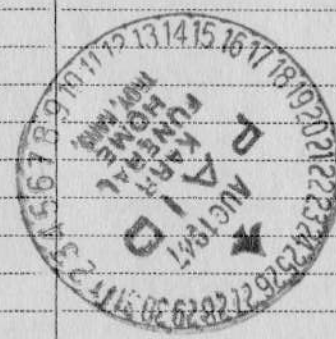


Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	650 00	8/25/47	By Ch	778 16
	Embalming.....				
	Outer Case or Vault..... <i>Concrete</i>	100 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <i>Shirt</i>	3 00			
	Other Articles 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	10 16			
	To Funeral Complete	778 16			778 16



NAME OF DECEASED Jess A. Mann RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH ☒ DATE 1/29/47 HOUR 2:00 CLERGYMAN Biggs
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Boyd 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 Near Troy

Date of Death 1/27/47

Cause of Death Heart

Duration _____

Sex M

Color or Race W

Single _____

Married ☒

Widowed ☒

Divorced _____

Child _____

Date of Birth Sept. 14, 1869

Age, Years 76

Months 4

Days 13

Occupation _____

How Long at Place of Death 65 yrs.

Birthplace—City or County Butler Co.

State or Country Mo.

Name of Father Lawson Mann

Birthplace of Father Pa.

Maiden Name of Mother Sarah Lower

Birthplace of Mother Mo.

Signed Benig Carson

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 Weidman, Jarrell D. Charge to Harold Weidman Account No. 65
Ordered by _____ Guaranteed by _____ Serial No. _____
Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 1/28/47 Hour 2:00 P.M. Annual No. _____
Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
Place of Burial	Casket and Services.....	25 00	4-21-47	By ch	25 26
Cemetery	Embalming.....				
Grave No.	Outer Case or Vault.....				
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.....				
	Clergyman.....				
	Singers.....				
Singers	Casket Coach.....				
	Use of.....Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
Insurance Policies					
	SALES TAX	26			
	To Funeral Complete	25 26			25 26

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 ALLEY, Regina E Charge to Reginald Alley Account No. 64
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Cemetery Date 2-7-47 Hour 3:30 Annual No. _____
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	30 00			30 36
	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	61 36			
	To Funeral Complete	30 36			30 36

Beneficiary

Funeral of SPARKS, HELEN Charge to ELLIS SPARKS Account No. 65
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church ☒ Date 2-15-47 Hour 2:00 P.M. Annual No. _____
 Clergyman Twombly + West Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery Iola

Grave No.

Lot No.

Block No.

Section

Pall Bearers

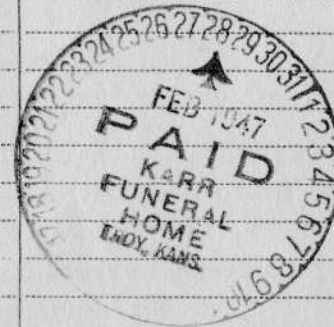
Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	387 00	2-15-47		442 34
	Embalming.....				
	Outer Case or Vault.....	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.....	20 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....	15 00			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	5 34			
	To Funeral Complete	442 34			442 34



Insurance Policies

[illegible]

Funeral of APPLEBY, ALEX Charge to George Appleby Account No. 67
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary ☒ Church _____ Date 3-11-47 Hour 2:00 Annual No. _____
 Clergyman Robert 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	346 00	3-12-47		360 35
	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	10 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	4 35			
	To Funeral Complete	360 35			360 35



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

Apr 21, 1883

Age, Years

63

Months

10

Days

18

Occupation

Am. R.R. Exp

How Long at Place of Death

1 week

Birthplace—City or County

Troy

State or Country

Kan

Name of Father

Alex

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed

Candorian

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 KIRBY, Nancy H Charge to Haran Kirby Account No. 689
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church ☒ Date 3-16-47 Hour 2:00 PM Annual No. _____
 Clergyman B. J. J. 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	429 00	4-18-47		15 30
	Embalming		5-31-47		400 00
	Outer Case or Vault <u>Concrete</u>	100 00	12-18-48		135 85
	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	7 15			
	To Funeral Complete	551 15			551 15



NAME OF DECEASED

Nancy H. Kirby

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

Troy Co.

