|                    | Funeral of HUSS, Stephan Le Ro<br>Ordered by | Guarante | ed by |        | Seri              | al No  | 4    |      |  |  |
|--------------------|--|----------|-------|--------|-------------------|--------|------|------|--|--|
|                    | Funeral at Residence Mortuary Ch             |          |       |        |                   |        |      |      |  |  |
|                    | Clergyman Salmo 17 Lodge Affil               |          |       |        | Body Shipped to o | r from |      |      |  |  |
|                    | Date Description of Service                  | Amor     |       | Date   |                   | V      | Cred | lits |  |  |
| Place of Burial    | Casket and Services                          | 25       | 00    | 3/1/50 | J. Hum ch         |        | 50   | 00   |  |  |
| Cemetery           | Embalming                                    |          |       | 1/26/5 | 1 1, 1            |        | 49   | 07   |  |  |
| Grave No.          | Outer Case or Vault Wilbert                  | 70       | 00    |        |                   |        |      |      |  |  |
| Grave No.          | Washing and Dressing                         |          |       |        |                   |        |      |      |  |  |
| Lot No.            | Shaving                                      |          |       |        |                   |        |      |      |  |  |
| Block No.          | Slumber Robe                                 |          |       |        |                   |        |      |      |  |  |
| DIOCK 140.         | Suit or Dress                                |          |       |        |                   |        |      |      |  |  |
| Section            | Other Articles of Clothing                   |          |       |        |                   |        |      |      |  |  |
| Pall Bearers       | Transferring Body                            |          |       |        |                   |        |      |      |  |  |
|                    | Door Badge                                   |          |       |        |                   |        |      |      |  |  |
|                    | Opening Grave                                |          |       |        |                   |        |      |      |  |  |
|                    | Newspaper Notices                            |          |       |        |                   |        |      |      |  |  |
|                    | Telegrams and Telephone Calls                |          |       |        |                   |        |      |      |  |  |
|                    | Use ofdoz. Chairs                            |          |       |        | /619              |        |      |      |  |  |
|                    | Flowers                                      | 3        | 50    |        |                   |        |      |      |  |  |
|                    | Clergyman                                    |          |       |        |                   |        |      | 1    |  |  |
|                    | Singers                                      |          |       |        | 10- 2030 3        |        |      | -    |  |  |
| Singers            | Casket Coach                                 |          |       |        |                   |        |      |      |  |  |
|                    | Use of Funeral Cars                          |          |       |        |                   |        |      |      |  |  |
|                    | Use of Flower Cars                           |          |       |        |                   |        |      |      |  |  |
|                    | Professional Supervision                     |          |       |        | X\$.0667863       |        |      |      |  |  |
|                    |  |          |       |        |                   |        |      |      |  |  |
| Insurance Policies |  |          |       |        |                   |        |      |      |  |  |
|                    |  |          |       |        |                   |        |      |      |  |  |
|                    | Sales Tax                                    |          | 57    |        |                   |        |      | -    |  |  |
| DIANAPOLIS         |  |          |       |        |                   |        |      |      |  |  |
|                    |  | Cic      | P2    |        |                   |        | 000  | 100  |  |  |
|                    | To Funeral Complete                          | 199      | 0/    |        |                   |        | 99.  | 10/  |  |  |

Insura

| 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 Tray Kans.                  |
| Casket NoStyle                       |               | Date of Death 2/20/50                      |
| Interior Covering                    |               | Cause of Death Contributory                |
| Manufacturer DEBITS                  |               | DurationAutopsy                            |
| Total Net Cost of Casket             |               | Sex M Color or Race W                      |
| Outer Case                           |               | Single Married Widowed Divorced Child      |
| Vault                                |               | Date of Birth Age, Years / Months / 6 Days |
| Embalming                            |               |  |
| Clothing                             |               | Occupation                                 |
|                                      | A 150 - 150 - | How Long at Place of Death                 |
|                                      | a Baco lin    | Birthplace—City or CountyState or Country  |
|                                      |               | Name of Father adams Huse S.               |
|                                      |               | Birthplace of Father 2009                  |
| Total Cash Advances                  |               | Maiden Name of Mother                      |
|                                      |               | Birthplace of Mother                       |
|                                      |               | Signed Brad And M.D. Con                   |
|                                      |               |  |
|                                      |               | 20/10/1                                    |
|                                      |               | Interment at M. Clare                      |
|                                      |               | Lot or Grave No. Section No.               |
|                                      |               | Shipped to Arrived from                    |
|                                      |               | Via R. R. Date                             |
| Total Net Cost of Funeral            |               | In Charge of                               |
| Gross Profit on Funeral              |               |  |
|                                      |               |  |
| *Less Overhead Per Funeral           |               | Source of Call                             |
| Net Profit Apparent                  |               |  |
| Remarks:                             |               | Insured in Amount                          |
|                                      |               |  |
|                                      | 3             | Beneficiary                                |

|                    | Funeral of M <sup>S</sup> Nemee, J. L.  Ordered by |  |     |          |                    |      |       |         |  |  |  |  |
|--------------------|--|--|-----|----------|--------------------|------|-------|---------|--|--|--|--|
|                    | Funeral atResidenceMortuary                        | ourch Date 2/24/50 Hour 3:00 P.M. Annual No. |     |          |                    |      |       |         |  |  |  |  |
|                    | ClergymanLodge Affiliatio                          | ns   |     |          | Body Shipped to or | from |       |         |  |  |  |  |
|                    | Date Description of Service                        | Amo  | unt | Date     |                    | V    | Credi | its     |  |  |  |  |
| . Place of Burial  | Casket and Services                                |  |     | 3/1/50   | By Cf V. Frakes    |      | 65    | 5-8     |  |  |  |  |
| Cemetery           | Embalming  |  |     |          |                    |      |       |         |  |  |  |  |
| Grave No.          | Outer Case or Vault                                |  |     |          |                    |      |       |         |  |  |  |  |
|                    | Washing and Dressing                               |  |     | ļ        |                    |      |       |         |  |  |  |  |
| Lot No.            | Shaving  | ***************************************      |     | <b> </b> |                    |      |       |         |  |  |  |  |
| Block No.          | Slumber Robe                                       |  |     | ļ        |                    |      |       | <b></b> |  |  |  |  |
| Section            | Suit or Dress                                      |  |     | ļ        |                    |      |       |         |  |  |  |  |
|                    | Other Articles of Clothing                         |  |     |          |                    |      |       |         |  |  |  |  |
| Pall Bearers       | Transferring Body                                  |  |     | <b> </b> |                    | -    |       |         |  |  |  |  |
|                    | Door Badge   |  |     |          |                    |      |       |         |  |  |  |  |
|                    | Newspaper Notices                                  |  |     |          |                    | -    |       |         |  |  |  |  |
|                    | Telegrams and Telephone Calls                      |  |     |          |                    |      |       |         |  |  |  |  |
|                    | Use ofdoz. Chairs                                  |  |     |          |                    |      |       |         |  |  |  |  |
|                    | Flowers  | 16   | 00  |          |                    |      |       |         |  |  |  |  |
|                    | Clergyman  |  |     |          |                    |      |       |         |  |  |  |  |
|                    | Singers  |  |     |          |                    |      |       |         |  |  |  |  |
| Singers            | Casket Coach                                       |  |     | ļ        |                    |      |       |         |  |  |  |  |
|                    | Use of Funeral Cars                                |  |     | ļ        |                    |      |       |         |  |  |  |  |
|                    | Use of Flower Cars                                 | ·  |     | ļ        |                    |      |       |         |  |  |  |  |
|                    | Professional Supervision                           | 20   | 00  |          |                    |      |       |         |  |  |  |  |
| Insurance Policies | Tel to Cal   | 5  | 38  |          |                    |      |       | ļ       |  |  |  |  |
|                    |  |  |     |          |                    | -    |       |         |  |  |  |  |
|                    | 5ales Tax  |  | 20  |          |                    |      |       |         |  |  |  |  |
| NAPOLIS            |  |  |     |          |                    |      |       |         |  |  |  |  |
|                    |  | 1 ,  | 58  |          |                    | 1 1  |       | 1       |  |  |  |  |

| FUNERAL AT RESIDENCE MORTUARY CHURCH    | <u> </u>   | DATE HOUR CLERGYMAN                                  |
|---|------------|--|
| Singers                                 |            | Lodge Appiliations                                   |
| REVENUE ITEMS AND THEIR COST            |            | CREDITS PERSONAL AND STATISTICAL                     |
| Charge for Complete Funeral             |            | Place of Death Chicago III.                          |
| Casket No. Style                        |            | Date of Death 2/21/50                                |
| Interior Covering 5                     |            | Cause of Death Contributory.                         |
| Manufacturer                            | DEBITS     | DurationAutopsy                                      |
| Total Net Cost of Casket                |            | Sex Color or Race (4)                                |
| Outer Case                              |            |  |
| Vault                                   |            | Single Married Widowed Divorced Child                |
| Embalming.                              |            | Date of Birth 1/4/1/893 Age, Years 56 Months // Days |
| Clothing                                |            | Occupation.  |
| Ciotining                               |            | How Long at Place of Death                           |
|   |            | Birthplace—City or CountyState or Country            |
|   |            | Name of Father cl. L. MENenee                        |
|   |            |  |
|   |            | Birthplace of Father                                 |
| Total Cash Advances                     |            | Maiden Name of Mother                                |
|   |            | Birthplace of Mother                                 |
|   |            | Signed M.D. C  |
|   |            | Address Date   |
|   |            | Interment at M1.01.00                                |
| *************************************** |            | 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 A                            | pparent    | Source of Call.                                      |
| REMARKS:                                |            |  |
|   |            | Insured in Amount                                    |
|   | 4          | Beneficiary  |
|   |            |  |

.

| /                                  | Funeral of Mayer, Berts Ordered by       | Guarante   | eed by |       |     | Seri              | al No  | 6             |           |
|------------------------------------|--|--|--------|-------|-----|-------------------|--------|---------------|-----------|
|                                    | Funeral at Residence Mortuary Cl         | hurch V Da   | te_3   | -3-   | 50  | Hour 2:00 Ann     | ual No | ************* | ********* |
|                                    | Clergyman Fra Quiner Lodge Affil         | liations   |        |       |     | Body Shipped to o | r from |               |           |
|                                    | Date Description of Service              | Amo  | unt    | Da    | ite |                   | V      | Cred          | its       |
| Place of Burial M7. Olive Cemetery | Casket and Services                      |  | 00     | 3/8/5 | ta. | ly CL             |        | 458           | 75        |
| Grave No.                          | Outer Case or Vault                      | 20   | 00     |       |     |                   |        |               |           |
| Lot No.                            | ShavingSlumber Robe                      | The state of the s |        |       |     |                   |        |               |           |
| Section                            | Suit or Dress Other Articles of Clothing |  | 50     |       |     | -                 |        |               |           |
| Pall Bearers<br>Gus Ruhnke         | Transferring Body  Door Badge            |  |        |       |     |                   |        |               |           |
|                                    | Opening Grave                            |  |        |       |     |                   |        |               |           |
|                                    | Telegrams and Telephone Calls            |  |        |       |     | 7/10              |        |               |           |
|                                    | Flowers                                  |  | 00     |       |     |                   |        |               |           |
| Singers                            | Singers                                  |  |        |       |     |                   |        |               |           |
|                                    | Use of Flower Cars                       |  |        |       | -   | -                 |        |               |           |
| Insurance Policies                 |  |  |        |       |     | -                 |        |               |           |
|                                    | Sales Ta                                 | <del>4</del> 6   | 25     | ļ     |     | -                 |        |               |           |
| APOLIS                             |  |  |        |       |     |                   |        |               |           |
|                                    | To Funeral Complete                      | 458  | 175    |       | 1   |                   | 1      | 458           | 75        |

| Name of Deceased   |            | 14/4/2012 | RESIDENCE   |
|--|------------|-----------|---|
| FUNERAL AT RESIDENCE MORTUARY CHURCH   |            | DATE      | HOUR CLERGYMAN  |
| Singers  |            |           | LODGE APPILIATIONS                                    |
|  |            |           |   |
| REVENUE ITEMS AND THEIR COST   |            | CREDITS   | PERSONAL AND STATISTICAL                              |
| Charge for Complete Funeral  |            |           | Place of Death Osawatomie                             |
| Casket No. 710 Style Standing Pa   | 26/        |           | Date of Death 3-5-50                                  |
|  |            |           | Cause of Death Encephal tis Contributory              |
| Interior Covering  Manufacturer RX   | DEBITS     |           | DurationAutopsy                                       |
| Total Net Cost of Casket   |            |           | Sex 7 Color or Race W                                 |
| Outer Case   | 3400       |           |   |
| Vault  |            |           | Single Married Widowed Divorced Child                 |
| Embalming  |            |           | Date of Birth /- 14- 190) Age, Years 43 Months / Days |
| Clothing   |            | 1,514,514 | Occupation  |
| /// / / / / / / / / / / / / / / / / /  |            |           | How Long at Place of Death                            |
|  |            |           | Birthplace—City or CountyState or Country             |
| Ole Maria de la companio de la comp |            |           | Name of Father Beniman                                |
|  |            |           | Birthplace of Father Berthe Wollnick                  |
| B. 10 . 4.   |            |           |   |
| Total Cash Advances  |            |           | Maiden Name of Mother                                 |
|  |            |           | Birthplace of Mother                                  |
|  |            |           | Signed M.D. Co  |
|  |            |           | Address Date  |
|  |            |           | Interment at MT. 0/10 e                               |
|  |            |           | Lot or Grave No. Section No.                          |
|  |            |           | Shipped to  |
|  |            |           | Arrived from.   |
|  |            |           | Via R.R. Date   |
| Total Net Cost of Funeral  |            |           | In Charge of  |
| Gross Profit of  | on Funeral |           |   |
| *Less Overhead Per Funeral   |            |           | Source of Call  |
| Net Profit A   | pparent    |           | Source of Can   |
| REMARKS:   |            |           | Insured in Amount                                     |
|  |            |           | Beneficiary   |
|  |            |           | Beneficiary   |
|  |            |           |   |

