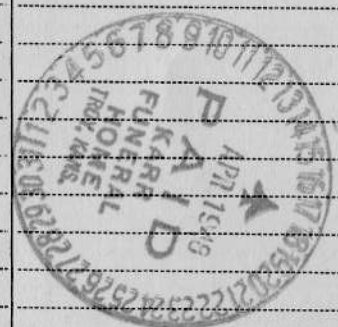




Funeral of Dillenback, Charlotte Charge to \_\_\_\_\_ Account No. 113  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 13  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date 4-16-48 Hour 2:30 P.M. Annual No. \_\_\_\_\_  
 Clergyman Harder - M. Kaughy Lodge Affiliations \_\_\_\_\_ 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.....	456 00	4/17/48		620 02
	Embalming.....				
	Outer Case or Vault <u>Wilbert</u> .....	110 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....	21 85			
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of.....doz. Chairs.....				
	Flowers.....	25 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of.....Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	SALES TAX	7 17			
	To Funeral Complete	620 02			620 02



NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE

HOUR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

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

DEBITS

Place of Death *Salina Ks.*Date of Death *4-14-49*

Cause of Death Contributory

Duration Autopsy

Sex *7* Color or Race *W*Single Married Widowed  Divorced ChildDate of Birth Age, Years *84* Months Days

Occupation

How Long at Place of Death *6 yrs*Birthplace—City or County State or Country *Ill.*

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

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 \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

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

DEBITS

Place of Death \_\_\_\_\_

Date of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_

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

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 \_\_\_\_\_

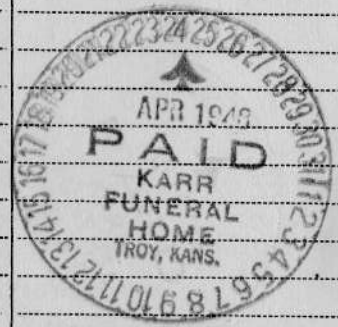
REMARKS:

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

Funeral of M<sup>c</sup> Clelland Teresa Charge to Marie Euler Account No. 115  
 Ordered by ..... Guaranteed by ..... Serial No. 15  
 Funeral at ..... Residence ..... Mortuary  Church ..... Date 4-23-48 Hour 2:00 P.M. Annual No. ....  
 Clergyman Harder 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.....	366 00	4/24/48	By Cash	400 99
	Embalming.....				
	Outer Case or Vault <u>Pat</u> .....	15 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.....	15 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of ..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	.....				
	SALES TAX	4 99			
	To Funeral Complete	400 99			400 99



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

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 \_\_\_\_\_

DEBITS

Place of Death Sisters Hosp St. Joe

Date of Death 4/21/48

Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_

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

Sex 7 Color or Race W

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

Date of Birth Aug 23, 1861 Age, Years 86 Months 7 Days 28

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 \_\_\_\_\_

REMARKS:

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



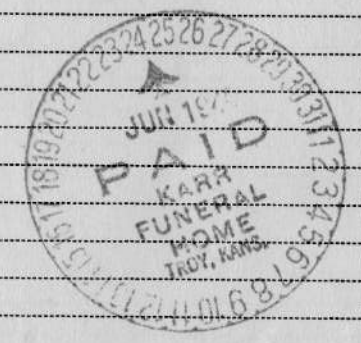
Funeral of Mary A. Pittemore Charge to..... Account No. 116  
 Ordered by..... Guaranteed by..... Serial No. 16  
 Funeral at..... Residence..... Mortuary..... Church  Date 5/15/48 Hour 2:30 Annual No.....  
 Clergyman Meyers Lodge Affiliations..... Body Shipped to or from.....

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.....	456 00	5/14/48	By <u>id</u>	499 21
	Embalming.....				
	Outer Case or Vault..... <u>Box</u>	15 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	22 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	SALES TAX	6 21			
	To Funeral Complete	499 21			499 21



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

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

DEBITS

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

Place of Death *Severna Kansas*

Date of Death *5/7/48*

Cause of Death \_\_\_\_\_

Contributory \_\_\_\_\_

Duration \_\_\_\_\_

Autopsy \_\_\_\_\_

Sex *F*

Color or Race \_\_\_\_\_

Single \_\_\_\_\_

Married \_\_\_\_\_

Widowed

Divorced \_\_\_\_\_

Child \_\_\_\_\_

Date of Birth *June 24, 1868*

Age, Years *79*

Months *10*

Days *7*

Occupation \_\_\_\_\_

How Long at Place of Death *6 yrs.*

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 *Mt. Olive*

Lot or Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_

R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_

Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

REMARKS:

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

Funeral of Lowe, Hugh A. Charge to Don. Co Account No. 117  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 17  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 5/4/48 Hour 2:00 Annual No. \_\_\_\_\_  
 Clergyman Biggs 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.....	100 00	7/6/48	Ch. Don Co		100 00
	Embalming.....	35 00				
	Outer Case or Vault.....					
	Washing and Dressing.....					
	Shaving.....					
	Slumber Robe.....					
	Suit or Dress.....					
	Other Articles of Clothing.....					
	Transferring Body.....	18 00				
	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	153 00				

NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE

HOOR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

DEBITS

Place of Death

Date of Death

Cause of Death

Contributory

Duration

Autopsy

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

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 Garrat, Neil Charge to Doriphan Co. Account No. 118  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 18  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_  Church \_\_\_\_\_ Date 5/6/48 Hour 2:00 Annual No. \_\_\_\_\_  
 Clergyman M. S. Raughan 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>100 00</u>	<u>6/11/48</u>		<u>100 00</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.....				
	_____				
	_____				
	_____				
	<b>SALES TAX</b>				
To Funeral Complete		<u>100 00</u>			<u>100 00</u>





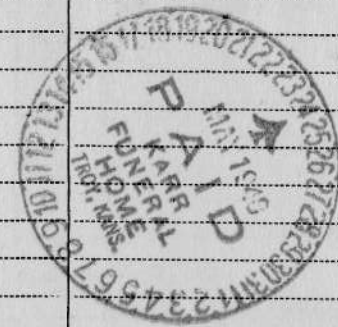
Funeral of Peden, Joseph G Charge to Est. Account No. 119  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 19  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date 5/23/48 Hour 2:00 Annual No. \_\_\_\_\_  
 Clergyman Lillibridge Lodge Affiliations \_\_\_\_\_ Body 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.....	540 00	5/23/48		591 87
	Embalming.....				
	Outer Case or Vault..... <u>Box</u>	15 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....	4 50			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	25 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	SALES TAX	7 37			
	To Funeral Complete	591 87			591 87



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

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 \_\_\_\_\_

DEBITS

Place of Death St. Joe

Date of Death 5/21/48

Cause of Death Stroke

Contributory \_\_\_\_\_

Duration \_\_\_\_\_

Autopsy \_\_\_\_\_

Sex M

Color or Race W

Single \_\_\_\_\_

Married ✓

Widowed \_\_\_\_\_

Divorced \_\_\_\_\_

Child \_\_\_\_\_

Date of Birth Feb 3, 1889

Age, Years 59

Months 3

Days 18

Occupation Farmer

How Long at Place of Death 4 days

Birthplace—City or County Blair

State or Country \_\_\_\_\_

Name of Father J. L. Peterson

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

Signed H. W. Caple

M.D. \_\_\_\_\_

Coroner \_\_\_\_\_

Address St. Joe

Date \_\_\_\_\_

Interment at Mt. Olive

Lot or Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_

R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_

Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

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 \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

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

DEBITS

Place of Death St. Joe.

Date of Death 5/22/48

Cause of Death Coronary Contributory \_\_\_\_\_

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

Sex F. Color or Race W

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

Date of Birth \_\_\_\_\_ Age, Years 80 Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation \_\_\_\_\_

How Long at Place of Death 54 days.

Birthplace—City or County Troy State or Country \_\_\_\_\_

Name of Father \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

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

Address \_\_\_\_\_ Date \_\_\_\_\_

Interment at Mt. Olive

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_ R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

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

Beneficiary \_\_\_\_\_

REMARKS:

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





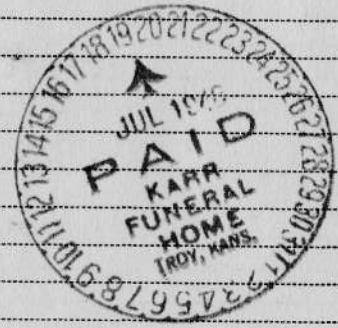
Funeral of Benitz, Frank Charge to..... Account No. 122  
 Ordered by..... Guaranteed by..... Serial No. 22  
 Funeral at..... Residence..... Mortuary..... Church ✓ Date 6/11/48 Hour 2:30 Annual No.....  
 Clergyman..... Lodge Affiliations..... Body Shipped to or from.....

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.....	50 00	6/12/48		20 40
	Embalming.....		7/19/48		161 50
	Outer Case or Vault <u>Wilbert</u> .....	109 17			
	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.....	20 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	SALES TAX	2 58			
	To Funeral Complete	181 70			181 70



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

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

DEBITS

Place of Death \_\_\_\_\_

Date of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_

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

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 \_\_\_\_\_

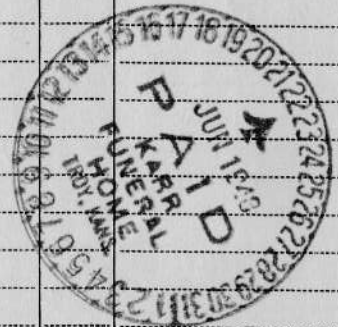
REMARKS:

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

Funeral of Widman, Herman F. Charge to..... Account No. 123  
 Ordered by..... Guaranteed by..... Serial No. 25  
 Funeral at..... Residence..... Mortuary..... Church  Date 6/13/48 Hour 2:30 Annual No.....  
 Clergyman Maish 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.....	510 00	6/22/48		551 82
	Embalming.....				
	Outer Case or Vault <u>Wilbert Sectional</u>	35 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.....				
	.....				
	.....				
	.....				
	SALES TAX	6 82			
	To Funeral Complete	551 82			551 82