Date of Death

3-14-47

Cause of Death

Dropsy

Contributory

Duration

Autopsy

Sex

F

Color or Race

W

Single

Married

Widowed

Divorced

Child

Date of Birth

Apr. 6, 1861

Age, Years

85

Months

11

Days

7

Occupation

Housewife

How Long at Place of Death

Life

Birthplace—City or County

State or Country

Name of Father

C. W. Hargis

Birthplace of Father

Maiden Name of Mother

Lurana Hargis

Birthplace of Mother

Signed

C. L. Lister

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 M^c Clelland, Albert W. Charge to Bell B. Account No. 69
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church ☒ Date 3-19-47 Hour 2:00 PM Annual No. _____
 Clergyman Robert Biggs Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
Place of Burial	Casket and Services	602 00	3-21-47		752 02
Cemetery	Embalming				
Grave No.	Outer Case or Vault <i>steel</i>	180 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	10 00			
	Clergyman				
	Singers				
Singers	Casket Coach				
	Use of Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
Insurance Policies					
	SALES TAX	10 02			
	To Funeral Complete	752 02			752 02

LODGE AFFILIATIONS

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 Randa H. John H. Charge to..... Account No. 70
 Ordered by..... Guaranteed by..... Serial No.....
 Funeral at..... Residence..... Mortuary ☒ Church..... Date 3-22-47 Hour 2:00 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	H.	✓	Credits
	Casket and Services.....	310 00	3-21-47	Raymond Randall		99 70
	Embalming.....		3-31-47	Ben F. Randall		99 70
	Outer Case or Vault <u>Mausoleum</u>	235 00	4-2-47	Claud Randall		99 70
	Washing and Dressing.....		4-2-47	Roy Randall		99 70
	Shaving.....		4-8-47	Lee S. Randall		99 70
	Slumber Robe.....		7-29-49	Russell Randall		20 10
	Suit or Dress.....	28 00	8-13-49	C.R. Randall		19 92
	Other Articles of Clothing.....					
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....					
	Newspaper Notices.....					
	Telegrams and Telephone Calls.....	3 56				
	Use of..... doz. Chairs.....					
	Flowers.....	12 00				
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of..... Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	SALES TAX	10 22				
To Funeral Complete		595 22				595 22 ✓



NAME OF DECEASED

John H. Randall

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY ☒ CHURCH

DATE 3-22-47 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

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

Place of Death

Sparks Kans.

Date of Death

3-20-47

Cause of Death

Contributory

Duration

Autopsy

Sex

M

Color or Race

W

Single

Married

Widowed

☒

Divorced

Child

Date of Birth

Oct 12, 1867

Age, Years

79

Months

5

Days

8

Occupation

How Long at Place of Death

Life

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.

[illegible]

Insurance Policies

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NAME OF DECEASED

E. A. Sinclair

RESIDENCE

Troy Kans.

FUNERAL AT

RESIDENCE

MORTUARY

CHURCH

✓

DATE

3-31-47

HOUR

2:00

CLERGYMAN

Harder

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

St. Joe Mo.

Date of Death

3-29-47

Cause of Death

Coronary

Contributory

Duration

1 day

Autopsy

Sex

M

Color or Race

W

Single

Married

✓

Widowed

Divorced

Child

Date of Birth

Nov. 4, 1881

Age, Years

65

Months

4

Days

27

Occupation

Druggist

How Long at Place of Death

Life

Birthplace—City or County

Troy

State or Country

Kan.

Name of Father

Daniel Sinclair

Birthplace of Father

Adrian Mich.

Maiden Name of Mother

Sarah Holloway

Birthplace of Mother

Adrian Mich.

Signed

Fuson

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 Randall, James W. Charge to Floyd & Elgie Account No. 12
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church ☒ Date 4-2-47 Hour 2:00 PM Annual No. _____
 Clergyman Robt Biggs Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
Place of Burial	Casket and Services.....	387 00	4-4-47	By Cash Mr. Randall	522 20
Cemetery	Embalming.....				
Grave No.	Outer Case or Vault..... Concrete	100 00			
Lot No.	Washing and Dressing.....				
Block No.	Shaving.....				
Section	Slumber Robe.....				
Pall Bearers	Suit or Dress.....	28 00			
	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					
	SALES TAX	7 20			
To Funeral Complete		522 20			522 20

Amount

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

Singers

Insurance Policies

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 St Joe

Date of Death 4-10-47

Cause of Death Peritonitis Contributory _____

Duration 8 days Autopsy _____

Sex M Color or Race W

Single _____ Married ☒ Widowed _____ Divorced _____ Child _____

Date of Birth 7/28/66 Age, Years 80 Months 8 Days 12

Occupation Farmer

How Long at Place of Death _____

Birthplace—City or County Belgium 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.

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* 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

REMARKS:

Place of Death Tracy Kan.

Date of Death 5-8-47

Cause of Death Coronary Contributory _____

Duration _____ Autopsy _____

Sex M Color or Race W

Single _____ Married ✓ Widowed _____ Divorced _____ Child _____

Date of Birth Feb 17, 1880 Age, Years 67 Months 2 Days 21

Occupation _____

How Long at Place of Death 25 yrs.

Birthplace—City or County Don. State or Country Kan.