|                    | Funeral ofe Smith, James H  Ordered by  Funeral at Residence Mortuary Chur | Guarant | eed by |          |     | Ser                 | ial No  | 7    |      |
|--------------------|--|---------|--------|----------|-----|---------------------|---------|------|------|
|                    |  |         |        |          |     |                     |         |      |      |
|                    | Clergyman Lodge Affilia  |         |        |          |     | Body Shipped to o   | or from |      |      |
|                    | Date Description of Service  | Amo     | unt    | D        | ate |                     | V       | Cred | lits |
| . Place of Burial  | Casket and Services  | 506     | 00     | 3/3/5    | 7   | Cal                 |         | 15   | 130  |
| Cemetery           | Embalming  |         |        | 6/10     | 150 | Ef                  |         | 586  | 00   |
| C N-               | Outer Case or Vault Concrete Box   | 33      | 00     |          |     | -                   |         | 570  | 05   |
| Grave No.          | Washing and Dressing   |         |        |          |     |                     |         | 15   | 00   |
| Lot No.            | Shaving  |         |        |          |     |                     |         |      |      |
| Block No.          | Slumber Robe   |         |        |          |     |                     |         |      |      |
|                    | Suit or Dress  |         |        |          |     |                     |         |      |      |
| Section            | Other Articles of Clothing   | 4       | 00     |          |     |                     |         |      |      |
| Pall Bearers       | Transferring Body  |         |        | ļ        |     |                     |         |      |      |
|                    | Door Badge   | _       |        | ļ        |     |                     |         |      |      |
|                    | Opening Grave  |         | 00     |          |     |                     |         |      |      |
|                    | Newspaper Notices  |         |        |          |     |                     |         |      |      |
|                    | Telegrams and Telephone Calls  |         |        |          |     | 4                   |         |      |      |
|                    | Use ofdoz. Chairs  |         |        |          |     |                     |         |      |      |
|                    | Flowers  | 15      | 00     |          |     | 55618910            |         |      |      |
|                    | Clergyman  |         |        | ļ        |     | (5)                 |         |      |      |
|                    | Singers  |         |        |          | 1   | DOWN CA             |         |      |      |
| Singers            | Casket Coach   |         |        |          | 5   | F F 1 5             |         |      |      |
|                    | Use of Funeral Cars  |         |        | ļ        | 10  | NERD O              |         |      |      |
|                    | Use of Flower Cars   |         |        | ļ        |     | - moverial SI       |         |      |      |
|                    | Professional Supervision   |         |        |          |     | See The State of St |         |      |      |
|                    |  |         |        |          |     | ASSESSES 1          |         |      |      |
| Insurance Policies |  |         |        | ļ        |     |                     |         |      |      |
|                    |  |         |        |          |     |                     |         |      |      |
|                    |  |         | -      | <b> </b> | -   |                     |         |      |      |
| IAPOLIS            | Sales Tox  |         | 35     | 1        |     |                     |         |      |      |
|                    |  |         |        |          |     |                     |         |      |      |

| Name of Deceased.  | 100                        |                | -                 | 40,00 | RESIDENCE   |
|--|----------------------------|----------------|-------------------|-------|---|
| FUNERAL AT RESIDENCE MORTUARY CHURCH   |                            |                | 1                 | DATE  | Hour Clergyman  |
| Singers  |                            |                | 1 M. S.           | ter H | LODGE APPILIATIONS.   |
| REVENUE ITEMS AND THEIR COST   |                            | 100            | CRED              | ITS   | PERSONAL AND STATISTICAL  |
| Charge for Complete Funeral  Casket No. 990 Style  Interior Covering BF Broade/  Manufacturer RF.  Total Net Cost of Casket  Outer Case  Vault  Embalming  Clothing  Flow er 5 | 0 #4<br>DESIT<br>109<br>15 | 50<br>00<br>98 | 600               | 35    | Place of Death Date of Death Cause of Death Cause of Death Contributory Duration Sex Color or Race Single Married Widowed Divorced Child Date of Birth St. 8, 185 8 Age, Years Occupation How Long at Place of Death Birthplace—City or County Name of Father |
| Total Cash Advances Frave  | 15<br>7                    |                |                   |       | Birthplace of Father  Maiden Name of Mother  Birthplace of Mother  Signed M.D. Coro  Address Date  Interment at Management of Mother  Lot or Grave No. Section No.  |
| Total Net Cost of Funeral  | 162                        | 58             |                   |       | Shipped to Arrived from   |
| Gross Profit  *Less Overhead Per Funeral  Net Profit A   |                            | al             | 437<br>300<br>137 | 77    | Source of Call  |
| Remarks:   |                            |                |                   |       | Insured in Amount Beneficiary   |

THE RESERVE THE PROPERTY OF THE PARTY OF THE

|   |                    | Funeral of Hale, Martha E. Ordered by                              | Guarant | eed by |        | *************************************** | Serial No | 8     |     |
|---|--------------------|--|---------|--------|--------|---|-----------|-------|-----|
|   |                    | Funeral at Residence Mortuary Chu Clergyman Sirshner Lodge Affilia |         |        |        |   |           |       |     |
|   |                    | Date Description of Service  | Amo     | unt    | Date   |   | IV.       | Credi | its |
|   | . Place of Burial  | Casket and Services  | 200     | 00     | Bro 10 | A 2 3/30/5                              |           | 217   | 5   |
|   | Cemetery           | Embalming  |         |        | 0      |   |           | ~     |     |
|   | Grave No.          | Outer Case or Vault  |         |        |        |   |           |       |     |
|   | Lot No.            | Washing and Dressing   |         |        |        |   |           |       |     |
|   | Block No.          | Slumber Robe   |         |        |        |   |           |       |     |
|   | Section            | Suit or Dress  |         |        |        |   |           | -     |     |
|   | Pall Bearers       | Transferring Body  Door Badge                                      |         |        |        |   |           |       |     |
|   |                    | Opening Grave  | 10      | 00     |        |   |           |       |     |
|   |                    | Newspaper Notices  |         |        |        |   |           |       |     |
|   |                    | Telegrams and Telephone Calls                                      |         |        |        |   |           |       |     |
|   |                    | Use ofdoz. Chairs  |         |        |        | // X                                    |           |       |     |
|   |                    | Flowers  | 5       | 00     |        | 1 11 /\.                                |           |       |     |
|   |                    | Clergyman  |         |        |        |   |           |       |     |
|   |                    | Singers  |         |        |        | <u> </u>                                |           |       |     |
|   | Singers            | Casket Coach   |         |        |        |   |           |       |     |
|   |                    | Use of Funeral Cars  |         |        |        |   |           |       |     |
|   |                    | Use of Flower Cars   |         |        | 100    |   |           |       |     |
|   |                    | Professional Supervision   |         |        |        |   |           |       |     |
|   |                    |  |         |        |        |   |           |       |     |
|   | Insurance Policies |  |         |        |        | _                                       |           |       |     |
|   |                    | Sales Tax  | 2       | 50     |        |   |           |       |     |
| COPYRIGHT, 1930<br>THE BARNES-ROSS CO., I | NDIANAPOLIS        |  |         | V      |        |   |           |       |     |
|   |                    | To Funeral Complete  | 217     | 50     |        |   |           | 117   | 50  |

| FUNERAL AT RESIDENCE MORTUARY CHURCH    |            | DATE             | HOUR CLERGYMAN   |
|---|------------|------------------|--|
| FUNERAL AT RESIDENCE MORTUARY CHURCH    |            | DATE             | HOUR CLERGISMAN  |
| Singers                                 |            |                  | LODGE APPILIATIONS   |
|   |            | 1                |  |
| REVENUE ITEMS AND THEIR COST            |            | CREDITS          | PERSONAL AND STATISTICAL   |
| Charge for Complete Funeral             |            | y machine (seut) | Place of Death Mo. Meth whish  |
| Casket No. Style                        |            |                  | Date of Death 3/23/50  |
| Interior Covering                       |            |                  | Cause of Death Contributory  |
| Manufacturer.                           | DEBITS     |                  | DurationAutopsy  |
| Total Net Cost of Casket                |            |                  | 1  |
| Outer Case                              |            |                  | Sex Color or Race  |
| Vault                                   |            |                  | Single Married Widowed Divorced Child  |
| Embalming                               |            |                  | Date of Birth 4 1865 Age, Years 84 Months // Days  |
| Clothing                                |            |                  | Occupation   |
| Ciotung                                 |            |                  | How Long at Place of Death /2 Page.  |
|   |            |                  | Birthplace—City or County Detall State or Country Mo-  |
|   |            |                  | Name of Father   |
|   |            |                  | Birthplace of Father   |
|   |            |                  |  |
| Total Cash Advances                     |            |                  | Maiden Name of Mother  |
|   |            |                  | Birthplace of Mother   |
| *************************************** |            |                  | Signed Tacquee M.DCo   |
|   |            |                  | Address Date   |
|   |            |                  | Interment at M. Oliv   |
|   |            |                  | Lot or Grave No. Section No.   |
|   |            |                  | Shipped to   |
|   |            | I make a pass    | Arrived from   |
|   |            |                  | Via R. R. Date   |
| Total Net Cost of Funeral               |            |                  | In Charge of   |
| Gross Profit                            | on Funeral |                  | The state of the s |
| *Less Overhead Per Funeral              |            |                  | Source of Call   |
| Net Profit A                            | pparent    |                  | Source of Cair.  |
| REMARKS:                                |            |                  | Insured in Amount  |
|   |            |                  | Beneficiary  |
|   | 1          |                  | Dillinis   |

|                   | Funeral of Matheney, Pea<br>Ordered by | Guaran                                   | teed by | / /  |                       | Se   | erial No | <u> </u> |     |  |  |  |
|-------------------|--|--|---------|------|-----------------------|--|----------|----------|-----|--|--|--|
|                   | Funeral at Residence Mortuary          | Church Date 3/31/50 Hour 2:00 Annual No. |         |      |                       |  |          |          |     |  |  |  |
|                   | Clergyman LICCHAGE Lodge               | Affiliations                             |         |      |                       | Body Shipped to  | or from  |          |     |  |  |  |
|                   | Date Description of Service            | Ame                                      | ount    | D    | ate                   |  | V        | Cred     | its |  |  |  |
| Place of Burial   | Casket and Services                    | 100                                      | 00      | 5-3- | 50                    | Buch Co.   |          | 100      | 20  |  |  |  |
| Cemetery          | Embalming                              |  |         |      |                       |  |          |          |     |  |  |  |
| Grave No.         | Outer Case or Vault                    |  |         | ļ    |                       |  |          |          |     |  |  |  |
| Grave No.         | Washing and Dressing                   |  |         |      |                       |  |          |          |     |  |  |  |
| Lot No.           | Shaving                                |  |         |      |                       |  |          |          |     |  |  |  |
| Block No.         | Slumber Robe                           |  |         |      |                       |  |          |          |     |  |  |  |
| And the second    | Suit or Dress.                         |  |         |      |                       |  |          |          |     |  |  |  |
| Section           | Other Articles of Clothing             |  |         |      |                       |  |          |          |     |  |  |  |
| Pall Bearers      | Transferring Body                      |  |         |      |                       |  |          |          |     |  |  |  |
|                   | Door Badge                             |  |         |      |                       |  |          |          |     |  |  |  |
|                   | Opening Grave                          |  |         |      |                       |  |          |          |     |  |  |  |
|                   | Newspaper Notices                      |  |         |      |                       | - COSTACE 332  |          |          |     |  |  |  |
|                   | Telegrams and Telephone Calls          |  |         |      |                       | (1) "100 CS  |          |          |     |  |  |  |
|                   | Use ofdoz. Chairs                      |  |         |      |                       | 6 2 40 10 10 5   |          |          | ,   |  |  |  |
|                   | Flowers                                |  |         |      | -                     | 44,40,000  |          |          |     |  |  |  |
|                   | Clergyman                              |  |         |      |                       | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |          |          |     |  |  |  |
|                   | Singers                                |  |         |      |                       | 12 Octobra 37  |          |          |     |  |  |  |
| Singers           | Casket Coach                           |  |         |      |                       | Source of the same |          |          |     |  |  |  |
|                   | Use ofFuneral Cars                     |  |         |      |                       | 6810012  |          |          |     |  |  |  |
|                   | Use of Flower Cars                     |  |         |      |                       |  |          |          |     |  |  |  |
|                   | Professional Supervision               |  |         | ļ    |                       | .  |          |          |     |  |  |  |
|                   |  |  |         |      |                       |  |          |          |     |  |  |  |
| nsurance Policies |  |  | -       |      |                       |  |          |          |     |  |  |  |
|                   |  |  | -       |      |                       |  |          |          |     |  |  |  |
|                   |  |  | -       |      |                       | _  |          |          |     |  |  |  |
| POLIS             |  |  |         |      |                       |  |          |          |     |  |  |  |
|                   |  |  |         | 11   | and the second of the |  |          |          |     |  |  |  |

| FUNERAL AT RESIDENCE MORTUARY CHURCH |              | DATE HOUR CLERGYMAN                       |             |
|--------------------------------------|--------------|---|-------------|
| Singers                              |              | Lodge Applications                        |             |
| REVENUE ITEMS AND THEIR COST         | ratelogali   | CREDITS PERSONAL AND STATISTICAL          |             |
| Charge for Complete Funeral          |              | Place of Death                            |             |
| Casket No. Style                     |              | Date of Death                             |             |
| Interior Covering                    | 1            | Cause of Death Contributory               |             |
| Manufacturer                         | DEBITS       | Duration Autopsy                          | 4           |
| Total Net Cost of Casket             |              | Sex Color or Race                         |             |
| Outer Case                           |              |   | ild         |
| Vault                                | II           |   | ays         |
| Embalming                            |              | Occupation Age, Years Months D            | Ауз         |
| Clothing                             | ļ            |   |             |
|                                      |              | How Long at Place of Death                |             |
|                                      | ļ            | Birthplace—City or CountyState or Country |             |
|                                      |              | Name of Father                            |             |
|                                      | ļ            | Birthplace of Father                      |             |
| Total Cash Advances                  | ļ            | Maiden Name of Mother                     |             |
|                                      |              | Birthplace of Mother                      |             |
|                                      |              | Signed M.D.                               | Cor         |
|                                      |              | Address Date                              |             |
|                                      |              | Interment at                              |             |
|                                      |              | Lot or Grave No. Section No.              | <b>(</b> () |
|                                      |              | Shipped to                                |             |
|                                      |              | Arrived from                              |             |
|                                      |              | Via R. R. Date                            |             |
| Total Net Cost of Funeral            |              | In Charge of                              |             |
| Gross Profit                         | t on Funeral |   |             |
| *Less Overhead Per Funera            |              |   |             |
|                                      |              | Source of Call                            |             |
| Net Profit                           | Apparent     |   |             |
| REMARKS:                             |              | Insured in Amount                         |             |
|                                      |              | Beneficiary                               |             |
|                                      |              |   |             |