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>St. Joe</u>
Casket No. _____ Style _____			Date of Death <u>6/11/48</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>M</u> Color or Race <u>W</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth _____ Age, Years <u>76</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>3 da</u>
			Birthplace—City or County _____ State or Country <u>Germany</u>
			Name of Father _____
			Birthplace of Father _____
			Maiden Name of Mother _____
		Birthplace of Mother _____	
Total Cash Advances _____		Signed <u>Motherhead</u> M.D. _____ Coroner _____	
		Address _____ Date _____	
		Interment at <u>Oent on</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 _____			
*Less Overhead Per Funeral _____			
Net Profit Apparent _____			

REMARKS:

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

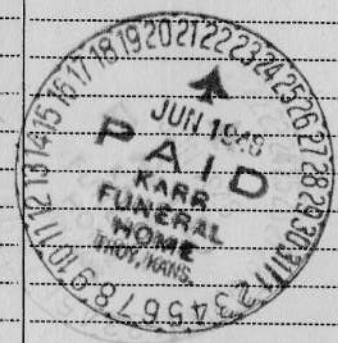
\* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.



Funeral of Hart, James M. Charge to..... Account No. 124  
 Ordered by..... Guaranteed by..... Serial No. 24  
 Funeral at..... Residence..... Mortuary..... Church  Date 6/13/48 Hour 3:30 Annual No.....  
 Clergyman B. g. g. s. Lodge Affiliations..... Body Shipped to or from.....

Place of Burial  
Mt. Olive  
 Cemetery  
 Grave No. '  
 Lot No. 110  
 Block No.  
 Section  
 Pall Bearers  
 Singers  
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	540 00	6/22/48		561 78
	Embalming.....				
	Outer Case or Vault..... <u>Box</u>	15 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.....				
	SALES TAX	6 78			
	To Funeral Complete	561 78			561 78

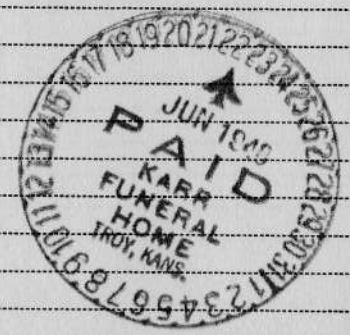




Funeral of Koehler (Twins) Charge to \_\_\_\_\_ Account No. 125  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 25  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary ✓ Church \_\_\_\_\_ Date 6/18/48 Hour 2:00 P.M. Annual No. \_\_\_\_\_  
 Clergyman Harmon Lodge Affiliations \_\_\_\_\_ 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.....	35 80			40 90
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	1 40			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	4 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	SALES TAX	50			
	To Funeral Complete	40 90			40 90



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

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 \_\_\_\_\_

DEBITS

Place of Death \_\_\_\_\_

Date of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Contributory \_\_\_\_\_

Duration \_\_\_\_\_

Autopsy \_\_\_\_\_

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 \_\_\_\_\_

REMARKS:

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

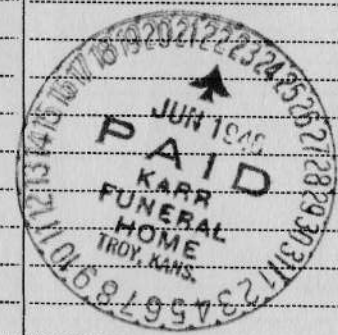
Funeral of Ray Brown Charge to \_\_\_\_\_ Account No. 126  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 26  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church ✓ Date 6/21/48 Hour 2:00 Annual No. \_\_\_\_\_  
 Clergyman \_\_\_\_\_ Lodge Affiliations \_\_\_\_\_ Body 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.....	100.00			120.80
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....	15.00			
	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>Pressing</u> .....	3.80			
	<u>Pressing</u> .....	.50			
	SALES TAX.....	1.50			
	To Funeral Complete	120.80			120.80



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT RESIDENCE MORTUARY CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

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

DEBITS

Place of Death \_\_\_\_\_

Date of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Contributory \_\_\_\_\_

Duration \_\_\_\_\_

Autopsy \_\_\_\_\_

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 \_\_\_\_\_

REMARKS:

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

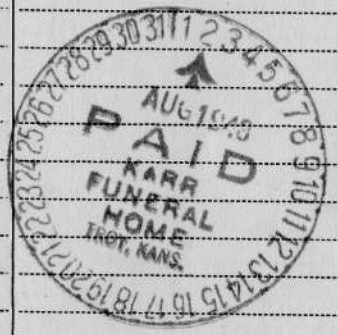
Funeral of Powers James Charge to County Account No. 127  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 27  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 6/23 Hour \_\_\_\_\_ Annual No. \_\_\_\_\_  
 Clergyman Haider Lodge Affiliations \_\_\_\_\_ Body Shipped 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.....	100 00	8/2/48		100 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	100 00			100 00