Name of Father Zepaniah Hays

Birthplace of Father Wathena

Maiden Name of Mother Addie Little

Birthplace of Mother La

Signed Conger M.D. _____ Coroner _____

Address Wathena 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 Hutchison, Ida A. Charge to W. J. Hutchison Account No. 76
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church ✓ Quinemo Date 5-21-47 Hour 2:00 P.M. 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	387 00	5-31-47		232 14
	Embalming		10-1-47		25 00
	Outer Case or Vault <u>Rox</u>	15 00	11-25-47		25 00
	Washing and Dressing		1-26-48		25 00
	Shaving		3-3-48		25 00
	Slumber Robe		5/8/48		25 00
	Suit or Dress		10/9/48		25 00
	Other Articles of Clothing		3/5/49		25 00
	Transferring Body		4/7/49		25 00
	Door Badge				
	Opening Grave	64 15 00			
	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				
	SALES TAX	5 14			
	To Funeral Complete	417 14			432 14

432 14

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 *Troy, Kans.*

Date of Death *5/19/47*

Cause of Death _____ Contributory _____

Duration _____ Autopsy _____

Sex *F.* Color or Race *W*

Single _____ Married _____ Widowed ☒ Divorced _____ Child _____

Date of Birth *Apr 7, 1866* Age, Years *81* Months *1* Days *12*

Occupation _____

How Long at Place of Death *3 yrs.*

Birthplace—City or County _____ State or Country *Ky.*

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 FOWLER, MRS CHAS Charge to CHAS. FOWLER Account No. 77
Ordered by _____ Guaranteed by _____ Serial No. 18
Funeral at _____ Residence _____ Mortuary ☒ Church _____ Date 5-25-47 Hour 2:00 P.M. Annual No. _____
Clergyman Biddle Lodge Affiliations _____ Body Shipped to or from _____

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	50.00	5-27-47 By Cash Chk.		38.00
	Embalming.....		7-2-47 " 17.00		22.20
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slimmer 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.....				
	SALES TAX.....				
	To Funeral Complete.....	60.20			60.20

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 _____ Place of Death _____

Casket No. _____ Style _____ Date of Death _____

Interior _____ Covering _____ Cause of Death _____ Contributory _____

Manufacturer _____ Duration _____ Autopsy _____

Total Net Cost of Casket _____ Sex _____ Color or Race _____

Outer Case _____ Single _____ Married _____ Widowed _____ Divorced _____ Child _____

Vault _____ Date of Birth _____ Age, Years _____ Months _____ Days _____

Embalming _____ Occupation _____

Clothing _____ How Long at Place of Death _____

Birthplace—City or County _____ State or Country _____

Name of Father _____

Birthplace of Father _____

Maiden Name of Mother _____

Birthplace of Mother _____

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 Chapple, Verna B Charge to Ethel Mae + Alma Account No. 78
Ordered by _____ Guaranteed by _____ Serial No. 19
Funeral at _____ Residence _____ Mortuary _____ Church ☒ Date 6-20-47 Hour 2:00 Annual No. _____
Clergyman Harder Lodge Affiliations _____ Body Shipped to or from _____

[illegible]

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 Troy, Kansas

Date of Death 6-18-47

Cause of Death Coronary Contributory _____

Duration _____ Autopsy _____

Sex M Color or Race W

Single _____ Married ☒ Widowed _____ Divorced _____ Child _____

Date of Birth Nov. 13, 1889 Age, Years 57 Months 7 Days 5

Occupation _____

How Long at Place of Death Life

Birthplace—City or County St. Joe State or Country _____

Name of Father James H. Padon

Birthplace of Father Penn.

Maiden Name of Mother Susy Cogdill

Birthplace of Mother Ind.

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 _____

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

Funeral of Cluck, Samuel Charge to Mrs. Account No. 79
 Ordered by _____ Guaranteed by _____ Serial No. 20
 Funeral at _____ Residence _____ Mortuary _____ Church ☒ Date 6-20-47 Hour 2:00 Annual No. _____
 Clergyman Wm. Tuohy Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

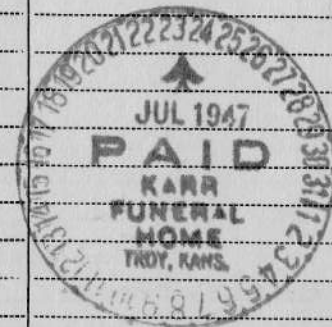
Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	387 00	7-23-47		446 56
	Embalming.....				
	Outer Case or Vault..... <u>Box</u>	15 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <u>Suit</u>	25 00			
	Other Articles of Clothing.....	1 84			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	12 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	5 72			
	To Funeral Complete	446 56			446 56



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

Funeral of Chaney, Geo S (Cabr) Charge to Geo Chaney Account No. 80
 Ordered by..... Guaranteed by..... Serial No. 21
 Funeral at..... Residence..... Mortuary..... Church..... Date..... Hour..... Annual No.....
 Clergyman..... Lodge Affiliations..... Body Shipped to or from.....