Funeral of Courtin, Paul Kenneth Charge to Homer A. Courtin Account No 207

Ordered by. Serial No 10

Funeral at Residence Mortuary Church Date 4/10/50 Hour 2:00 Annual No. Clergyman / 11 Ch Der Lodge Affiliations .....Body Shipped to or from..... Amount Date Description of Service Date Credits Place of Burial Casket and Services Cemetery Embalming Severance Grave No. Outer Case or Vault Washing and Dressing..... Lot No. Shaving Slumber Robe Block No. Suit or Dress..... Section Other Articles of Clothing..... Transferring Body..... Pall Bearers Door Badge..... Opening Grave..... Newspaper Notices..... Telegrams and Telephone Calls..... Use of \_\_\_\_\_doz. Chairs\_\_\_\_\_ Flowers..... Clergyman Singers..... Casket Coach..... Singers Use of Funeral Cars Use of Flower Cars..... Professional Supervision..... Insurance Policies Sales Tax

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To Funeral Complete

| UNERAL AT RESIDENCE MORTUARY CHURCH |         | DATE HOUR CLERGYMAN  LODGE APPILIATIONS           |
|-------------------------------------|---------|---|
| REVENUE ITEMS AND THEIR COST        |         | CREDITS PERSONAL AND STATISTICAL                  |
|                                     |         | Place of Death Bendena Koo.                       |
| harge for Complete Funeral          |         | Date of Death 4/9/50                              |
| rasket No. Style Covering Towns     |         | Date of Death                                     |
|                                     | DEBITS  |   |
| fanufacturer                        |         | DurationAutopsy                                   |
| 'otal Net Cost of Casket            |         | Sex Color or Race W                               |
| outer Case                          |         | Single Married Widowed Divorced Child             |
| ault                                |         | Date of Birth 4/9/50 Age, Years O Months O Days O |
| Embalming.                          |         | Occupation  |
| Slothing                            |         | How Long at Place of Death                        |
|                                     |         | Birthplace—City or County State or Country        |
| ····                                |         | Name of Father Homer A. County                    |
|                                     |         |   |
|                                     |         | Birthplace of Father.                             |
| otal Cash Advances                  |         | Maiden Name of Mother                             |
|                                     |         | Birthplace of Mother                              |
|                                     |         | Signed Sujails. M.D. Co                           |
|                                     |         | Address Date                                      |
|                                     |         | Interment at Severance                            |
|                                     |         | 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 1                   | Funeral |   |
| *Less Overhead Per Funeral          |         |   |
| Net Profit Appe                     | arent   | Source of Call                                    |
| REMARKS:                            |         | Insured in Amount                                 |
|                                     |         | Beneficiary                                       |
|                                     |         | Deficically.                                      |

Funeral of Lancaster, Edward Charge to. Account No 208 Ordered by Serial No. //
Funeral at Residence Mortuary Church Date 4/13 Hour 2:00 Annual No. Clergyman Kirshner Lodge Affiliations Body Shipped to or from..... Description of Service Date Amount Date Place of Burial 100 00 Casket and Services Cemetery Embalming. Severance Grave No. Outer Case or Vault Washing and Dressing.... Lot No. Shaving Slumber Robe..... Block No. 22 00 Suit or Dress Section Other Articles of Clothing..... Transferring Body..... Pall Bearers Door Badge..... Opening Grave..... Newspaper Notices..... Telegrams and Telephone Calls..... Use of \_\_\_\_\_doz. Chairs\_\_\_\_\_ Flowers..... Clergyman Singers..... Casket Coach..... Singers Use of Funeral Cars Use of Flower Cars..... Professional Supervision..... Insurance Policies

122 00

Credits

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To Funeral Complete

| FUNERAL AT RESIDENCE MORTUARY CHURCH                               |         | LODGE APPILIATIONS   |
|--|---------|--|
| REVENUE ITEMS AND THEIR COST                                       | CREDITS | PERSONAL AND STATISTICAL   |
| Charge for Complete Funeral  Casket No.  Style  Interior  Covering | ERITS   | Place of Death Dentan  Date of Death 4/12/50  Cause of Death Cardiac Asthona Contributory  |
| Manufacturer   | EBITS   | DurationAutopsy  |
| Total Net Cost of Casket   |         | SexColor or Race   |
| Outer Case   |         | Single Married Widowed Divorced Child  |
| Vault  |         | Date of Birth Age, Years 80 Months 10 Days 11  |
| Embalming Clathing   |         |  |
| Clothing   |         | How Long at Place of Death   |
|  |         | Birthplace—City or CountyState or Country  |
|  |         | Name of Father   |
|  |         | Birthplace of Father.  |
| Total Cash Advances  |         | Maiden Name of Mother  |
| Total Cash Advances  |         | Birthplace of Mother   |
|  |         | Signed Corner Co |
|  | 2 2 2 2 |  |
|  |         | Address Date Interment at 5 a u c c a D C C  |
|  |         |  |
|  |         | 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 Fo   | uneral  |  |
| *Less Overhead Per Funeral   |         |  |
| Net Profit Appar   | ent     | Source of Call   |
| REMARKS:   |         | Insured in Amount  |
|  |         | Beneficiary  |
|  |         |  |

|                   | Ordered by  | Guarant  | eed by |   | Seria                                       | l No   | 12                |     |
|-------------------|---|--|--------|---|---|--------|-------------------|-----|
|                   | Funeral of Wagner, Emm Ordered by Funeral at Residence Mortuary | Church // Da   | e 7/   | 17                                      | Hour 9: 30 A.M. Ann                         | ual No | ***************** |     |
|                   | Clergyman Salmon Lodge Ai                                       | filiations   |        | *************************************** | Body Shipped to or                          | from   |                   |     |
|                   | Date Description of Service                                     | Amo  | unt    | Date                                    |   | V      | Credi             | its |
| Place of Burial   | Casket and Services   | 366  | 00     | 4/17/50                                 | by che La.                                  |        | 395               | 89  |
| Cemetery          | Embalming   |  |        |   |   |        |                   | ,   |
| Grave No.         | Outer Case or Vault   | 20   | 00     |   | -   |        |                   |     |
| Glave 140.        | Washing and Dressing  |  |        |   | -   |        |                   |     |
| Lot No.           | Shaving   |  |        |   | -   |        |                   |     |
| Block No.         | Slumber Robe  |  |        |   | -   |        |                   |     |
|                   | Suit or Dress   |  |        |   | -   |        |                   |     |
| Section           | Other Articles of Clothing.                                     |  | ļ      |   | -   |        |                   |     |
| Pall Bearers      | Transferring Body   |  |        |   | -   |        |                   |     |
|                   | Door Badge  |  |        |   | •   |        | ļ                 |     |
|                   | Opening Grave   |  |        |   |   |        | ļ                 |     |
|                   | Newspaper Notices   |  |        |   |   |        | ļ                 |     |
|                   | Telegrams and Telephone Calls                                   |  |        |   |   |        | ļ                 |     |
|                   | Use ofdoz. Chairs   | -  |        |   | 7 ( 3 13 H 12 )                             |        | ļ                 | ļ   |
|                   | Flowers   |  | 00     |   |   |        |                   |     |
|                   | Clergyman   | The second secon |        |   |   |        |                   |     |
| Sin ann           | Singers   |  |        |   | BEEF DEW E                                  |        | ļ                 |     |
| Singers           | Use of Funeral Cars   |  |        |   |   |        |                   | ļ   |
|                   |   |  |        |   |   |        |                   |     |
|                   | Use of Flower Cars  |  |        |   |   |        | ļ                 |     |
|                   | Professional Supervision  |  |        |   | 1 4 5 9 5 9 5 V 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |        |                   | ļ   |
| nsurance Policies |   |  |        |   |   |        |                   |     |
|                   | Sales Tax   | 4  | 89     |   |   |        |                   |     |
| POLIS             |   |  |        |   |   |        |                   |     |
|                   | To Funeral Complete   | 395  | 89     |   |   |        | 395               | 89  |

| Funeral at Residence Mortuary Church   |                    |           | HOUR CLERGYMAN  LODGE APPLIATIONS               |
|--|--------------------|-----------|---|
|  |                    |           | PERSONAL AND STATISTICAL                        |
| REVENUE ITEMS AND THEIR COST   | William III Street | CREDITS   | PERSONAL AND STATISTICAL                        |
| Charge for Complete Funeral.   |                    |           | Place of Death Troy Kans.                       |
| Casket No. Style   |                    |           | Date of Death 4/18/50                           |
| nterior Covering   |                    |           | Cause of Death neumonia Contributory            |
| Manufacturer   | DEBITS             |           | DurationAutopsy                                 |
| Total Net Cost of Casket   |                    |           | Sex 7. Color or Race                            |
| Outer Case   |                    |           | Single Married Widowed Divorced Child           |
| Vault  |                    |           |   |
| Embalming.   |                    | Section 1 | Date of Birth May 10, 12 Age, Years Months Days |
| Clothing   |                    |           | Occupation                                      |
| John S. C. Company of the Company of |                    |           | How Long at Place of Death 4,12                 |
|  |                    |           | Birthplace—City or CountyState or Country       |
|  |                    |           | Name of Father                                  |
|  |                    |           | Birthplace of Father                            |
| <b></b>  |                    |           | Maiden Name of Mother                           |
| Total Cash Advances  |                    |           |   |
|  |                    |           | Birthplace of Mother Signed M.D. E. L. Ka, Cor  |
|  |                    |           |   |
|  |                    |           | Address Date                                    |
|  | ļ                  |           | Interment at Wathena                            |
|  |                    |           | Lot or Grave No. Section No.                    |
|  |                    |           | Shipped to                                      |
|  |                    |           | Arrived from                                    |
|  |                    |           | Via R. R. Date                                  |
| Total Net Cost of Funeral  |                    |           | In Charge of                                    |
| Gross Profi  | t on Funeral       |           |   |
| *Less Overhead Per Funera  |                    |           |   |
|  |                    |           | Source of Call                                  |
| Net Profit   | Apparent           |           |   |
| REMARKS:   |                    |           | Insured in Amount                               |
|  |                    |           | Beneficiary                                     |
|  |                    |           | Benenciary                                      |

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|                          |                    | Funeral of Samue/ L. Kuehk<br>Ordered by | Guarante | ed by |           | Sei                 | rial No   | 13                                      |          |
|--------------------------|--------------------|--|----------|-------|-----------|---------------------|-----------|---|----------|
|                          |                    | Funeral at Residence Mortuary Ch         | urchDat  | e 4/  | 122/50    | Hour 2:00 An        | inual No. | *************************************** |          |
|                          |                    | Clergyman Canphell Lodge Affil           | iations  |       |           | Body Shipped to     | or from   |   |          |
|                          |                    | Date Description of Service              | Amo      | unt   | Date      |                     | IV        | Cred                                    | lits     |
|                          | Place of Burial    | Casket and Services                      | 225      | 00    | 5/0/50    | By Ok.              |           | 253                                     | 12       |
|                          | Cemetery           | Embalming                                |          |       |           | 7                   |           |   | - Canada |
|                          | Grave No.          | Outer Case or Vault                      | 15       | 00    | <b></b>   |                     |           |   |          |
|                          | Grave 140.         | Washing and Dressing                     |          |       |           |                     |           |   |          |
|                          | Lot No.            | Shaving                                  |          |       |           |                     |           |   |          |
|                          | Block No.          | Slumber Robe                             |          |       | ļ         |                     |           |   |          |
|                          |                    | Suit or Dress                            |          |       |           |                     |           |   |          |
|                          | Section            | Other Articles of Clothing               |          |       |           |                     |           |   | -        |
|                          | Pall Bearers       | Transferring Body                        |          |       |           |                     |           |   |          |
|                          |                    | Door Badge                               |          |       |           |                     |           |   | -        |
|                          |                    | Opening Grave                            |          |       |           |                     |           |   | -        |
|                          |                    | Newspaper Notices                        |          |       |           |                     |           |   |          |
|                          |                    | Telegrams and Telephone Calls            |          |       |           | 4                   |           |   |          |
|                          |                    | Use ofdoz. Chairs                        |          |       |           | 345678              |           |   |          |
|                          |                    | Flowers                                  | 10       | 00    |           | / 100               | 23        |   |          |
|                          |                    | Clergyman                                |          |       |           | /S = E U            | 3         |   |          |
|                          |                    | Singers                                  |          |       |           | 18 SPECTO           | (2)       | Economic                                |          |
|                          | Singers            | Casket Coach                             |          |       |           | S SERIE N           | 93        |   |          |
|                          |                    | Use ofFuneral Cars                       |          |       |           | (g 7 m8             | 3         |   |          |
|                          |                    | Use of Flower Cars                       |          |       | ļ <u></u> | E. O                | 100 M     |   |          |
|                          |                    | Professional Supervision                 |          |       |           | 18 19 20 21 25 25 A | 9         |   |          |
|                          |                    |  |          |       |           |                     |           |   |          |
|                          | Insurance Policies |  |          |       |           |                     |           | -                                       |          |
|                          |                    |  |          |       |           |                     |           |   |          |
| COPYRIGHT, 1930          |                    | Sales Tax                                |          | 20    | ļi        |                     |           |   | -        |
| THE BARNES-ROSS CO., INI | DIANAPOLIS         |  |          |       |           |                     |           |   |          |
|                          |                    | To Funeral Complete                      | 253      | 20    |           |                     |           | 257                                     |          |