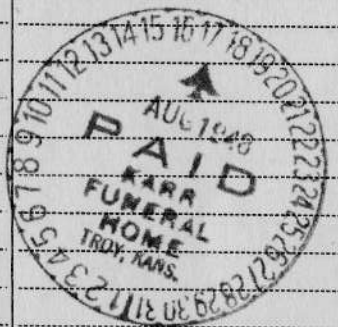
Funeral of Howland, Nancy Charge to Govt Account No. 128  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 28  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 6/24 Hour 2:00 Annual No. \_\_\_\_\_  
 Clergyman Harder Lodge Affiliations \_\_\_\_\_ Body Shipped to 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>By CP</u> <u>8/17/48</u>		<u>62 24</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.....	<u>12.00</u>			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	<u>50.00</u>			
	.....				
	.....				
	.....				
	SALES TAX.....				<u>24</u>
	To Funeral Complete	<u>62 24</u>			<u>62 24</u>



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT RESIDENCE MORTUARY CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

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

DEBITS

Place of Death \_\_\_\_\_

Date of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_

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

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 \_\_\_\_\_

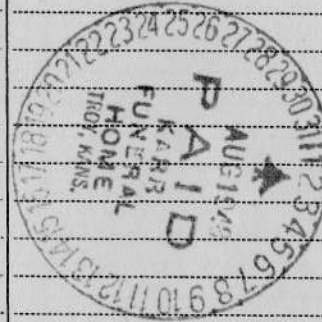
REMARKS:

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

Funeral of Husted, George Charge to County Account No. 129  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 29  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date 7/10/48 Hour 2:00 Annual No. \_\_\_\_\_  
 Clergyman Maish 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.....	100 00	7/2/48	By ck	100 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.....				
	Insurance Policies.....				
	To Funeral Complete	100 00			100 00



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

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 \_\_\_\_\_

DEBITS

Place of Death St. Joe (Ambulance)

Date of Death 7/9/48

Cause of Death Coronary Contributory \_\_\_\_\_

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

Sex M Color or Race W

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

Date of Birth 3/20/1869 Age, Years 79 Months 3 Days 19

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 Fougrate M.D. \_\_\_\_\_ Coroner \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Interment at Leona

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 Devereux, Anna M Charge to Est Account No. 130  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 30  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date 7/12/48 Hour 10:00 A.M. Annual No. \_\_\_\_\_  
 Clergyman Kastner 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.....	540 00	3/4/49		692 34
	Embalming.....				
	Outer Case or Vault <u>Concrete</u>	110 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <input checked="" type="checkbox"/>	23 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.....				
	.....				
	.....				
	.....				
	<u>Sales Tax</u>	9 34			
	To Funeral Complete	692 34			692 34

*Handwritten signature/initials*

NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE

HOUR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

## REVENUE ITEMS AND THEIR COST

## CREDITS

## PERSONAL AND STATISTICAL

Charge for Complete Funeral

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:

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

Place of Death BendenaDate of Death 7/10/48Cause of Death Cancer Contributory

Duration Autopsy

Sex F Color or Race WSingle Married Widowed  Divorced ChildDate of Birth Sept 22, 1856 Age, Years 91 Months 9 Days 18

Occupation

How Long at Place of Death 9 yrsBirthplace—City or County Hamilton State or Country Iowa

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed Motherhead M.D. Coroner

Address Date

Interment at St. Benedict

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

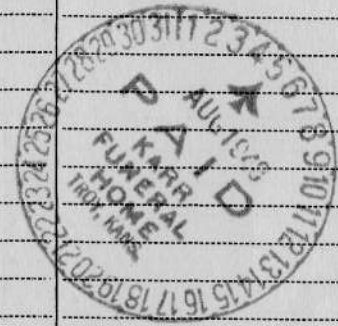
Insured in Amount

Beneficiary

Funeral of Bach, Forest M. Charge to Mrs. Bach Account No. 131  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 31  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date 7/26/48 Hour 2: PM. Annual No. \_\_\_\_\_  
 Clergyman \_\_\_\_\_ Lodge Affiliations Yankton, S.D. 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.....	843 00	8/5/48	By Ch	1051 52
	Embalming.....				
	Outer Case or Vault. <u>concrete</u>	170 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.....	25 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	13 52			
	To Funeral Complete	1051 52			1051 52



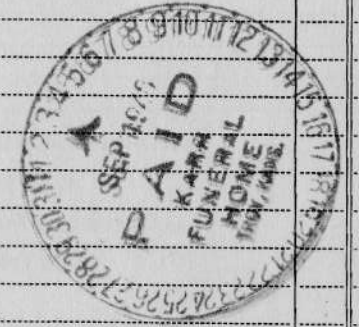




Funeral of Triplett, John Charge to County Account No. 132  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 32  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 7/29/48 Hour 2:00 P.M. Annual No. \_\_\_\_\_  
 Clergyman MS Kaughan Lodge Affiliations \_\_\_\_\_ 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.....	119 00	9/3/48	By Ch Co	119 00
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of.....doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of.....Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	.....				
	To Funeral Complete	119 00			119 00