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

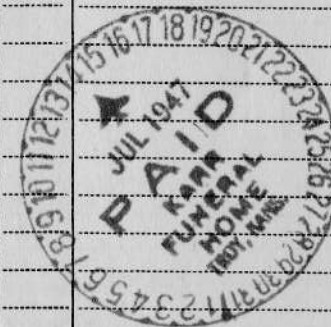
Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	35 00	7/14/47	By Cash	35 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		35 00			35 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 _____

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.

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

Funeral of Bartlett, Margaret Charge to Estate Account No. 82
 Ordered by _____ Guaranteed by _____ Serial No. 23
 Funeral at _____ Residence _____ Mortuary ✓ Church _____ Date 7/31/47 Hour 8:00 P.M. Annual No. _____
 Clergyman Lillibridge Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

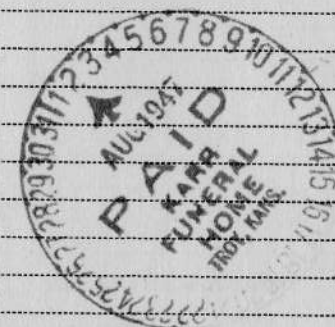
Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	310 00	8/2/47		353 92
	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.....	10 00			
	Clergyman.....				
	Singers.....				
	Casket Coach <u>to Mound City, Kan.</u>	30 00			
	Use of.....Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	3 92			
	To Funeral Complete	353 92			353 92



RESIDENCE

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

CREDITS

PERSONAL AND STATISTICAL

Beneficiary.

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Beneficiary 837 23122

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

Funeral of Dittmore Mary E Charge to County Account No. 83
 Ordered by _____ Guaranteed by _____ Serial No. 24
 Funeral at _____ Residence _____ Mortuary ☒ Church _____ Date 8-3-47 Hour 2:00 PM. Annual No. _____
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

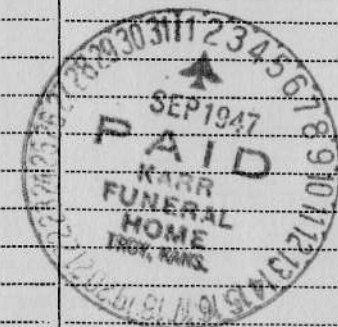
Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	100.00	9/2/47	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.....				
	SALES TAX				
	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 _____

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.

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

Singers

Insurance Policies

NAME OF DECEASED

Geo. W. Triplett

RESIDENCE

Troy Kans

FUNERAL AT

RESIDENCE

MORTUARY

CHURCH

DATE

8/10/47

HOUR

2:00

CLERGYMAN

Harper

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

Troy Kans

Date of Death

8/7/47

Cause of Death

Coronary

Contributory

Duration

Autopsy

Sex

M

Color or Race

W

Single

Married

Widowed

Divorced

Child

Date of Birth

9/26/1877

Age, Years

69

Months

10

Days

11

Occupation

Farmer

How Long at Place of Death

2 1/2

Birthplace—City or County

Troy

State or Country

Name of Father

Thomas Triplett

Birthplace of Father

Kans

Maiden Name of Mother

Matilda Akker

Birthplace of Mother

Ia.

Signed

C. Anderson

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 Fram, Lowe, Mary M. Charge to Clair Lowe Account No. 86
 Ordered by _____ Guaranteed by _____ Serial No. 26
 Funeral at _____ Residence _____ Mortuary ☒ Church _____ Date 8/19/47 Hour 10:00 Annual No. _____
 Clergyman Harder Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

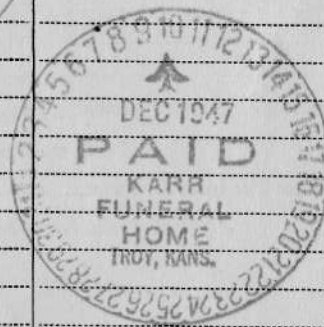
Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	138 00	9/6/47		35 00
	Embalming.....	35 00	12-10-47		181 90
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	12 00			
	Other Articles of Clothing.....				
	Transferring Body.....	30 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	1 90			
To Funeral Complete		181 90			216 90



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

Funeral of Wilson, Jay W Charge to Cemetery Account No. 87
 Ordered by _____ Guaranteed by _____ Serial No. 27
 Funeral at _____ Residence _____ Mortuary ☒ Church _____ Date 8/27/47 Hour 2:00 PM Annual No. _____
 Clergyman Biggs Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

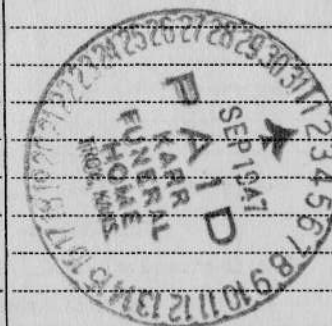
Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	100 00	9/2/47		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	No Tax			
	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 _____

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.