| SINGERS   LOGGE APPLIATIONS  | NAME OF DECEASED                     |              |         | Resmence   |
|--|--------------------------------------|--------------|---------|--|
| CREDITS   PERSONAL AND STATESTICAL   | FUNERAL AT RESIDENCE MORTUARY CHURCH |              | DATE    |  |
| Charge for Complete Funeral Casket No. Style Interior. Covering Manufacturer Total Net Cost of Casket  Outer Case. Vault Embalming Clothing  Total Cash Advances.  Total Cash Advances.  Total Cash Advances.  Total Cash Advances.  Date of Death  Cause of Birthseple.  Single Married Widowed  Divorced Child  Date of Birthseple.  Single Married Widowed  Divorced Child  Date of Birthseple.  Single Married Widowed  Divorced Child  Date of Birthseple.  Cause of Death  Cause of Death  Cause of Brithseple.  Cocupation  Antopselve of Call  Cause of Death  Cause of Death  Cause of Brithseple.  Single Married Widowed  Dotter of Brithseple.  Cocupation  Cocupation  Antopselve of Call  Cause of Brithseple.  Cause of Death   | Singers                              |              |         |  |
| Interior Covering Manufacturer  Manufacturer Duration Autopsy Total Net Cost of Casket  Cause of Death Contributory Mutopsy Sex Color or Race Widowed Divorced Child Date of Birth Left Widowed Date of Birth L | REVENUE ITEMS AND THEIR COST         |              | CREDITS | PERSONAL AND STATISTICAL   |
| Interior Covering Manufacturer  Manufacturer Autopsy Total Net Cost of Casket  Outer Case Vault  Embalming Clothing  Clothing  Total Cash Advances  Total Cash Advances  Total Cash Advances  Total Net Cost of Funeral  PLess Overhead Per Funeral Net Profit Apparent  Remarks:  Cause of Death Contributory  Autopsy Color of Race  Midrage  Ser Married Widowed Divorced Child Date of Birth Sey / 12, Age, Years 77 Months 6 Days of Coupation  Occupation  Per More of Father  Birthplace of Death  Color of Race  Midrage of Death Date of Birth Sey / 12, Age, Years 77 Months 6 Days of Coupation  Per More of Father  Maiden Name of Mother  Birthplace of Mother  Signed More frace  More of Father  Maiden Name of Mother  Signed More frace  More of Father  Maiden Name of Mother  Signed More frace  More of Father  Maiden Name of Mother  Signed More frace  More of Father  Maiden Name of Mother  Signed More frace  Mo | Charge for Complete Funeral          |              |         | Place of Death Troy Kansas   |
| Cause of Death   Contributory   Manufacturer   Cotor of Casket   Duration   Autopsy   Total Net Cost of Casket   Color of Race   Single   Married   Widowed   Divorced   Child   Date of Birth   Contributory   Months   Color of Race   Widowed   Divorced   Child   Date of Birth   Contributory   Age, Years   77   Months   Coupation   Gross Profit on Funeral   Met Profit Apparent   Net Profit Apparent   Net Profit Apparent   Insured in Amount   Amount   Amount   Amount   Coupation   Autopsy   Color of Race   Widowed   Divorced   Child   Date of Birth   Color of Race   Widowed   Divorced   Child   Date of Birth   Color of Race   Widowed   Divorced   Child   Date of Birth   Color of Date   Color of Date   Color of Pather   Sirthplace of Death   Color of Coupation   Color of Pather   Color of Pather   Sirthplace of Mother   | Casket No. Style                     |              |         | Data of Double 4/19/50   |
| Manufacturer. Total Net Cost of Funeral  Total Net Cost of Funeral  Net Profit Apparent  Diration  Autopsy  Sex  Color or Race  Widowed  Divorced  Child  Date of Birth Sey  Color or Race  Widowed  Divorced  Child  Date of Birth Sey  Color or Race  Widowed  Divorced  Child  Date of Birth Sey  Cocupation  Far Married  Widowed  Divorced  Child  Date of Birth Sey  Cocupation  Far Married  Widowed  Divorced  Child  Date of Birth Sey  Cocupation  Far Married  Date of Birth Sey  Cocupation  Far Married  Widowed  Divorced  Child  Date of Birth Sey  Cocupation  Far Married  Date of Birth Sey  Cocupation  Far Married  Date of Birth Sey  Cocupation  Far Married  Date of Birth Sey  Cocupation  Far Months  Days  Cocupation  Far Months  Color or Race  Widowed  Divorced  Child  Date of Birth Sey  Cocupation  Far Months  Days  Cocupation  Far Months  Cocupation  And Orcupation  And Orcupation  And Orcupation  Sex  Months  Color or Race  Widowed  Divorced  Child  Date of Birth Sey  Cocupation  Far Months  Cocupation  And Orcupation  And Orcupation  Sex  Months  Cocupation  And Orcupation  And Orcupation  Sex  Months  Cocupation  And Orcupation  And Orcupation  Sex  Months  Cocupation  And Orcupation  Sex  Months  Cocupation  And Orcupation  Sex  Months  Cocupation  And Orcupation  And Orcupation  Sex  Months  Cocupation  And Orcupation  And Orcupation  Sex  Months  Cocupation  And Orcupation  And Orcupation  And Orcupation  And Orcupation  Sex  Months  Cocupation  And Orcupation  And Or |                                      | and the same |         |  |
| Total Net Cost of Casket Outer Case Vault Embalming Clothing Cloth |                                      | DEBITS       |         | Cause of Death Contributory  |
| Vault Embalming Clothing  Date of Birth Sept. Dr., Age, Years 77 Months 6 Days 2  Occupation 9 cr more or  How Long at Place of Death 6 feet Birthplace - City or County Name of Father Birthplace of Father Maiden Name of Mother Birthplace of Mother Signed Mother Signed Mother Signed Mother Lot or Grave No. Section No. Shipped to Arrived from Via R. R. Date. In Charge of  Gross Profit on Funeral  *Less Overhead Per Funeral Net Profit Apparent  Remarks:  Insured in Amount  |                                      |              |         | Duration Autopsy   |
| Vault Embalming Clothing  Date of Birth Sept. Dr., Age, Years 77 Months 6 Days 2  Occupation 9 cr more or  How Long at Place of Death 6 feet Birthplace - City or County Name of Father  Birthplace of Father  Birthplace of Father  Maiden Name of Mother  Birthplace of Mother  Birthplace of Mother  Birthplace of Mother  Signed Mother Signed Mother  Lot or Grave No. Section No. Shipped to Arrived from  Via R. R. Date.  In Charge of  Gross Profit on Funeral  *Less Overhead Per Funeral  Net Profit Apparent  Remarks:  Insured in Amount  |                                      |              |         | Sex Color or Race W  |
| Date of Birth Sept. 12, Age, Years 77 Months 6 Days 20 Clothing  Clothing  Clothing  Date of Birth Sept. 12, Age, Years 77 Months 6 Days 20 Cocupation 7 ex r 20 ex r How Long at Place of Death 4 fee Birthplace - City or County State or Country Name of Father Birthplace of Father Maiden Name of Mother Birthplace of Mother Signed Mather head MD. Address Date Interment at 107. 0 / 140 Lot or Grave No. Section No. Shipped to Arrived from Via R. R. Date. In Charge of  Gross Profit on Funeral  *Less Overhead Per Funeral Net Profit Apparent  Remarks:  Insured in Amount   |                                      |              |         | Trouble trace trac |
| Clothing  Clothing  Clothing  Cocupation  Fermer  How Long at Place of Death  Lot or County  Name of Father  Birthplace — City or County  Name of Father  Birthplace of Mother  Birthplace of Mother  Birthplace of Mother  Signed Moth |                                      |              |         |  |
| How Long at Place of Death 4. Fe Birthplace—City or County State or Country Name of Father Birthplace of Father Maiden Name of Mother Birthplace of Mother Signed Most here head M.D. Address Date Interment at Not. O / i No. Shipped to Arrived from Via R. R. Date In Charge of  Gross Profit on Funeral  *Less Overhead Per Funeral Net Profit Apparent  Remarks:    Net Profit Apparent   Insured in Amount   Insured in Amount   Insured in Insured Insured in Insured Insu |                                      |              |         | Occupation 76. K Mary C  |
| Birthplace—City or County State or Country Name of Father Birthplace of Father Maiden Name of Mother Birthplace of Mother Signed | Clothing                             |              |         |  |
| Name of Father Birthplace of Father Maiden Name of Mother Birthplace of Mother Signed  |                                      |              |         |  |
| Birthplace of Father Maiden Name of Mother Birthplace of Mother Signed Mather head MD. Address Date Interment at WT. Ofive Lot or Grave No Section No Shipped to Arrived from. Via R. R. Date In Charge of  Gross Profit on Funeral *Less Overhead Per Funeral Net Profit Apparent  REMARKS:  Birthplace of Father Maiden Name of Mother Birthplace of Mother Maiden Name of Mot       |                                      |              |         | Birthplace—City or CountyState or Country  |
| Maiden Name of Mother  Birthplace of Mother  Signed Mother  Maiden Name of Mother  Birthplace of Mother  Signed Mother  Signed Mother  Signed Mother  Maiden Name of Mother  Birthplace of Mother  Signed Mother  Signed Mother  Signed Mother  In Charge of Mother  Signed Mother  Mother  Signed  |                                      |              |         | Name of Father   |
| Total Cash Advances    Maiden Name of Mother   |                                      |              |         | Birthplace of Father   |
| Birthplace of Mother Signed Mo | Total Cash Advances                  |              |         |  |
| Signed Mothers head M.D.  Address Date Interment at M7. O/ive Lot or Grave No. Section No. Shipped to Arrived from Via R.R. Date In Charge of Gross Profit on Funeral *Less Overhead Per Funeral Net Profit Apparent  Remarks: Insured in Amount   |                                      |              |         |  |
| Address Date Interment at N7. O/ive  Lot or Grave No. Section No. Shipped to Arrived from Via R. R. Date In Charge of  Gross Profit on Funeral  *Less Overhead Per Funeral Net Profit Apparent  Remarks:  Insured in. Amount   |                                      |              |         | Birthplace of Mother   |
| Lot or Grave No. Section No. Shipped to Arrived from  Via R. R. Date  In Charge of  *Less Overhead Per Funeral  Net Profit Apparent  *In Charge of Call  Source of Call  In Source of Call  REMARKS:   |                                      |              |         | Signed /VIO / M.F. M.D. Core   |
| Lot or Grave No. Section No. Shipped to Arrived from  Via R. R. Date  In Charge of  *Less Overhead Per Funeral  Net Profit Apparent  *In Charge of Call  Source of Call  In Source of Call  In Source of Call  Remarks:  |                                      |              |         | Address Date   |
| Lot or Grave No. Section No. Shipped to Arrived from  Via R. R. Date  In Charge of  *Less Overhead Per Funeral  Net Profit Apparent  *In Charge of Call  Source of Call  In Source of Call  In Source of Call  Remarks:  |                                      |              | CENT OF | Interment at M7. O/iVe   |
| Shipped to Arrived from Via R. R. Date In Charge of  *Less Overhead Per Funeral Net Profit Apparent  *In Charge of Call  |                                      |              |         |  |
| Total Net Cost of Funeral  Gross Profit on Funeral  *Less Overhead Per Funeral Net Profit Apparent  Remarks:  Via R. R. Date In Charge of Source of Call In Source of Call Insured in Amount   |                                      |              |         | Shipped to   |
| Total Net Cost of Funeral  Gross Profit on Funeral  *Less Overhead Per Funeral  Net Profit Apparent  Source of Call  In Charge of  In Charge of  In Charge of  Total Net Cost of Funeral  In Charge of  Source of Call  Insured in Amount  |                                      |              |         |  |
| *Less Overhead Per Funeral Source of Call  REMARKS:  Insured in Amount   |                                      |              |         | Via R. R. Date   |
| *Less Overhead Per Funeral Net Profit Apparent  Source of Call  Insured in Amount  | Total Net Cost of Funeral            |              | 14176   | In Charge of   |
| *Less Overhead Per Funeral Net Profit Apparent  Source of Call  Insured in Amount  | Cross Dualit a                       | n Funeral    |         |  |
| Remarks:  Net Profit Apparent  Source of Call  Insured in  Amount  |                                      | n r uneral   |         |  |
| Remarks:  Net Profit Apparent U  Insured in Amount   |                                      |              |         | Source of Coll   |
| REMARKS:  Insured in Amount  | Net Profit Ap                        | parent       |         |  |
|  | REMARKS:                             |              |         |  |
| Beneficiary  |                                      |              |         |  |
|  |                                      |              |         | Beneficiary  |
|  |                                      |              |         |  |

|                 | Ordered by  | Guarante   | eed by |          |       | Serial                   | No  | 14   |      |
|-----------------|---|--|--------|----------|-------|--------------------------|-----|------|------|
|                 | Funeral at Residence Mortuary C   |  |        |          |       |                          |     |      |      |
|                 | Clergyman Zeidler Lodge Affil   | liations   |        |          |       | Body Shipped to or f     | rom |      |      |
|                 | Date Description of Service   | Amo  | unt    | D        | ate   |                          | V   | Cred | lits |
| Place of Burial | Casket and Services   | 710  | 00     | 5-3.     | 50    | B. C.S. Way Lins         |     | 15   | 150  |
| Cemetery        | Embalming.  |  |        | 5-3.     | 150   | By Ch. Way Line          |     | 846  | 62   |
| Grave No.       | Outer Case or Vault Wilbert   | 125  | 00     |          |       |                          |     |      |      |
| Grave No.       | Washing and Dressing  | The second second  |        |          |       | -                        |     |      |      |
| Lot No.         | Shaving   |  |        |          | -     | -                        |     |      |      |
| Block No.       | Slumber Robe  |  |        |          |       | -                        |     |      |      |
|                 | Suit or Dress   |  |        | <b> </b> |       | -                        |     |      |      |
| Section         | Other Articles of Clothing  |  |        | <b></b>  | -     | -                        |     |      |      |
| Pall Bearers    | Transferring Body   |  | ļ      | -        | -     | -                        |     |      |      |
|                 | Door Badge  |  |        | -        |       | -                        |     |      | -    |
|                 | Opening Grave   |  |        | ·        |       | 25676                    |     |      |      |
|                 | Newspaper Notices   |  |        |          | -     | 13000 g                  |     |      |      |
| - Company       | Telegrams and Telephone Calls   | A Company of the Comp |        |          |       |                          |     |      |      |
|                 | Use ofdoz. Chairs   | 15   | 00     | ·        |       | B PA CO                  |     |      | -    |
|                 | Flowers.  |  | 00     | 1        | -     | FUNARR D                 |     |      | -    |
|                 | Clergyman Singers.  |  |        | <b> </b> | -     | TO MONAL ST              |     | ļ    | -    |
| Singers         | Casket Coach  |  |        | 1        | -     | Ton have                 |     |      | -    |
|                 | Use of Funeral Cars.  |  |        |          |       | CE 2277116               |     |      | -    |
|                 | Use of Flower Cars  |  |        |          |       |                          |     |      | -    |
|                 | Professional Supervision  |  |        |          |       |                          |     |      | -    |
|                 | A LOCALISATION OF THE PARTY OF |  |        |          |       | Para is come unitabilità |     |      |      |
| rance Policies  |   |  |        |          |       |                          |     |      | ·    |
|                 |   |  |        |          |       | -                        |     |      |      |
|                 |   |  |        |          | -     | -                        |     |      |      |
| 18              | Sales lax   | //   | 132    |          | 10000 |                          |     |      | 9.4  |