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT RESIDENCE MORTUARY CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

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

DEBITS

Place of Death *St. Joe.*

Date of Death *7/27/48*

Cause of Death *Cancer*

Duration \_\_\_\_\_

Sex *M*

Single \_\_\_\_\_

Married

Date of Birth \_\_\_\_\_

Occupation *Farmer*

How Long at Place of Death \_\_\_\_\_

Birthplace—City or County \_\_\_\_\_

Name of Father \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

Signed *Fargrove*

Address \_\_\_\_\_

Interment at *Mt. Olive*

Lot or Grave No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_

Beneficiary \_\_\_\_\_

Amount \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REMARKS:

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

Funeral of Wiley, Helen V Charge to County Account No. 133  
 Ordered by..... Guaranteed by..... Serial No. 33  
 Funeral at..... Residence..... Mortuary..... Church  Date 8-1-48 Hour 2:00 P.M. Annual No.....  
 Clergyman Twombly Lodge Affiliations..... Body Shipped to or from.....

	Date	Description of Service	Amount	Date		✓	Credits
Place of Burial		Casket and Services.....	100.00	7-30-48	By cash		11.20
Cemetery		Embalming.....		9/2/48	Ph. Co.		100.00
Grave No.		Outer Case or Vault.....					
Lot No.		Washing and Dressing.....					
Block No.		Shaving.....					
Section		Slumber Robe.....					
Pall Bearers		Suit or Dress <u>Purchased by Family</u>	11.20				
		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.....					
		Use of..... Funeral Cars.....					
		Use of Flower Cars.....					
		Professional Supervision.....					
Insurance Policies		.....					
		.....					
		.....					
		.....					
		To Funeral Complete	111.20				111.20







NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

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 \_\_\_\_\_

DEBITS

Place of Death \_\_\_\_\_

Date of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Contributory \_\_\_\_\_

Duration \_\_\_\_\_

Autopsy \_\_\_\_\_

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 \_\_\_\_\_

REMARKS:

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

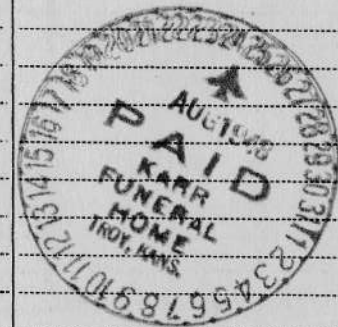
Funeral of Crowley, Mary A Charge to \_\_\_\_\_ Account No. 135  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 35  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date 8/24/48 Hour 10:30 AM Annual No. \_\_\_\_\_  
 Clergyman Roberts Lodge Affiliations \_\_\_\_\_ 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	640 00	8/24/48	By Ch	782 32
	Embalming				
	Outer Case or Vault <u>Concrete</u>	110 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	22 00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Sales Tax</u>	10 32			
	To Funeral Complete	782 32			782 32



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

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 \_\_\_\_\_ Contributory \_\_\_\_\_

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

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 Rhus Maynard Charge to..... Account No. 136  
 Ordered by..... Guaranteed by..... Serial No. 25  
 Funeral at..... Residence..... Mortuary  Church..... Date 8/30/48 Hour 2:00 Annual No.....  
 Clergyman Kirchner 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>10/4/48</u>	<u>Pg Ch</u>	<u>75 50</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.....	<u>25 00</u>			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	<u>50 00</u>			
	.....				
	.....				
	.....				
	.....				
	<u>Tax</u>	<u>50</u>			
	To Funeral Complete	<u>75 50</u>			<u>75 50</u>



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

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 \_\_\_\_\_

DEBITS

Place of Death \_\_\_\_\_

Date of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_

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

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 \_\_\_\_\_

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 \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <i>Troy, Kans.</i>
Casket No. _____ Style _____		Date of Death <i>8/25/48</i>
Interior _____ Covering _____		Cause of Death <i>Cerebral Hemorrhage</i> Contributory
Manufacturer _____		Duration _____ Autopsy <i>yes</i>
Total Net Cost of Casket		Sex <i>M</i> Color or Race <i>W</i>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth _____ Age, Years _____ Months _____ Days _____
Embalming _____		Occupation <i>Ret. Farmer</i>
Clothing _____		How Long at Place of Death _____
		Birthplace—City or County _____ State or Country _____
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
Total Cash Advances _____		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at _____
		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 _____		
*Less Overhead Per Funeral _____		Source of Call _____
Net Profit Apparent _____		

REMARKS: \_\_\_\_\_

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

Beneficiary \_\_\_\_\_

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

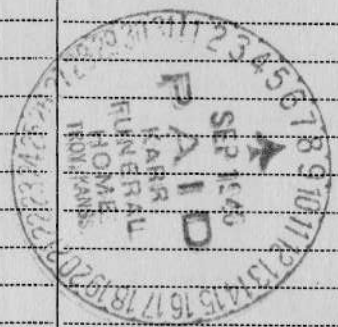
Funeral of Brazelton, Blanche Charge to..... Account No. 138  
 Ordered by..... Guaranteed by..... Serial No. 38  
 Funeral at..... Residence..... Mortuary..... Church  Date 9/7/48 Hour 2:30 Annual No.....  
 Clergyman Harder Lodge Affiliations..... Body Shipped to or from.....