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	387 00	8/29/47 By CB		405 92
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	14 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	4 92			
To Funeral Complete		405 92			405 92

Insurance Policies

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 Highland Co.

Date of Death 8/25/47

Cause of Death _____

Contributory _____

Duration _____

Autopsy _____

Sex F

Color or Race W

Single _____

Married _____

Widowed ✓

Divorced _____

Child _____

Date of Birth June 7, 1861

Age, Years 86

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 Duncan, Peggy J. (Pah) Charge to Paid Account No. 89
 Ordered by _____ Guaranteed by _____ Serial No. 29
 Funeral at _____ Residence ☒ Mortuary _____ Church _____ Date 8/28/47 Hour 2:00 P.M. Annual No. _____
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

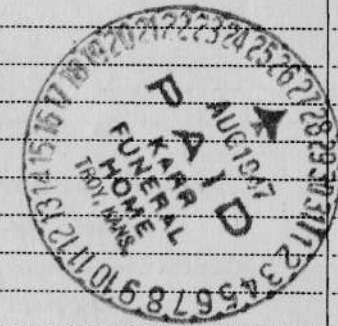
Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	37 50	8/29/47 By CK		37 95
	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	45			
	To Funeral Complete	37 95			37 95



Funeral of STAHL, RICHARD F Charge to MARY Account No. 90
 Ordered by _____ Guaranteed by _____ Serial No. 30
 Funeral at _____ Residence _____ Mortuary _____ Church ☒ Date 9-6-47 Hour 2:00 P. M. Annual No. _____
 Clergyman Gordon Goldsmith 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.....	429 00	10-6-47		150 00
	Embalming.....		11-7-47		50 00
	Outer Case or Vault..... <u>Box</u>	15 00	12-19-47		50 00
	Washing and Dressing.....		1-17-48		50 00
	Shaving.....		2-19-48		80 00
	Slumber Robe.....		3-8-48		79 65
	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.....				
	SALES TAX	5 65			
To Funeral Complete		459 65			459 65

NAME OF DECEASED

R. F. Stahl

RESIDENCE

FUNERAL AT

RESIDENCE

MORTUARY

CHURCH ☒

DATE

2-10-47

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

Duration

Sex

Color or Race

Single

Married ☒

Widowed

Divorced

Child

Date of Birth

Nov. 6, 1889

Age, Years

57

Months

9

Days

27

Occupation

How Long at Place of Death

1928

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.

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services.....	387 00	9/10/47	By Cash		227 85
	Embalming.....		10/14/47	" "		125 00
	Outer Case or Vault..... Box	15 00	11-17-47	" "		75 00
	Washing and Dressing.....					
	Shaving.....					
	Slumber Robe.....					
	Suit or Dress..... Dress	20 50				
	Other Articles of Clothing.....					
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....					
	Newspaper Notices.....			Mrs. Bertha Watkins		
	Telegrams and Telephone Calls.....			521 N. 11 th		
	Use of doz. Chairs.....					
	Flowers.....					
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	SALES TAX	5 35				
	To Funeral Complete	427 85				427 85

NAME OF DECEASED

RESIDENCE

Robinson Kan

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE

9/7/47

HOUR

3:00

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

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

Place of Death

Robinson Kan.

Date of Death

9/4/47

Cause of Death

Coronary

Contributory

Duration

Autopsy

Sex

F

Color or Race

W

Single

Married

Widowed

✓

Divorced

Child

Date of Birth

Age, Years

Months

Days

Occupation

How Long at Place of Death

7 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

Carter

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 11- Norma Katherine Charge to _____ Account No. 92
Ordered by _____ Guaranteed by _____ Serial No. 3
Funeral at _____ Residence _____ Mortuary _____ Church ✓ Date 10/30/47 Hour 9:30 A.M. Annual No. _____
Clergyman Rev. Salmer Lodge Affiliations _____ Body Shipped to or from _____

Insurance Policies

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services.....		11-1-47	Cash		59.62
	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.....	3.50				
	Use of.....doz. Chairs.....					
	Flowers.....	6.00				
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of.....Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....	50.00				
	Sales Tax	1.2				
	To Funeral Complete	59.62				59.62

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.