| Funeral at Residence Mortuary Church Singers | D         | ATE HOUR CLERGYMAN  LODGE APPILIATIONS              |
|--|-----------|---|
| REVENUE ITEMS AND THEIR COST                 | CREDIT    |   |
| ADVENUE HERE CUST                            | li CREDIT | S PERSONAL AND STATISTICAL                          |
| Charge for Complete Funeral                  |           | Place of Death 7 roy Ks.                            |
| Casket No. Style                             |           | Date of Death 4/27/50                               |
| Interior Covering                            | No.       | Cause of Death Coron and Contributory               |
| Manufacturer                                 | DEBITS    | DurationAutopsy                                     |
| Total Net Cost of Casket                     |           | Sex Color or Race (W)                               |
| Outer Case                                   |           |   |
|  |           | Single Married Widowed Divorced Child               |
| Embalming                                    |           | Date of Birth 13 1867 Age, Years 12 Months 9 Days 9 |
| Clothing                                     |           | Occupation  |
|  |           | How Long at Place of Death                          |
|  |           | Birthplace—City or County State or Country          |
|  |           | Name of Father                                      |
|  |           | Birthplace of Father                                |
| Total Cash Advances                          |           | Maiden Name of Mother                               |
|  |           | Birthplace of Mother                                |
|  |           | Signed Nother of M.D. Core                          |
|  |           | Address Date  |
|  |           | 5 4 011   |
|  |           | Interment at My Of                                  |
|  |           | Lot or Grave No                                     |
|  |           | Arrived from  |
|  |           | Via R. R. Date                                      |
| Total Net Cost of Funeral                    |           | In Charge of  |
| Gross Profit on I                            | uneral    |   |
| *Less Overhead Per Funeral                   |           |   |
| Net Profit Appa                              | rent      | Source of Call                                      |
| REMARKS:                                     |           |   |
|  |           | Insured in Amount                                   |
|  |           | Beneficiary   |

|                          |                    | Ordered by                       | Guarant | eed by | , , , , , | Serie                                     | al No       | 15   |     |
|--------------------------|--------------------|----------------------------------|---------|--------|-----------|---|-------------|------|-----|
|                          |                    | Funeral at Residence Mortuary Ch |         |        |           |   |             |      |     |
|                          |                    | Clergyman Cacter Lodge Affil     | iations |        |           | Body Shipped to on                        | r from      |      |     |
|                          |                    | Date Description of Service      | Amo     | unt    | Date      |   | V           | Cred | its |
|                          | . Place of Burial  | Casket and Services              | 225     | 00     | 4/25/50   | CR.                                       |             | 283  | 170 |
|                          | Cemetery           | Embalming                        |         |        |           |   |             |      |     |
|                          | Grave No.          | Outer Case or Vault Sectional    | 25      | 00     |           |   |             |      |     |
|                          | Glave No.          | Washing and Dressing             |         |        |           |   |             |      |     |
|                          | Lot No.            | Shaving                          |         |        |           |   |             |      |     |
|                          | Block No.          | Slumber Robe                     |         |        |           |   |             |      |     |
|                          |                    | Suit or Dress                    | 30      | 00     |           |   |             |      |     |
|                          | Section            | Other Articles of Clothing       |         |        |           | ·   |             |      |     |
|                          | Pall Bearers       | Transferring Body                | ·····   | ·      |           |   |             |      |     |
|                          |                    | Door Badge                       |         |        |           |   |             |      |     |
|                          |                    | Opening Grave                    |         |        |           |   |             |      |     |
|                          |                    | Newspaper Notices                |         |        |           | /60 00 00 00 00 00 00 00 00 00 00 00 00 0 |             |      |     |
|                          |                    | Telegrams and Telephone Calls    |         |        |           | <u> </u>                                  |             |      |     |
|                          |                    | Use ofdoz, Chairs                |         |        |           | S 8 437 31                                |             |      |     |
|                          |                    | Flowers                          |         |        |           |   |             |      |     |
|                          |                    | Clergyman                        |         |        |           | E 04679 0 3                               |             |      |     |
|                          |                    | Singers                          |         |        |           | C ROY MAL                                 |             |      |     |
|                          | Singers            | Casket Coach                     |         |        |           |   |             | ļ    |     |
|                          |                    | Use of Funeral Cars              |         |        |           | 468193                                    |             |      |     |
|                          |                    | Use of Flower Cars               |         |        | ļ         |   |             |      |     |
|                          |                    | Professional Supervision         |         | .      |           |   |             |      |     |
|                          | , D. II.           |                                  |         |        | ļ         |   |             |      |     |
|                          | Insurance Policies |                                  |         |        |           |   |             |      |     |
|                          |                    |                                  |         | -      | ·         | _   |             |      |     |
| COPYRIGHT, 1930          |                    | Soles Tax                        | 3       | 70     |           | -   |             |      |     |
|                          | IANAPOLIS          |                                  |         |        |           |   | A COUNTY OF |      | 49  |
| THE BARNES-ROSS CO., IND |                    |                                  |         |        | 1 1       |   |             |      |     |

| FUNERAL AT RESIDENCE MORTUARY CHURCH SINGERS.                                  |                 | DATE    | LODGE APPILIATIONS   |
|--|-----------------|---------|--|
| REVENUE ITEMS AND THEIR COST   |                 | CREDITS | PERSONAL AND STATISTICAL   |
| Charge for Complete Funeral  Casket No. Style  Interior Covering  Manufacturer | DEBITS          |         | Place of Death 10 4 65  Date of Death 4/2 4/50  Cause of Death Coronary Contributory   |
| Total Net Cost of Casket   | Ĭ               |         | Duration Autopsy  Sex Color or Race W  |
| VaultEmbalming   |                 |         | Single Married Widowed Divorced Child  Date of Birth-20, 16, 1870 Age, Years & Months 3 Days &   |
|  |                 |         | Birthplace—City or County State or Country.  Name of Father  Birthplace of Father  Maiden Name of Mother  Birthplace of Mother  Signed 1 1 2 7 7 6 0 M.D.  Address  Date  Interment at M7. 0 1 9  Lot or Grave No. Section No. |
|  |                 |         | Shipped to Arrived from.  Via  |
| Total Net Cost of Funeral  |                 |         | In Charge of   |
| Gross Profit or  *Less Overhead Per Funeral  Net Profit Ap                     |                 |         | Source of Call   |
| REMARKS:   | parent <u>U</u> |         | Insured in Amount Beneficiary  |

|                    | Funeral of Armstrong, Roger Ordered by  Funeral at Residence Mortuary  Clergyman Lodge Aff | Guarant<br>Rufch Da  | te de | 50/50<br>EC | Hour 2.20 Ann      | ual No |      |          |
|--------------------|--|--|-------|-------------|--------------------|--------|------|----------|
|                    |  |  |       |             | Body Shipped to or | from   |      |          |
| Place of Burial    | Date Description of Service  |  | ount  | Date        |                    | V      | Cred | its      |
|                    | Casket and Services  |  | 00    | 5/12/50     | Dy Cont            |        | 30   | 36       |
| Cemetery           | Embalming  | Value of the control  | -[    |             |                    |        |      |          |
| Grave No.          | Outer Case or Vault  |  |       |             |                    |        |      |          |
| Lot No.            | Washing and Dressing   |  |       |             | <del></del>        |        |      | ļ        |
| Lot No.            | Shaving  |  |       |             |                    |        |      |          |
| Block No.          | Slumber Robe   |  | -     |             |                    |        |      | <b> </b> |
| Section            | Suit or Dress  |  |       |             |                    |        |      |          |
|                    | Other Articles of Clothing   |  |       |             | l                  |        |      |          |
| Pall Bearers       | Transferring Body  |  |       |             |                    |        |      |          |
|                    | Opening Grave  | The second second second   |       |             |                    |        |      |          |
|                    | Newspaper Notices  | and the second of the second   |       |             |                    |        |      |          |
|                    | Telegrams and Telephone Calls  |  |       |             | - 500 ON The       |        |      |          |
|                    | Use ofdoz. Chairs  | The state of the s |       | THE TAX     | (3)                |        |      |          |
|                    | Flowers  |  |       |             | 12 61891 10        |        |      |          |
|                    | Clergyman  |  |       |             | C 4 6 6 6 C        |        |      |          |
|                    | Singers  |  |       |             | A 430 MM 00        |        |      |          |
| Singers            | Casket Coach   |  |       |             | S AND S            |        |      |          |
|                    | Use ofFuneral Cars   |  |       |             | 18 00 M            |        |      |          |
|                    | Use of Flower Cars   |  |       |             | (May               |        |      |          |
|                    | Professional Supervision   |  |       |             | 6011 2110          |        |      |          |
| Insurance Policies |  |  | -     | ļ           |                    |        |      |          |
|                    |  |  | ·     |             | ······             |        |      |          |
|                    | Salos Tax  |  | 36    | ļ           |                    |        |      |          |
| NAPOLIS            |  |  |       |             |                    |        |      |          |
|                    |  | 30   | 36    |             |                    |        | 30   |          |

| FUNERAL AT RESIDENCE MORTUARY CHURCH   |               | DATE          | HOUR CLERGYMAN                                 |
|--|---------------|---------------|--|
| SINGERS  |               |               | Lodge Applications                             |
| REVENUE ITEMS AND THEIR COST   |               | CREDITS       | PERSONAL AND STATISTICAL                       |
| Charge for Complete Funeral  | remik pertuik | discount in s | Place of Death 57. Jre Mo.                     |
| Casket No. Style   |               |               | Date of Death 4/23/50                          |
| Interior Covering  |               |               | Cause of Death 7/1/6/17/5 Contributory         |
| Manufacturer   | DEBITS        |               |  |
| Total Net Cost of Casket   |               |               | Duration Autopsy Color or Page 44              |
| Outer Case   |               |               | Sex Color of Race                              |
| Vault  |               |               | Single Married Widowed Divorced Child          |
| Embalming  |               |               | Date of Birth 4/23/50 Age, Years 6 Months Days |
|  |               |               | Occupation                                     |
| Jottimg  |               |               | How Long at Place of Death                     |
|  |               |               | Birthplace—City or CountyState or Country      |
|  |               |               | Name of Father Charles Armstrong               |
|  |               | Track of the  | Birthplace of Father                           |
| Total Cash Advances.   |               |               | Maiden Name of Mother                          |
| Total Casil Advances   |               |               |  |
| REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDR |               | San Maria     | Birthplace of Mother                           |
|  |               |               | Signed Redman M.DCo                            |
|  |               |               | Address. Date                                  |
|  |               |               | Interment at Chetopa Ls.                       |
|  |               |               | 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 A   | pparent       |               | Source of Call                                 |
| REMARKS:   |               |               |  |
|  |               |               | Insured in Amount                              |
|  |               |               | Beneficiary                                    |
|  |               |               |  |

Funeral of Folsche, Lizzie Charge to Fred
Ordered by

Place of Bur

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policie

| Date Description of Service            | Amo  | Date |         |     | V                                       | Cred | lits |    |
|--|--|------|---------|-----|---|------|------|----|
| Casket and Services                    | 456  | 00   | 6/14    | 150 | By Ch.                                  |      | 588  | 9  |
| Embalming. Outer Case or Vault Wilbert |  |      |         |     | 9                                       |      |      |    |
| Outer Case or Vault Wilbert            | 125  | 00   |         |     |   |      |      |    |
| Washing and Dressing                   | THE RESERVE OF THE PARTY OF THE |      |         |     |   |      |      |    |
| Shaving                                |  |      |         |     |   |      |      |    |
| Slumber Robe                           |  |      |         |     | 101/101/101/101/101/101/101/101/101/101 |      |      |    |
| Suit or Dress.                         |  |      |         |     |   |      |      |    |
| Other Articles of Clothing             |  |      |         |     |   |      |      |    |
| Transferring Body                      |  |      | ļ       |     |   |      |      |    |
| Door Badge                             |  |      |         |     |   |      |      |    |
| Opening Grave                          |  |      |         |     |   |      |      |    |
| Newspaper Notices                      |  |      |         |     | (2345078)                               |      |      |    |
| Telegrams and Telephone Calls          |  |      |         |     | (A)                                     |      |      |    |
| Use ofdoz. Chairs                      |  |      |         |     | 18 82C 0 3                              | 1    |      |    |
| Flowers                                |  |      |         |     | 34 4 E 5                                |      |      |    |
| Clergyman                              |  |      |         |     | Carried States                          | 3    |      |    |
| Singers                                |  |      |         |     | 6 08 3                                  | 1    |      |    |
| Casket Coach                           |  | -    |         |     |   |      |      |    |
| Use of Funeral Cars                    | CONTRACT CONTRACTOR  |      |         |     | 65515050182                             |      |      | -  |
| Use of Flower Cars.                    |  | -    |         |     |   |      |      |    |
| Professional Supervision.              |  |      | ļ       |     |   |      |      |    |
|  |  | -    | ļ       |     |   |      |      |    |
|  |  | -    | ·       |     |   |      |      |    |
|  |  |      | ļ       |     |   |      |      |    |
| Sales Tax                              | /  | 197  | <b></b> |     |   |      | -    | -  |
|  |  |      |         |     |   |      |      |    |
| To Funeral Complete                    | 500  | an   |         |     |   |      | 500  | 10 |