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.....	540.00	P. O. 9/8/48		658.68
	Embalming.....				
	Outer Case or Vault..... <u>concrete</u>	110.00			
	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>Sales Tax</u>	8.68			
To Funeral Complete		658.68			658.68





Funeral of Speaks, Terrance E. Charge to Mike Speaks Account No. 139  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 39  
 Funeral at Residence ✓ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 9/8/48 Hour 3:00 Annual No. \_\_\_\_\_  
 Clergyman McKaughan 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.....	35 00	9/9/48		30 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.....	3 50			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	<i>Sales Tax</i>				
	<i>To Funeral Complete</i>	38 99			

NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT RESIDENCE MORTUARY CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

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 \_\_\_\_\_

DEBITS

Place of Death \_\_\_\_\_

Date of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_

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

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 \_\_\_\_\_

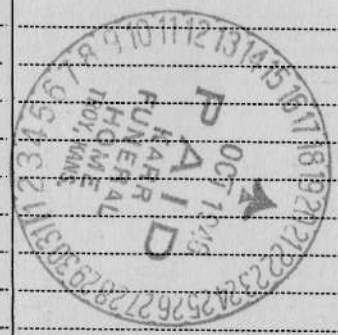
REMARKS:

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



Funeral of Schulke, Arthur Charge to Wife Account No. 140  
 Ordered by..... Guaranteed by..... Serial No. 40  
 Funeral at..... Residence..... Mortuary  Church..... Date 9/16/48 Hour 3:00 P.M. Annual No.....  
 Clergyman Proiner Lodge Affiliations..... Body Shipped to or from.....

		Date	Description of Service	Amount	Date		V	Credits
Place of Burial			Casket and Services.....		9/16/48	Credit on Box		12.88
Cemetery			Embalming.....		10/20/48	by ch		169.72
Grave No.			Outer Case or Vault.....	110.00				
Lot No.			Washing and Dressing.....					
Block No.			Shaving.....					
Section			Slumber Robe.....					
Pall Bearers			Suit or Dress.....					
			Other Articles of Clothing.....					
			Transferring Body.....					
			Door Badge.....					
			Opening Grave.....					
			Newspaper Notices.....					
			Telegrams and Telephone Calls.....					
			Use of..... doz. Chairs.....					
			Flowers.....	20.00				
			Clergyman.....					
			Singers.....					
			Casket Coach.....					
			Use of..... Funeral Cars.....					
			Use of Flower Cars.....					
			Professional Supervision.....	50.00				
Insurance Policies								
			Sales Tax	2.60				
			To Funeral Complete	182.60				182.60





Funeral of Blanton, "Butchie" Charge to Edgar Blanton Account No. 141  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 41  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 10:30 AM Hour 9/29/48 Annual No. \_\_\_\_\_  
 Clergyman \_\_\_\_\_ 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.....	40 00	7/29/48		3 00
	Embalming.....		8/10/48		3 50
	Outer Case or Vault.....		8/13/49		3 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.....	3 50			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	_____				
	_____				
	_____				
	Sales Tax	55			
	To Funeral Complete	44 05			

NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT RESIDENCE MORTUARY CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

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 \_\_\_\_\_

DEBITS

Place of Death \_\_\_\_\_

Date of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_

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

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 \_\_\_\_\_

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 *Mr. Connaughey, Kenneth* Charge to *John* Account No. *142*  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. *42*  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date *10/14/48* Hour *2:00* Annual No. \_\_\_\_\_  
 Clergyman *Harder* 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				<i>172 60</i>
	Embalming				
	Outer Case or Vault <input checked="" type="checkbox"/>	<i>110.00</i>			
	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	<i>10.00</i>			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision	<i>50.00</i>			
	_____				
	_____				
	_____				
	<i>Sales Tax</i>	<i>2.60</i>			
To Funeral Complete		<i>172 60</i>			<i>172 60</i>

*PAID*

NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

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

DEBITS

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

Place of Death Manila

Date of Death \_\_\_\_\_

Cause of Death War Contributory \_\_\_\_\_

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

Sex M Color or Race \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age, Years 23 Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation \_\_\_\_\_

How Long at Place of Death \_\_\_\_\_

Birthplace—City or County \_\_\_\_\_ State or Country \_\_\_\_\_

Name of Father John

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother Cora

Birthplace of Mother \_\_\_\_\_

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

Address \_\_\_\_\_ Date \_\_\_\_\_

Interment at Mt. Olive

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_ R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