Funeral of Jenkins, Joseph Charge to Don Co. Account No. 93
Ordered by _____ Guaranteed by _____ Serial No. 33
Funeral at _____ Residence _____ Mortuary ☒ Church _____ Date 11-22-47 Hour 10:00 AM. Annual No. _____
Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

	Date	Description of Service	Amount	Date	V	Credits
Place of Burial		Casket and Services.....	100 00	1-8-48	By ck	100 00
Cemetery		Embalming.....				
Grave No.		Outer Case or Vault.....				
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.....				
		Clergyman.....				
		Singers.....				
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

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 Corf, Anna M Charge to Len Corf Account No. 94
 Ordered by _____ Guaranteed by _____ Serial No. 34
 Funeral at _____ Residence _____ Mortuary _____ Church ✓ Date 11-22-47 Hour 2:00 P.M. 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.....	436.00	11-25-47	By CB	175.00
	Embalming.....	110.00	11-25-47	By Cash	25.00
	Outer Case or Vault..... <u>Concrete</u>		11-25-47	By Cash	300.00
	Washing and Dressing.....		12-4-47	" " Len	103.85
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <u>Dress</u>	21.00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....	3.50			
	Use of doz. Chairs.....				
	Flowers.....	25.00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	8.35			
	To Funeral Complete	603.85			603.85

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.

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 Morris, W. H. Charge to Archie Morris Account No. 96
 Ordered by _____ Guaranteed by _____ Serial No. 36
 Funeral at _____ Residence _____ Mortuary ☒ Church _____ Date 11-27-47 Hour 10:00 A.M. Annual No. _____
 Clergyman Mr. 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.....		11-28-47		68 61
	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.....				
	Telegram and Telephone Calls.....	3 31			
	Use of _____ doz. Chairs.....				
	Flowers.....	15 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	50 00			
	SALES TAX.....	30			
	To Funeral Complete	68 61			68 61

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

Funeral of Simpson, Fred W. Charge to..... Account No. 97
 Ordered by..... Guaranteed by..... Serial No. 37
 Funeral at..... Residence..... Mortuary..... Church ☒ Date 12-5-47 Hour 2:00 P.M. Annual No.....
 Clergyman Twombly Lodge Affiliations..... Body Shipped to or from.....

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

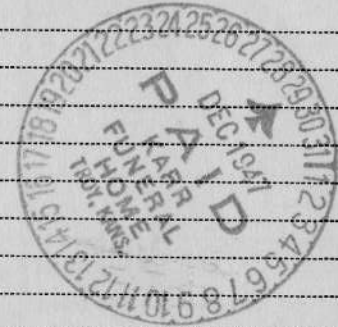
Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	346 00	By Ch 12-29-47		503 13
	Embalming.....				
	Outer Case or Vault..... <u>Concrete</u>	110 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	24 00			
	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	8 13			
	To Funeral Complete	503 13			503 13



NAME OF DECEASED Fred W. Simpson RESIDENCE Fanning Can
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 Mc MethodistDate of Death 12-3-47Cause of Death Diabetes

Contributory _____

Duration _____

Autopsy _____

Sex MColor or Race W

Single _____

Married ☒

Widowed _____

Divorced _____

Child _____

Date of Birth Apr 13, 1879Age, Years 64Months 7Days 20

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.

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

Singers

Insurance Policies

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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 Springfield Mo.

Date of Death 12-10-47

Cause of Death Diabetes

Contributory _____

Duration _____

Autopsy _____

Sex M

Color or Race W

Single _____

Married ✓

Widowed _____

Divorced _____

Child _____

Date of Birth Feb. 29, 1894

Age, Years 43

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 Springer, Geo Charge to _____ Account No. 39 99
 Ordered by _____ Guaranteed by _____ Serial No. 39
 Funeral at _____ Residence _____ Mortuary _____ Church ✓ Date 12-13-47 Hour 2:00 Annual No. _____
 Clergyman Max ers Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
Place of Burial	Casket and Services.....		12-13-47 By CB		137 70
Cemetery	Embalming.....	120 00			
Grave No.	Outer Case or Vault.....				
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.....	15 00			
	Flowers.....				
	Clergyman.....				
	Singers.....				
Singers	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
Insurance Policies					
	SALES TAX	2 70			
	To Funeral Complete	197 70			137 70

[illegible]

PERSONAL AND STATISTICAL

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

In Charge of.

Amount

Insured in...

Beneficiary.

Source of Call.

In Charge of.

Signed.

Birthplace of Mother.

Maiden Name of Mother.

Birthplace of Father.

Name of Father

Birthplace—City or County.

How Long at Place of Death.

Occupation.

Single_____Married_____

Sex.

Duration

Cause of Death

Date of Death.

Place of Death.

PERSONAL AND STATISTICAL

Funeral of Laroff, Clara Bell Charge to Est Account No. 100
 Ordered by..... Guaranteed by..... Serial No. 40
 Funeral at..... Residence..... Mortuary..... Church ✓ Date 12-19-47 Hour 2:00 P.M. Annual No.....
 Clergyman B. 19.25 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.....	670 00	3-8-48		790 22
	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>Filed 1/19/48</u>				
	SALES TAX	10 22			
To Funeral Complete		790 22			790 22



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 12-17-47

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.