| FUNERAL AT RESIDENCE MORTUARY CHURCH SINGERS |              |              | LODGE APPILIATIONS.  |
|--|--------------|--------------|--|
| REVENUE ITEMS AND THEIR COST                 |              | CREDITS      | PERSONAL AND STATISTICAL   |
| Charge for Complete Funeral                  | P. MARTINGEN | and the same | Place of Death   |
| Casket No. Style                             |              |              | Date of Death  |
| Interior **Covering                          |              |              | Cause of Death Contributory  |
| Manufacturer                                 | DEBITS       |              | Duration Autopsy   |
| Total Net Cost of Casket                     |              |              | Sex Color or Race  |
| Outer Case                                   |              |              | Single Married Widowed Divorced Child  |
| Vault  |              |              | Date of Birth Age, Years Months Days   |
| Embalming                                    |              |              |  |
| Clothing                                     |              |              | Occupation.  |
|  |              |              | How Long at Place of Death   |
|  |              |              | Birthplace—City or CountyState or Country  |
|  | ļ            |              | Name of Father   |
|  |              |              | Birthplace of Father   |
| Total Cash Advances                          | ļ            |              | Maiden Name of Mother  |
|  |              |              | Birthplace of Mother   |
|  | <b></b>      |              | Signed M.D. Core   |
|  |              |              | Address  |
|  |              | 1            | Interment at   |
|  |              |              | Lot or Grave No. Section No.   |
|  |              |              | Shipped to Arrived from  |
|  |              |              | Via R. R. Date   |
| 7 a  |              |              |  |
| Total Net Cost of Funeral                    |              | -            | In Charge of   |
| Gross Profit                                 | on Funeral   |              | The state of the s |
| *Less Overhead Per Funeral                   |              |              |  |
| Net Profit A                                 | Apparent     |              | Source of Call   |
| Remarks:                                     |              |              |  |
| RESIDENCE.                                   |              |              | Insured in Amount  |
|  |              |              | Beneficiary  |

| 1/                 | Funeral of Morgan, Eva        | Guarant  | eed by |       |     | Serial               | No     | 18       |      |
|--------------------|-------------------------------|--|--------|-------|-----|----------------------|--------|----------|------|
|                    | Ordered by                    | Church Da  | te 5   | 13/   | 50  | Hour 2:00 P. M. Annu | al No. |          |      |
|                    | Clergyman X 175 h Der Lodge   | Affiliations   |        |       |     | Body Shipped to or   | from   |          |      |
|                    | Date Description of Service   | Amo  | unt    | D     | ate |                      | V      | Cred     | dits |
| . Place of Burial  | Casket and Services           | 456  | 00     | 5/5   | 150 | By Ch T.S. Bank      | 7      | 1/13     | 556  |
| Cemetery           | Embalming                     |  | }      | 5/6/  | 50  | the cash Harry M.    |        | 22       | 50   |
| Grave No.          | Outer Case or Vault Wildert   | 125  | 00     | 5/8/5 | P   | By I Provident Blds  |        |          |      |
|                    | Washing and Dressing          |  |        |       |     | 1 Then               |        | 351      | 04   |
| Lot No.            | Shaving                       |  |        | 5/10  | 152 | By Cash              |        | 144      | 71   |
| Block No.          | Slumber Robe                  | 20   |        | ļ     |     |                      |        | ļ        |      |
| Section            | Suit or Dress                 |  | 00     |       |     |                      |        | -        |      |
|                    | Other Articles of Clothing    |  | ļ      | ļ     |     |                      |        |          | -    |
| Pall Bearers       | Transferring Body             |  |        |       |     | -                    |        |          | -    |
|                    | Door Badge Opening Grave      |  |        |       | -   | **                   |        | ļ        |      |
|                    | Newspaper Notices             |  |        |       |     | -                    |        | ļ        | -    |
|                    | Telegrams and Telephone Calls | Account to the second s |        |       | -   |                      | -      | ļ        | -    |
|                    | Use ofdoz. Chairs             | All the second s |        |       |     |                      | -      |          | -    |
|                    | Flowers                       | 20   | 00     |       |     | 0.10.17              |        |          | -    |
|                    | Clergyman                     |  |        |       |     | ( 18 2 10 11 15 13 ) |        |          |      |
|                    | Singers                       |  |        |       |     | 100 120              |        |          |      |
| Singers            | Casket Coach                  |  |        | ļ     |     | (00 P 01500 E)       |        |          |      |
|                    | Use ofFuneral Cars            |  |        |       |     | Tokans D             |        | ļ        |      |
|                    | Use of Flower Cars            |  |        | ļ     |     | C MOSS AL            |        | <b></b>  |      |
|                    | Professional Supervision      |  | ļ      | ļ     |     | See Selection of     |        |          |      |
| Insurance Policies |                               |  | ļ      |       |     | EC 35.25 AC 5.76     |        | ļ        | -    |
|                    |                               |  | 1      |       |     |                      | -      | ļ        | -    |
|                    | Sales Ta                      | 8  | 81     |       |     |                      | -      |          | -[   |
| APOLIS             |                               |  |        |       |     |                      | 1      | <b> </b> | ·    |
|                    |                               | 7  | 101    |       | 1   |                      | -      | 1 ,      | +    |
|                    | To Funeral Complete           | 63/  | 1 8/   | H     |     |                      |        | 1/3,     | Come |

| FUNERAL AT RESIDENCE MORTUARY CHURCH |                | DATE       | HOUR CLERGYMAN                            |
|--------------------------------------|----------------|------------|---|
| Singers                              |                | h          | LODGE APPILIATIONS                        |
| REVENUE ITEMS AND THEIR COST         | and the second | CREDITS    | PERSONAL AND STATISTICAL                  |
| Charge for Complete Funeral          |                |            | Place of Death                            |
| Casket No. Style                     |                | A HOWEL CO | Date of Death                             |
| Interior Covering                    |                |            | Cause of Death Contributory               |
| Manufacturer                         | DEBITS         |            | DurationAutopsy                           |
| 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                            |                |            |   |
| Clothing                             |                |            | Occupation                                |
|                                      |                |            | How Long at Place of Death                |
|                                      |                |            | Birthplace—City or CountyState or Country |
|                                      |                |            | Name of Father                            |
|                                      |                |            | Birthplace of Father                      |
| Total Cash Advances                  |                |            | Maiden Name of Mother                     |
|                                      |                |            | Birthplace of Mother                      |
|                                      |                |            | Signed M.DC                               |
|                                      |                |            | Address Date                              |
|                                      |                |            | Interment at                              |
|                                      |                |            | Lot or Grave No. Section No.              |
|                                      |                |            | Shipped to                                |
|                                      |                |            | Arrived from.                             |
|                                      |                | 100        | Via R. R. Date                            |
| Total Net Cost of Funeral            |                |            | In Charge of                              |
| Gross Profit                         | on Funeral     |            |   |
| *Less Overhead Per Funera            |                |            |   |
|                                      |                |            | Source of Call                            |
| Net Profit A                         | Apparent       |            |   |
| REMARKS:                             |                |            | Insured in Amount                         |
|                                      |                |            | Beneficiary                               |
|                                      |                |            |   |

| 1/                | Funeral of Pollard, Martha C<br>Ordered by |  |       |       |                     |       |       |    |  |
|-------------------|--|--|-------|-------|---------------------|-------|-------|----|--|
|                   | Funeral atResidenceMortuaryChu             | rchDa                                      | te 5/ | 8150  | Hour 2:00 F.M. Annu | al No |       |    |  |
|                   |  | an Bay/es Lodge Affiliations. Body Shipped |       |       |                     |       |       |    |  |
|                   | Date Description of Service                | Amo  | ount  | Date  |                     | V     | Credi | ts |  |
| Place of Burial   | Casket and Services                        | 466  | 00    | 5/8/5 | K.C. L You          |       | 500   | 15 |  |
| Cemetery          | Embalming                                  |  |       |       |                     |       |       |    |  |
| Grave No.         | Outer Case or Vault Sectional              | 28   | 00    |       |                     |       |       |    |  |
| Glave Ivo.        | Washing and Dressing                       |  |       |       |                     |       |       |    |  |
| Lot No.           | Shaving                                    |  | -     |       |                     |       |       |    |  |
| Block No.         | Slumber Robe                               |  | -     |       |                     |       |       |    |  |
| Section           | Suit or Dress                              |  | -     |       |                     |       |       |    |  |
| Section           | Other Articles of Clothing                 |  | ·     | ļ     |                     |       |       |    |  |
| Pall Bearers      | Transferring Body                          |  | ·     |       |                     |       |       |    |  |
|                   | Door Badge                                 | II .                                       | ·     | ····  |                     |       |       |    |  |
|                   | Opening Grave.                             |  |       |       |                     |       |       |    |  |
|                   | Newspaper Notices                          |  | ·     | ·     | /M12346             |       |       |    |  |
| Section           | Telegrams and Telephone Calls              |  | -     |       |                     |       |       |    |  |
|                   | Flowers.                                   |  | -     |       | 10 3 3 9            |       |       |    |  |
|                   | Clergyman                                  |  |       |       | 16 . 36 V 6 9       |       |       |    |  |
|                   | Singers                                    |  |       |       | 2000                |       |       |    |  |
| Singers           | Casket Coach                               |  |       |       | 15 Ent 0 01         |       |       |    |  |
|                   | Use of Funeral Cars                        |  |       |       |                     |       |       |    |  |
|                   | Use of Flower Cars                         |  |       |       | COS 61 81 LL 91     |       |       |    |  |
|                   | Professional Supervision                   |  |       |       |                     |       |       |    |  |
|                   |  |  |       |       |                     |       |       |    |  |
| nsurance Policies |  |  | -     | ļ     |                     |       |       |    |  |
|                   |  |  | -     | ļ     |                     |       |       |    |  |
|                   | Sales Tax                                  | 6  | 15    |       |                     |       | ·     |    |  |
| OLIS              |  |  |       |       |                     |       |       |    |  |
|                   | To Rungral Complete                        | 500  | 15    |       |                     |       | 500   | 4  |  |

| FUNERAL AT RESIDENCE MORTUARY CHURCH |                | DATE    | Hour Clergyman                                      |  |  |  |  |
|--------------------------------------|----------------|---------|---|--|--|--|--|
| SINGERS LODGE APPILIATIONS           |                |         |   |  |  |  |  |
| REVENUE ITEMS AND THEIR COST         | market a skale | CREDITS | PERSONAL AND STATISTICAL                            |  |  |  |  |
| harge for Complete Funeral           |                |         | Place of Death St. Voseph                           |  |  |  |  |
| asket No. Style                      |                |         | Date of Death 5/6/56                                |  |  |  |  |
| nterior Covering                     |                |         | Cause of Death Contributory                         |  |  |  |  |
| Ianufacturer                         | DEBITS         |         |   |  |  |  |  |
| otal Net Cost of Casket              |                | 661     | Duration Autopsy                                    |  |  |  |  |
| uter Case                            |                |         | Sex 7 Color or Race &                               |  |  |  |  |
| ault                                 |                |         | Single Married Widowed Divorced Child               |  |  |  |  |
| mbalming                             |                |         | Date of Birth 13 1859 Age, Years 90 Months 8 Days 6 |  |  |  |  |
|                                      |                |         | Occupation  |  |  |  |  |
| Hothing                              | 10715          |         | How Long at Place of Death & Gran.                  |  |  |  |  |
|                                      |                |         | Birthplace City or County Le State or Country 7/10  |  |  |  |  |
|                                      |                | 1000    | Name of Father                                      |  |  |  |  |
|                                      |                |         |   |  |  |  |  |
|                                      |                |         | Birthplace of Father                                |  |  |  |  |
| Total Cash Advances                  |                |         | Maiden Name of Mother                               |  |  |  |  |
|                                      |                |         | Birthplace of Mother                                |  |  |  |  |
|                                      |                |         | Signed M.DC   |  |  |  |  |
|                                      |                |         | Address Date  |  |  |  |  |
|                                      |                |         | Interment at Mt. Oliv                               |  |  |  |  |
|                                      |                |         | 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 Funera            |                |         |   |  |  |  |  |
| Net Profit A                         |                |         | Source of Call                                      |  |  |  |  |
| REMARKS:                             |                |         |   |  |  |  |  |
|                                      |                |         | Insured in Amount                                   |  |  |  |  |
|                                      |                |         | Beneficiary   |  |  |  |  |
|                                      |                |         |   |  |  |  |  |

| REVINE OF STREET | Ordered by                    | Guaranteed by  |            | Serial No               |
|------------------|-------------------------------|--|------------|-------------------------|
|                  | Funeral at Residence Mortuary | Church Date 5  | 27/10 Hour | Annual No               |
|                  | Clergyman KIRCH 1 PF Lodge I  |  |            | Body Shipped to or from |
|                  | Date Description of Service   | Amount   | Date       | V Cre                   |
| ace of Burial    | Casket and Services           | 25 00  |            |                         |
| emetery          | Embalming.                    |  |            |                         |
| rave No.         | Outer Case or Vault           |  |            |                         |
| 4                | Washing and Dressing          |  |            |                         |
| ot No.           | Shaving                       |  |            |                         |
| ock No.          | Slumber Robe                  |  |            |                         |
| ction            | Suit or Dress                 |  | ······     |                         |
| ction            | Other Articles of Clothing    |  |            |                         |
| ll Bearers       | Transferring Body             |  |            |                         |
|                  | Door Badge  Opening Grave     |  |            |                         |
|                  | Newspaper Notices             | and the second s |            |                         |
|                  | Telegrams and Telephone Calls |  |            |                         |
|                  | Use ofdoz. Chairs             |  |            |                         |
| Parketti.        | Flowers                       |  |            |                         |
|                  | Clergyman                     |  |            |                         |
|                  | Singers                       |  |            |                         |
| ngers            | Casket Coach                  |  |            |                         |
|                  | Use of Funeral Cars           |  | <u> </u>   |                         |
|                  | Use of Flower Cars            |  |            |                         |
|                  | Professional Supervision      |  |            |                         |
| nce Policies     |                               |  |            |                         |
|                  |                               |  | <b></b>    |                         |
|                  | Sales Ta                      | 30   |            |                         |
| average and      |                               |  |            |                         |