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

Beneficiary \_\_\_\_\_

REMARKS:

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

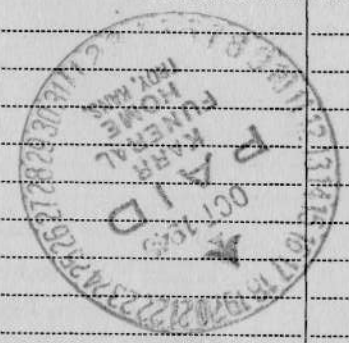
Funeral of Cairo, Doyle L. Charge to Max Cairo Account No. 143  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 43  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date 10/17/48 Hour 2:30 P.M. Annual No. \_\_\_\_\_  
 Clergyman Kirschner Lodge Affiliations \_\_\_\_\_ 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.....		10/17/48	By Cb	177 50
	Embalming.....				
	Outer Case or Vault..... <u>Concrete</u>	110 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.....	15 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	50 00			
	.....				
	.....				
	.....				
	..... <u>Sales Tax</u> .....	2 50			
	.....				
	To Funeral Complete	177 50			177 50









NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT RESIDENCE MORTUARY CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

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

DEBITS

Place of Death \_\_\_\_\_

Date of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_

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

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 \_\_\_\_\_

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 \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT RESIDENCE MORTUARY CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

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

DEBITS

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

Place of Death \_\_\_\_\_

Date of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Contributory \_\_\_\_\_

Duration \_\_\_\_\_

Autopsy \_\_\_\_\_

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 \_\_\_\_\_

REMARKS:

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

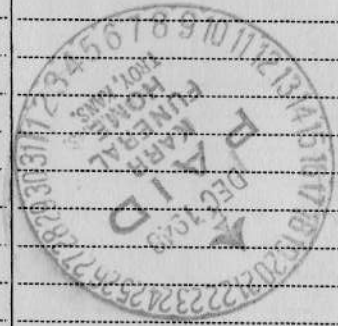
Funeral of Levern Peden Charge to Mrs. J. Peden Account No. 146  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 46  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 11/21/48 Hour 2:30 Annual No. \_\_\_\_\_  
 Clergyman \_\_\_\_\_ Lodge Affiliations \_\_\_\_\_ 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.....		12/20/48		65.00
	Embalming.....				
	Outer Case or Vault..... <u>Box</u>	15.00			
	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.....	50.00			
	.....				
	.....				
	.....				
	To Funeral Complete	65.00			65.00



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT RESIDENCE MORTUARY CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

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:

DEBITS

Place of Death \_\_\_\_\_

Date of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Contributory \_\_\_\_\_

Duration \_\_\_\_\_

Autopsy \_\_\_\_\_

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.

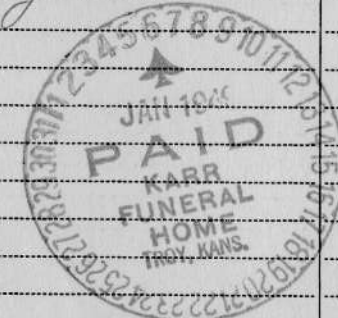
Funeral of Peden, Forrest Charge to Loucile Peden Account No. 147  
 Ordered by..... Guaranteed by..... Serial No. 47  
 Funeral at..... Residence..... Mortuary  Church..... Date 11/21/48 Hour 2:30 Annual No.....  
 Clergyman..... Lodge Affiliations..... Body Shipped to or from.....

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.....		1-6-49		65 00
	Embalming.....				
	Outer Case or Vault..... <u>Rox</u>	15 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.....	50 00			
	.....				
	.....				
	.....				
	.....				
	To Funeral Complete	65 00			



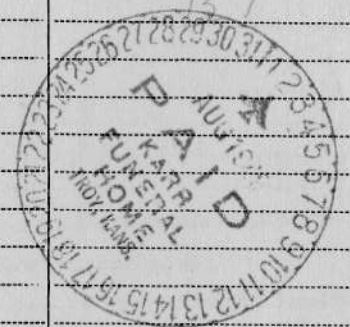




Funeral of Blanton, Wm J. Charge to Family Account No. 148  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 48  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 11/21/48 Hour 3:30 P.M. Annual No. \_\_\_\_\_  
 Clergyman Twombly Lodge Affiliations \_\_\_\_\_ Body 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.....	265 00	11/22/48		94 00
	Embalming.....				94 00
	Outer Case or Vault <u>Concrete</u> .....	110 00	12/2/48		65 00
	Washing and Dressing.....		11/21/48		94 00
	Shaving.....		11/21/48		43 58
	Slumber Robe.....		10/5/48		5 00
	Suit or Dress.....				396 58
	Other Articles of Clothing.....				247 00
	Transferring Body.....				43 58
	Door Badge.....				94 58
	Opening Grave.....				137
	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.....				
	<u>Sales Tax</u> .....	5 38			
To Funeral Complete		390 38			



NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE *11/20/48* HOUR *2:00* CLERGYMAN

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

DEBITS

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

Place of Death *St. Joe Mo.*

Date of Death *11/19/48*

Cause of Death

Contributory

Duration

Autopsy

Sex *M*

Color or Race *W*

Single

Married

Widowed

Divorced

Child

Date of Birth

Age, Years *54*

Months

Days

Occupation *Farmer*

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 *Mt. Zion*

Lot or Grave No.