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	625 00	3/16/48		887 50
	Embalming.....				
	Outer Case or Vault.....	250 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	12 50			
	To Funeral Complete	887 50			887 50

NAME OF DECEASED Ezra J. Denton RESIDENCE Denton Kans.
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH ✓ DATE 1-4-48 HOUR 2:00 CLERGYMAN Maish
 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 Denton Kan.

Date of Death 1-1-48

Cause of Death _____

Contributory _____

Duration _____

Autopsy _____

Sex M

Color or Race W

Single _____

Married ✓

Widowed _____

Divorced _____

Child _____

Date of Birth Feb. 12, 1876

Age, Years _____

Months 71

Days 19

Occupation Ret Farmer

How Long at Place of Death Life

Birthplace—City or County _____

State or Country _____

Name of Father Salomon

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.

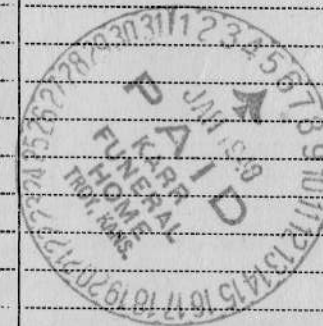
Funeral of Abel, Sarah Charge to _____ Account No. 102
 Ordered by _____ Guaranteed by _____ Serial No. 2
 Funeral at _____ Residence _____ Mortuary ☒ Church _____ Date 1-5-48 Hour 2:00 Annual No. _____
 Clergyman Reynolds Lodge Affiliations _____ Body Shipped to or from _____

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.....	310.00	1-6-48	By CB	362.32
	Embalming.....	15.00			
	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.....	15.00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX.....	4.32			
To Funeral Complete		362.32			362.32



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:

* 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 _____

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 _____

Funeral of James A. Campbell Charge to _____ Account No. 103
 Ordered by _____ Guaranteed by _____ Serial No. 3
 Funeral at _____ Residence _____ Mortuary ☒ Church _____ Date 2-14-48 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.....		<u>1-14-48</u>	<u>By CB.</u>	<u>208 10</u>
	Embalming.....				
	Outer Case or Vault <u>Steel</u>	<u>135 00</u>			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	<u>20 00</u>			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	<u>50 00</u>			
				
				
				
	SALES TAX.....	<u>2 10</u>			
	To Funeral Complete	<u>208 10</u>			<u>208 10</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.

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

Singers

Insurance Policies

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THE BARNES-ROSS CO., INDIANAPOLIS

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 Tracy

Date of Death 1-13-48

Cause of Death _____

Contributory _____

Duration _____

Autopsy _____

Sex M

Color or Race W

Single _____

Married _____

Widowed -

Divorced _____

Child _____

Date of Birth _____

Age, Years 83

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 Gillenwater, Anna E. Charge to John L. Gillenwater Account No. 105
 Ordered by _____ Guaranteed by _____ Serial No. 5
 Funeral at _____ Residence _____ Mortuary _____ Church ☒ Date 2-3-48 Hour 2:00 Annual No. _____
 Clergyman Kinder Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

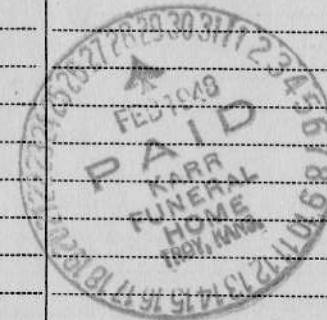
Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	408 00	2-28-48		473 40
	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.....	10 00			
	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>Cemetery Lot</u>	25 00			
	SALES TAX	5 40			
	To Funeral Complete	473 40			473 40



RESIDENCE

SINGERS		LODGE AFFILIATIONS
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
100	101	102
103	104	105
106	107	108
109	110	111
112	113	114
115	116	117
118	119	120
121	122	123
124	125	126
127	128	129
130	131	132
133	134	135
136	137	138
139	140	141
142	143	144
145	146	147
148	149	150
151	152	153
154	155	156
157	158	159
160	161	162
163	164	165
166	167	168
169	170	171
172	173	174
175	176	177
178	179	180
181	182	183
184	185	186
187	188	189
190	191	192
193	194	195
196	197	198
199	200	201
202	203	204
205	206	207
208	209	210
211	212	213
214	215	216
217	218	219
220	221	222
223	224	225
226	227	228
229	230	231
232	233	234
235	236	237
238	239	240
241	242	243
244	245	246
247	248	249
250	251	252
253	254	255
256	257	258
259	260	261
262	263	264
265	266	267
268	269	270
271	272	273
274	275	276
277	278	279
280	281	282
283	284	285
286	287	288
289	290	291
292	293	294
295	296	297
298	299	300
301	302	303
304	305	306
307	308	309
310	311	312
313	314	315
316	317	318
319	320	321
322	323	324
325	326	327
328	329	330
331	332	333
334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366
367</		