| Name of Deceased                     |            | RESIDENCE                                  |       |
|--------------------------------------|------------|--|-------|
| FUNERAL AT RESIDENCE MORTUARY CHURCH |            | DATE HOUR CLERGYMAN                        |       |
| Singers                              |            | Lodge Appiliations                         |       |
| REVENUE ITEMS AND THEIR COST         |            | CREDITS PERSONAL AND STATISTICAL           |       |
| Charge for Complete Funeral          |            | Place of Death 7704                        |       |
| Casket No. Style                     |            | Date of Death 5/36/50                      |       |
| Interior Covering                    |            | Cause of DeathContributory                 |       |
| Manufacturer                         | DEBITS     |  |       |
| Total Net Cost of Casket             |            | DurationAutopsy                            |       |
| Outer Case                           |            |  |       |
| Vault                                |            | Single Married Widowed Divorced            | Child |
| Embalming                            |            | Date of Birth Age, Years Months            | Days  |
| Clothing                             |            | Occupation                                 |       |
|                                      |            | How Long at Place of Death                 |       |
|                                      |            | Birthplace—City or County State or Country |       |
|                                      |            | Name of Father Colored Pich of             |       |
|                                      |            | Birthplace of Father.                      |       |
| Total Cash Advances                  |            |  |       |
| Total Cash Advances                  |            | Maiden Name of Mother                      |       |
|                                      |            | Birthplace of Mother                       | -     |
|                                      |            | Signed M.D.                                | Core  |
|                                      |            | Address Date                               |       |
|                                      |            | Interment at + anney                       |       |
|                                      |            | Lot or Grave No. Section No.               |       |
|                                      |            | Shipped to                                 |       |
|                                      |            | Arrived from                               |       |
|                                      |            | Via  |       |
| Total Net Cost of Funeral            |            | In Charge of                               |       |
| Gross Profit                         | on Funeral |  |       |
| *Less Overhead Per Funeral           |            |  |       |
|                                      |            | Source of Call                             |       |
| Net Profit A                         | pparent    |  |       |
| Remarks:                             |            | Insured in Amount                          |       |
|                                      |            | Beneficiary                                |       |
|                                      |            | Beneficiary                                |       |
|                                      |            |  | -     |

|  | Funeral of Meers, Mary L Ordered by  Residence Mortuary Church   | ch L Da                       | te 5, | 129/50   | Hour 2.'30 Annua                       | No  |         |        |
|--|--|-------------------------------|-------|----------|--|-----|---------|--------|
|  | Clergyman XICL D.C. Lodge Affiliate  Date Description of Service | Amo                           |       | Date     | Body Shipped to or f                   | rom |         |        |
| Place of Burial  |  |                               |       |          | hycask                                 | V   | Credits | _      |
|  | Casket and Services  | 700                           | 00    | 0/10/50  | Care                                   |     | 526     | 7      |
| Cemetery   | Embalming.   | 00                            | 10    | <b> </b> |  |     |         |        |
| Grave No.  | Outer Case or Vault Concrete Box                                 |                               | 00    |          |  |     |         | ••••   |
|  | Washing and Dressing   |                               |       |          |  |     |         |        |
| Lot No.  | Shaving  |                               |       |          |  |     |         |        |
| Block No.  | Slumber Robe   |                               |       | ļ        |  |     |         |        |
|  | Suit or Dress.   | 24                            | 00    |          |  |     |         |        |
| Section  | Other Articles of Clothing                                       |                               |       |          |  |     |         |        |
| Pall Bearers   | Transferring Body  | -                             | ļ     | ļ        |  |     |         |        |
|  | Door Badge   | -                             |       |          |  |     |         |        |
|  | Opening Grave  |                               |       |          |  |     |         |        |
|  | Newspaper Notices  | -                             |       | ļ        |  |     |         |        |
|  | Telegrams and Telephone Calls                                    |                               |       |          | <u> </u>                               |     |         |        |
|  | Use ofdoz. Chairs  | THE RESIDENCE OF THE PARTY OF |       |          | A 1050 E                               |     |         |        |
|  | Flowers  | 12                            | 00    |          | - AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA |     |         |        |
| What had been  | Clergyman  |                               |       |          | <u>\</u>                               |     |         |        |
|  | Singers  |                               |       |          | C "07,70" = "                          |     |         |        |
| Singers  | Casket Coach   |                               |       |          |  |     |         |        |
|  | Use ofFuneral Cars   | _                             |       |          |  |     |         |        |
|  | Use of Flower Cars   |                               |       |          |  |     |         | *****  |
|  | Professional Supervision   |                               |       |          |  |     |         |        |
|  |  |                               |       |          |  |     |         | ****** |
| nsurance Policies  |  |                               |       |          |  |     |         | *****  |
|  |  |                               |       |          |  |     |         |        |
|  | Sales Tax  | 6                             | 75    |          |  |     |         |        |
| POL18  |  |                               |       |          |  |     |         |        |
|  |  | -                             | 1     |          |  |     |         |        |
| THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW | To Funeral Complete  | 1526                          | 75    |          |  | 1   | 526 7   | 7-     |

| Funeral at Residence Mortuary Church |                         | DATE HOUR CLERGYMAN  |
|--------------------------------------|-------------------------|--|
| SINGERS                              |                         | Lodge Applications   |
| REVENUE ITEMS AND THEIR COST         | CRED                    |  |
| Charge for Complete Funeral          | near marketing for some | Place of Death Troy Date of Death 5/28/50                  |
| Casket No. Style                     |                         | Date of Death 5/28/50                                      |
| Interior Covering                    |                         | Cause of DeathContributory                                 |
| Manufacturer                         | DEBITS                  |  |
| Fotal Net Cost of Casket             |                         | Duration Autopsy Color or Race W                           |
| Outer Case                           |                         |  |
| Vault.                               |                         | Single Married Widowed Divorced Child                      |
|                                      |                         | Date of Birth Jep 123, 1878 Age, Years 7/ Months 6 Days 5  |
| Embalming                            |                         | Occupation   |
| Clothing                             |                         | How Long at Place of Death /1 Fro                          |
|                                      |                         | Birthplace—City or County Tray State or Country            |
|                                      |                         | Name of Father John Etherton                               |
|                                      |                         |  |
|                                      |                         | Birthplace of Father.  Maiden Name of Mother Ellen Edwards |
| Total Cash Advances                  |                         |  |
|                                      |                         | Birthplace of Mother                                       |
|                                      |                         | Signed Cordonier M.D. Co                                   |
|                                      |                         | Address Date 5/28  |
|                                      |                         | Interment at MT. Olive                                     |
|                                      |                         | Lot or Grave No. Section No.                               |
|                                      |                         | Shipped to   |
|                                      |                         | Arrived from.  |
|                                      |                         | Via R. R. Date   |
| Total Net Cost of Funeral            |                         | In Charge of   |
| Gross Profit                         | on Funeral              |  |
| *Less Overhead Per Funeral           |                         |  |
|                                      |                         | Source of Call   |
| Net Profit A                         | pparent <u>u</u>        | <u> </u>   |
| REMARKS:                             |                         | Insured in Amount  |
|                                      |                         | Beneficiary  |
|                                      |                         | Demonstrat y   |

n

|                    | Funeral of M-Clelland M       |          |        |        |                     |        |       |   |
|--------------------|-------------------------------|----------|--------|--------|---------------------|--------|-------|---|
|                    | Ordered by                    | Guarant  | eed by |        | Serial              | No     | 22    |   |
|                    | Funeral at Residence Mortuary | ChurchDa | e 5    | 130/52 | Hour 2:30 P.M. Annu | al No. |       |   |
|                    | Clergyman C. W. Hall Lodge Al |          |        |        |                     |        |       |   |
|                    | Date Description of Service   | Amo      |        | Date   |                     | V      | Credi | its                                     |
| Place of Burial    | Casket and Services.          | 366      | 20     | 6/150  | By Cash             |        | 400   | 99                                      |
| Cemetery           | Embalming.                    |          |        |        |                     |        |       |   |
|                    | Outer Case or Vault           | 15       | 00     |        |                     |        |       | *************************************** |
| Grave No.          | Washing and Dressing          |          |        |        |                     |        |       | **********                              |
| Lot No.            | Shaving                       |          |        |        |                     |        |       |   |
| Block No.          | Slumber Robe                  |          |        |        |                     |        |       |   |
| BIOCK INO.         | Suit or Dress                 |          |        |        |                     |        |       |   |
| Section            | Other Articles of Clothing    |          |        |        |                     |        |       |   |
| Pall Bearers       | Transferring Body             |          |        |        |                     |        |       |   |
|                    | Door Badge                    |          |        |        |                     |        |       |   |
|                    | Opening Grave                 |          |        |        |                     |        |       |   |
|                    | Newspaper Notices             |          |        |        |                     |        |       |   |
| A STORY OF STREET  | Telegrams and Telephone Calls |          |        |        | 100000              |        |       |   |
|                    | Use ofdoz. Chairs             |          |        |        | 1000                |        |       |   |
|                    | Flowers                       | 15       | 00     |        | (S) K Ex E (S)      |        |       |   |
|                    | Clergyman                     |          |        | ļ      | (5 1552 3)          |        |       |   |
|                    | Singers                       |          |        |        | C STREETS OF        |        |       |   |
| Singers            | Casket Coach                  |          |        | ļ      | E                   |        |       |   |
|                    | Use ofFuneral Cars            |          |        | ļ      | (3) OB W            |        |       |   |
|                    | Use of Flower Cars            |          |        | ļ      | 401601053           |        |       |   |
|                    | Professional Supervision      |          |        | ļ      | - OLD               |        |       |   |
| Insurance Policies |                               |          |        |        |                     |        |       |   |
|                    | SalesTou                      | . 4      | 99     | ļ      |                     |        |       |   |
| NAPOLIS            |                               |          |        |        |                     | -      |       |   |
|                    | To Funeral Complete           | 400      | 199    |        |                     | 1      | Has   | 90                                      |

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| FUNERAL AT RESIDENCE MORTUARY CHURCH |            | DATE HOUR CLERGYMAN                             |             |
|--------------------------------------|------------|---|-------------|
| Singers                              |            | LODGE APPILIATIONS                              |             |
| REVENUE ITEMS AND THEIR COST         |            | CREDITS PERSONAL AND STATISTICAL                | wally is    |
| Charge for Complete Funeral          |            | Place of Death Troy                             |             |
| Casket No. Style                     |            | Date of Death 5/28/50                           |             |
| Interior Covering                    |            | Cause of DeathContributory                      |             |
| Manufacturer                         | DEBITS     | Duration Autopsy                                |             |
| Fotal Net Cost of Casket             |            | Sex M Color or Race W                           |             |
| Outer Case                           |            |   | Child       |
| Vault                                |            |   |             |
| Embalming                            |            | Date of Birth 1-6-1958 Age, Years 92 Months     |             |
| Clothing                             |            | Occupation Rel. Former                          |             |
|                                      |            | How Long at Place of Death //fe                 |             |
|                                      |            | Birthplace—City or County Tray State or Country | 9           |
|                                      |            | Name of Father                                  |             |
|                                      |            | Birthplace of Father.                           |             |
| Total Cash Advances                  |            | Maiden Name of Mother                           |             |
| Total Casti Advances                 |            |   |             |
|                                      |            | Birthplace of Mother Signed Cordon / or M.D.    | Cor         |
|                                      |            |   |             |
|                                      |            | Address Date 5/25                               | 1/30        |
|                                      |            | Interment at 11/7, 0/12 e                       |             |
|                                      |            | Lot or Grave No. Section No.                    | 100 PM      |
|                                      |            | Shipped to                                      |             |
|                                      | ••••••     | Arrived from                                    |             |
|                                      |            | Via R. R. Date                                  | <del></del> |
| Total Net Cost of Funeral            |            | In Charge of                                    |             |
| Gross Profit                         | on Funeral |   |             |
| *Less Overhead Per Funeral           |            |   |             |
|                                      |            | Source of Call                                  |             |
| Net Profit A                         | pparent    |   |             |
| REMARKS:                             |            | Insured in Amou                                 | ınt.        |
|                                      |            | Beneficiary                                     |             |
|                                      |            | Beneficiary                                     |             |
|                                      |            |   |             |

Funeral of Banks, Ida J. Charge to Est Clergyman 16 07 6/4 Lodge Affiliations Date Description of Service Amount Date Place of Burial Casket and Services..... Cemetery Embalming..... Outer Case or Vault 500, 804 Washing and Dressing..... Lot No. Shaving Slumber Robe Block No. 22 00 Suit or Dress..... Section Other Articles of Clothing Transferring Body..... Pall Bearers Door Badge..... 2000 Opening Grave..... Newspaper Notices..... Telegrams and Telephone Calls..... Use of \_\_\_\_\_doz, Chairs\_\_\_\_\_ Clergyman Singers..... 1000 Casket Coach..... Singers Use of Funeral Cars Use of Flower Cars..... Professional Supervision..... Insurance Policies

Ordered by Guaranteed by Funeral at Residence Mortuary Church Date 6/3/50 Hour 200 Body Shipped to or from Credits To Funeral Complete

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| NAME OF DECEASED                     |            |            | RESIDENCE   |
|--------------------------------------|------------|------------|---|
| FUNERAL AT RESIDENCE MORTUARY CHURCH |            | DATE       | HOUR CLERGYMAN  |
| SINGERS                              |            | 1 1000     | Lodge Applications  |
| REVENUE ITEMS AND THEIR COST         | m model of | CREDITS    | PERSONAL AND STATISTICAL  |
| Charge for Complete Funeral          | Wegger com |            | Place of Death Hendeland .  |
| Casket No. Style                     | 1494       |            | Date of Death   |
| Interior Covering                    |            |            | Cause of Death a conary Ocche Contributory                            |
| Manufacturer                         | DEBITS     |            | Duration Autopsy  |
| Total Net Cost of Casket             |            |            |   |
| Outer Case                           |            |            |   |
| Vault                                |            | II Config. | Single Married Widowed Divorced Child                                 |
| Embalming                            |            |            | Date of Birth 2 1879 Age, Years 79 Months 3 Days                      |
| Clothing                             |            |            | Occupation  |
| Ciotining                            |            |            | How Long at Place of Death  |
|                                      |            |            | Birthplace—City or County   |
|                                      |            |            | Name of Father  |
|                                      |            |            | Birthplace of Father.   |
| Total Cash Advances                  | W          |            | Maiden Name of Mother   |
| Total Cash Advances                  |            |            |   |
|                                      |            |            | Birthplace of Mother  |
|                                      |            |            | Signed Brook for M.D.   |
|                                      |            |            | Address Date  |
|                                      |            |            | Interment at at alla.   |
|                                      |            | 0.0        | Lot or Grave No. Section No.  |
|                                      |            |            | Shipped to  |
|                                      |            |            | Arrived from  |
|                                      |            |            | Via R. R. Date  |
| Total Net Cost of Funeral            |            |            | In Charge of  |
| Gross Profit of                      | on Funeral |            |   |
| *Less Overhead Per Funeral           |            |            |   |
| Net Profit A                         |            |            | Source of Call  |
|                                      | pparentu   |            |   |
| REMARKS:                             |            |            | Insured in Amount   |
|                                      |            |            | Beneficiary   |
|                                      |            |            |   |
|                                      |            |            | nesi (Tanacasseopsta lueisi cesta la primariste cinostas angli seogli |