Section No.

Shipped to

Arrived from

Via

R. R. Date

In Charge of

Source of Call

Insured in

Amount

Beneficiary

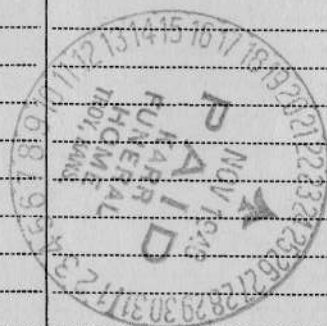
REMARKS:

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

Funeral of Kuebler, Lloyd F Charge to Sam Account No. 149  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 49  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 11/22/48 Hour 2:00 Annual No. \_\_\_\_\_  
 Clergyman Mr. Kauffman 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.....	225.00	11-24-48		253.20
	Embalming.....				
	Outer Case or Vault..... <u>Box</u>	15.00			
	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.....	10.00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	3.20			
To Funeral Complete		253.20			253.20



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

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

DEBITS

Place of Death Troy Kans.

Date of Death 11/20/48

Cause of Death Diphtheria Contributory \_\_\_\_\_

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

Sex M Color or Race W

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

Date of Birth \_\_\_\_\_ Age, Years 44 Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation Farmer

How Long at Place of Death Life

Birthplace—City or County \_\_\_\_\_ State or Country \_\_\_\_\_

Name of Father Sam.

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

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

Address \_\_\_\_\_ Date \_\_\_\_\_

Interment at Mt. Olive

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_ R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

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

Beneficiary \_\_\_\_\_

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 Parker, H. L. Charge to..... Account No. 150  
 Ordered by..... Guaranteed by..... Serial No. 50  
 Funeral at..... Residence..... Mortuary..... Church  Date Dec. 3, 1948 Hour 2:00 PM Annual No.....  
 Clergyman Harder 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.....	510 00	12-4-48		648 72
	Embalming.....				
	Outer Case or Vault.....	110 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.....	20 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	8 72			
To Funeral Complete		648 72			648 72



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Troy, Kansas</u>
Casket No. _____ Style _____		Date of Death <u>12-1-48</u>
Interior _____ Covering _____		Cause of Death <u>Coronary Thrombosis</u> Contributory _____
Manufacturer _____		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>Male</u> Color or Race <u>W</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>April, 12, 1868</u> Age, Years <u>80</u> Months <u>7</u> Days <u>19</u>
Embalming _____		Occupation <u>Retired County Engineer</u>
Clothing _____		How Long at Place of Death <u>25 Yrs</u>
		Birthplace—City or County <u>OTUMWA</u> State or Country <u>IOWA</u>
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Coroner</u> M.D. <u>E. L. KARR</u> Coroner
		Address _____ Date _____
		Interment at _____
		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		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.

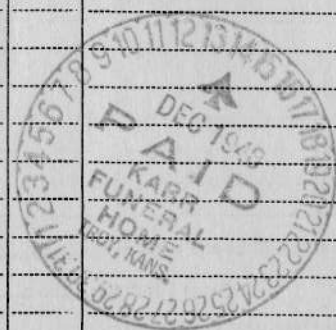
Funeral of Walters, Alan W<sup>rd</sup> Charge to \_\_\_\_\_ Account No. 151  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 51  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 12-12-48 Hour 2:00 Annual No. \_\_\_\_\_  
 Clergyman Campbell Lodge Affiliations \_\_\_\_\_ 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	30 00	12/14/48		35 46
	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	5 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Sales Tax	46			
	To Funeral Complete	35 46			35 46



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_  
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 \_\_\_\_\_

DEBITS

Place of Death \_\_\_\_\_  
Date of Death \_\_\_\_\_  
Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
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 \_\_\_\_\_

REMARKS:

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



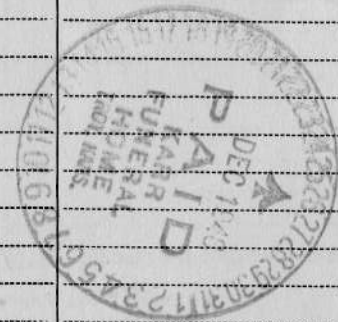
Funeral of Koehler, Flora E Charge to \_\_\_\_\_ Account No. 152  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 52  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 12/26/48 Hour 2:00 P.M. Annual No. \_\_\_\_\_  
 Clergyman Harder Lodge Affiliations \_\_\_\_\_ 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.....	265 00	12/26/48		290 62
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	22 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Sales Tax	3 62			
To Funeral Complete		290 62			290 62



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

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 \_\_\_\_\_ Contributory \_\_\_\_\_

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

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.