CREDITS

PERSONAL AND STATISTICAL

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 Etherton, Ellen Charge to _____ Account No. 106
 Ordered by _____ Guaranteed by _____ Serial No. 6
 Funeral at _____ Residence _____ Mortuary _____ Church ☒ Date 2-8-48 Hour 2:00 P.M. Annual No. _____
 Clergyman McKaughey Lodge Affiliations _____ Body Shipped to or from _____

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services.....	408 00	2-6-48	Ry. Ch.		463 39
	Embalming.....					
	Outer Case or Vault..... Box	15 00				
	Washing and Dressing.....					
	Shaving.....					
	Slumber Robe.....					
	Suit or Dress.....	20 50				
	Other Articles of Clothing.....					
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....					
	Newspaper Notices.....					
	Telegrams and Telephone Calls.....					
	Use of..... doz. Chairs					
	Flowers.....	14 00				
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of..... Funeral Cars					
	Use of Flower Cars.....					
	Professional Supervision.....					
	SALES TAX	5 89				
	To Funeral Complete	463 39				463 39

NAME OF DECEASED _____ RESIDENCE _____

FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH ☒ DATE 2/8/48 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 Tracy

Date of Death 2/6/48

Cause of Death _____

Contributory _____

Duration 7

Autopsy _____

Sex W

Color or Race W

Single _____

Married _____

Widowed ☒

Divorced _____

Child _____

Date of Birth 6-30-1851

Age, Years 86

Months 6

Days 6

Occupation _____

How Long at Place of Death Life

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 Utster, Thomas B Charge to Harold Utster Account No. 107
 Ordered by..... Guaranteed by..... Serial No. 7
 Funeral at..... Residence..... Mortuary ☒ Church..... Date 2-9-48 Hour 2:00 Annual No.....
 Clergyman Twombly Lodge Affiliations..... Body Shipped to or from.....

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

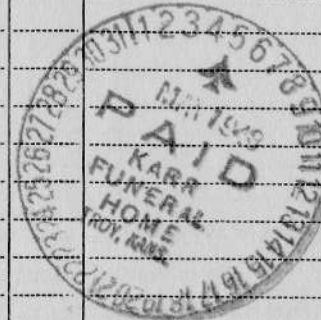
Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	35 00			
	Embalming.....		5/5/48		20 00
	Outer Case or Vault.....				20 50
	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	52			
	To Funeral Complete	40 52			40 52



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

Funeral of Hale, Wm H Charge to _____ Account No. 108
Ordered by _____ Guaranteed by _____ Serial No. 8
Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 2-11-48 Hour _____ Annual No. _____
Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
Place of Burial	Casket and Services.....	35.00	2/12/48		35.00
Cemetery	Embalming.....				
Grave No.	Outer Case or Vault.....				
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.....				
	Clergyman.....				
	Singers.....				
Singers	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
Insurance Policies				
				
				
				
	SALES TAX				
	To Funeral Complete	35.00			35.00

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:

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 Miller, James A. Charge to Doniphan Co Account No. 109
Ordered by _____ Guaranteed by _____ Serial No. 9
Funeral at _____ Residence _____ Mortuary ☒ Church _____ Date 2-16-48 Hour 2:00 P.M. Annual No. _____
Clergyman M E Kaughan Lodge Affiliations _____ Body Shipped to or from _____

[illegible]

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>Topeka Kans.</u>
Casket No. _____ Style _____			Date of Death <u>2-14-48</u>
Interior _____ Covering _____			Cause of Death <u>Exhaustion</u> 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 <u>✓</u> Divorced _____ Child _____
Vault _____			Date of Birth _____ Age, Years <u>77</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>1 yr.</u>
			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			
Net Profit Apparent			

REMARKS:

Source of Call _____

Insured in _____ Amount _____

Beneficiary _____

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

NAME OF DECEASED Ben F. Thomas RESIDENCE Fanning Kans.
 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 Fanning Kans

Date of Death 3-5-48

Cause of Death _____

Contributory _____

Duration _____

Autopsy _____

Sex M

Color or Race W

Single _____

Married ✓

Widowed _____

Divorced _____

Child _____

Date of Birth May 16, 1856

Age, Years 91

Months 9

Days 19

Occupation Retired Farmer

How Long at Place of Death 85 years

Birthplace—City or County Fanning

State or Country Ky

Name of Father B. F. Thomas

Birthplace of Father Ky

Maiden Name of Mother Unknown

Birthplace of Mother _____

Signed G. E. Parson M.D.

Coroner _____

Address _____

Date 3/7/48

Interment at W. A. Altine

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 Long, Stephen D Charge to Account No. 111
 Ordered by Guaranteed by Serial No. 11
 Funeral at Residence Mortuary Church ✓ Date 3-25-48 Hour 2:00 Annual No.
 Clergyman T. Murphy Lodge Affiliations Body Shipped to or from

[illegible]

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.