П

Funeral of Koehler, Alice L. Charge to Carl Koehler Account No 221 Ordered by Serial No. 24

Funeral at Residence Mortuary Church Date 6/7/50 Hour 2:00 f. M. Annual No. Clergyman Lodge Affiliations .....Body Shipped to or from..... Date Description of Service Amount Credits Place of Burial Casket and Services..... Cemetery Embalming..... Outer Case or Vault Grave No. Washing and Dressing Lot No. Shaving Slumber Robe..... Block No. 22 00 Suit or Dress Section Other Articles of Clothing..... Transferring Body..... Pall Bearers Door Badge..... Opening Grave..... Newspaper Notices..... Telegrams and Telephone Calls..... Use of ......doz. Chairs.... Clergyman Singers..... Singers Casket Coach..... Use of Funeral Cars Use of Flower Cars..... Professional Supervision..... Insurance Policies Sales lax

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| REVENUE ITEMS AND THEIR COST  REVENUE ITEMS AND THEIR COST | CREDITS | LODGE AFFILIATIONS  PERSONAL AND STATISTICAL     |
|--|---------|--|
| rge for Complete Funeral set No. Style covering  | CREDITS | 040  |
| rior Covering  |         | 1 /4 // 10/                                      |
| rior Covering  |         | Place of Death                                   |
| riorCovering   |         | Date of Death 6/4/50                             |
|  |         | Cause of Death San Wreck Contributory            |
| idiacturer   |         |  |
| al Net Cost of Casket  |         | DurationAutopsy                                  |
|  |         | Sex Color or Race                                |
|  |         | Single Married Widowed Divorced Child            |
| lt.  |         | Date of Birtie 15 Age, Years 20 Months Days      |
| palming.   |         | Occupation                                       |
| hing   |         | How Long at Place of Death                       |
|  |         | Birthplace—City or County TVOY, State or Country |
|  |         | Name of Father Charles Koehler                   |
|  |         |  |
|  |         | Birthplace of Father                             |
| al Cash Advances   |         | Maiden Name of Mother Cavrie Caylon              |
|  |         | Birthplace of Mother                             |
|  |         | Signed Mynday M.D. C                             |
|  |         | Address / Date                                   |
|  |         | Interment at                                     |
|  |         | Lot or Grave No. Section No.                     |
|  |         | Shipped to                                       |
|  |         | Arrived from.                                    |
|  | 11 1    | Via R. R. Date                                   |
| Total Net Cost of Funeral  |         | In Charge of                                     |
| Gross Profit on Funeral  |         |  |
| *Less Overhead Per Funeral   |         | Source of Call                                   |
| Net Profit Apparent  |         | Source of Can                                    |
| MARKS:   |         | Insured in Amount                                |
|  |         | Beneficiary                                      |
|  |         | Beneficially                                     |

The same of the sa

| 1         | Ordered by                       | Guarant                          | eed by | 149/- | SerSer         | ial No   | 25   |       |  |  |  |
|-----------|----------------------------------|----------------------------------|--------|-------|----------------|----------|------|-------|--|--|--|
| Mr.       | Funeral atResidenceMortuaryChurc | hDa                              | te.6   | 11110 | Hour X:00 An   | nual No. |      |       |  |  |  |
|           | Clergyman Lodge Affiliati        | yman eidle / Lodge Affiliations. |        |       |                |          |      |       |  |  |  |
|           | Date Description of Service      | Amo                              |        | Date  |                | V        | Crec | dits  |  |  |  |
| of Burial | Casket and Services              | 536                              | 00     | 6/19/ | 6 By CE        |          | 595  | 2     |  |  |  |
| у         | Embalming.                       |                                  |        |       |                |          |      |       |  |  |  |
| No.       | Outer Case or Vault Cancrole Doy | 28                               | 00     |       |                |          |      |       |  |  |  |
| ·.        | Washing and Dressing             |                                  |        |       |                |          |      |       |  |  |  |
| inio.     | Shaving.                         |                                  |        |       |                |          |      |       |  |  |  |
|           | Slumber Robe                     |                                  |        | ļ     |                |          |      |       |  |  |  |
|           | Suit or Dress                    |                                  |        |       |                |          |      |       |  |  |  |
|           | Other Articles of Clothing       | _                                |        |       |                |          |      |       |  |  |  |
| rs        | Transferring Body                |                                  |        |       |                |          |      |       |  |  |  |
|           | Door Badge                       |                                  |        |       |                |          |      |       |  |  |  |
|           | Opening Grave                    | 12                               | 00     |       |                |          |      |       |  |  |  |
|           | Newspaper Notices                | -                                |        |       |                |          |      |       |  |  |  |
|           | Telegrams and Telephone Calls    | -                                |        |       |                |          |      |       |  |  |  |
|           | Use ofdoz. Chairs                |                                  |        |       | 610 11 12 76 V |          |      |       |  |  |  |
|           | Flowers                          | 12                               | 00     |       | (VO. 449)      |          |      |       |  |  |  |
|           | Clergyman                        |                                  |        |       | 10 30 3        |          |      |       |  |  |  |
| 100       | Singers                          |                                  |        |       | 1 3637 6 3     |          |      |       |  |  |  |
|           | Casket Coach                     | -                                |        | ļ     | 10 5225 CI     |          |      |       |  |  |  |
| 100       | Use of Funeral Cars              | -                                |        |       | 1 2 2 3        |          | 1000 |       |  |  |  |
|           | Use of Flower Cars               | <u></u>                          |        |       | 9. 0 3         |          |      |       |  |  |  |
|           | Professional Supervision.        |                                  |        |       | C2217070707    |          |      |       |  |  |  |
|           |                                  |                                  |        |       | The Shaper     |          |      |       |  |  |  |
| olicies   |                                  |                                  |        |       |                |          |      |       |  |  |  |
|           |                                  | _                                |        |       |                |          |      |       |  |  |  |
|           | Sales Tax                        |                                  | 23     |       |                |          |      |       |  |  |  |
|           |                                  |                                  |        |       |                |          |      |       |  |  |  |
|           |                                  | 595                              | 72     |       |                |          | 100  | 1 2 3 |  |  |  |
| No const  | To Funeral Complete              | 111                              | 10     |       |                |          | 25   | PK)   |  |  |  |

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| FUNERAL AT RESIDENCE MORTUARY CHURCH   | and Report Services | DATE    | HOUR CLERGYMAN                            |
|--|---------------------|---------|---|
| Singers  |                     | 3,1,32  | LODGE AFFILIATIONS                        |
| REVENUE ITEMS AND THEIR COST   | esperanta inter-    | CREDITS | PERSONAL AND STATISTICAL                  |
| Charge for Complete Funeral  |                     |         | Place of Death                            |
| Casket NoStyle   |                     |         | Date of Death                             |
| Interior Covering  |                     |         | Cause of Death Contributory               |
| Manufacturer   | DEBITS              |         | Duration Autopsy                          |
| Total Net Cost of Casket   |                     |         | Sex Color or Race                         |
| Outer Case   |                     |         | Single Married Widowed Divorced Child     |
| Vault  |                     |         | Date of Birth Age, Years Months Days      |
| Embalming  |                     |         |   |
| Clothing   |                     |         | Occupation                                |
|  |                     |         | How Long at Place of Death                |
|  |                     |         | Birthplace—City or CountyState or Country |
|  |                     |         | Name of Father                            |
|  |                     |         | Birthplace of Father                      |
| Total Cash Advances  |                     |         | Maiden Name of Mother                     |
|  |                     |         | Birthplace of Mother                      |
| Mary all the second of the sec |                     |         | Signed M.DCore                            |
|  |                     |         | 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 Funera  | 1                   |         |   |
| Net Profit   | Apparent            |         | Source of Call                            |
| REMARKS:   |                     |         | Insured in Amount                         |
|  |                     |         | Beneficiary                               |
|  |                     |         | Belieficialy                              |

THE THE PARTY OF T

Funeral of Howland, Joseph Charge to Mary

Ordered by

Guaranteed by

Serial No. 26

Funeral at Residence Mortuary Church Date 15 150 Hour 2:00 Annual No. Clergyman 1 wonkly Lodge Affiliations. Body Shipped to or from Date Description of Service Amount Date Credits 7/18/50 By CB Place of Burial Casket and Services..... Cemetery. Embalming..... Outer Case or Vault Wilbert Mt. Bloc 125 00 Grave No. Washing and Dressing..... Lot No. Shaving Slumber Robe Block No. Suit or Dress..... Section Other Articles of Clothing. Pall Bearers 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 Sale Tax

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| UNERAL AT RESIDENCE MORTUARY CHURCH | Dat     | B HOUR CLERGYMAN                          |
|-------------------------------------|---------|---|
| INGERS                              |         | Lodge Applications                        |
| REVENUE ITEMS AND THEIR COST        | CREDITS | PERSONAL AND STATISTICAL                  |
| Charge for Complete Funeral         |         | Place of Death                            |
| Casket No. Style                    |         | Date of Death                             |
| nterior Covering                    |         | Cause of Death Contributory               |
| Anufacturer                         | EBITS   | DurationAutopsy                           |
| otal Net Cost of Casket             |         | Sex Color or Race                         |
| uter Case                           |         | Single Married Widowed Divorced Child     |
| ault                                |         | Date of Birth Age, Years Months Days      |
| Embalming                           |         |   |
| Clothing                            |         | Occupation                                |
|                                     |         | How Long at Place of Death                |
|                                     |         | Birthplace—City or CountyState or Country |
|                                     |         | Name of Father                            |
|                                     |         | Birthplace of Father                      |
| Total Cash Advances                 |         | Maiden Name of Mother                     |
|                                     |         | Birthplace of Mother                      |
|                                     |         | Signed M.D. Coro                          |
|                                     |         |   |
|                                     |         |   |
|                                     |         | Interment at                              |
|                                     |         | Lot or Grave No. Section No.              |
|                                     |         | Shipped to Arrived from                   |
|                                     |         | Via R.R. Date                             |
| m.,12,20,.45                        | 43-55-6 |   |
| Total Net Cost of Funeral           |         | In Charge of                              |
| Gross Profit on F                   | uneral  |   |
| *Less Overhead Per Funeral          |         |   |
| Net Profit Appar                    | ent     | Source of Call.                           |
|                                     |         |   |
| Remarks:                            |         | Insured in Amount                         |
|                                     |         | Beneficiary                               |
|                                     |         |   |

Funeral of BUIOCK, Soseph Charge to Account No. 224

Ordered by Guaranteed by Serial No. 27

Funeral at Residence Mortuary Church Date 7/5/50 Hour 4.00 PM. Annual No. Clergyman Bullock Lodge Affiliations Body Shipped to or from Date Description of Service Amount Date Credits Place of Burial Casket and Services Cemetery Embalming..... Outer Case or Vault Wilhort Grave No. Washing and Dressing..... Lot No. Shaving Slumber Robe Block No. Suit or Dress..... Section Other Articles of Clothing..... Transferring Body..... Pall Bearers Door Badge..... Opening Grave..... Newspaper Notices..... Telegrams and Telephone Calls..... Use of \_\_\_\_\_doz. Chairs\_\_\_\_ 00 Flowers Clergyman.... Singers Singers Casket Coach..... Use of Funeral Cars Use of Flower Cars..... Professional Supervision..... Insurance Policies Sales Tax THE BARNES-ROSS CO., INDIANAPOLIS

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| NAME OF DECRASED   |  | RESIDENCE                                 |
|--|--|---|
| FUNERAL AT RESIDENCE MORTUARY CHURCH   | DATE   | HOUR CLERGYMAN                            |
| SINGERS  |  | Lodge Appliations                         |
| REVENUE ITEMS AND THEIR COST   | CREDITS  | PERSONAL AND STATISTICAL                  |
| Charge for Complete Funeral  | pro entre o pro  | Place of Death                            |
| Casket No. Style   |  | Date of Death                             |
| nterior Covering   |  | Cause of Death Contributory               |
| Manufacturer DEBITS  |  | DurationAutopsy                           |
| Fotal Net Cost of Casket   |  | Sex Color or Race                         |
| Outer Case   |  | Single Married Widowed Divorced Child     |
| Vault  |  |   |
| Embalming.   |  | Date of Birth Age, Years Months Days      |
| Clothing   |  | Occupation                                |
|  |  | How Long at Place of Death                |
|  |  | Birthplace—City or CountyState or Country |
|  |  | Name of Father                            |
|  |  | Birthplace of Father                      |
| Total Cash Advances  |  | Maiden Name of Mother                     |
|  | and the same of th | Birthplace of Mother                      |
|  |  | Signed M.D. Cor                           |
|  |  |   |
|  | The state of the s | Address Date                              |
|  |  | Interment at                              |
|  |  | Lot or Grave No. Section No.              |
|  |  | Shipped to Arrived from                   |
|  | 140  | Via R. R. Date                            |
| The state of the s |  | In Charge of                              |
| Total Net Cost of Funeral  |  | In Charge of                              |
| Gross Profit on Funeral  |  |   |
| *Less Overhead Per Funeral   |  |   |
| Net Profit Apparent  |  | Source of Call.                           |
|  | - ' <del>-</del>   |   |
| Remarks:   |  | Insured in Amount                         |
|  |  | Beneficiary                               |
|  |  |   |

Funeral of Stewart Infant Charge to Harold Stewart Account No 225

Ordered by Guaranteed by Serial No. 28

Funeral at Residence Mortuary Church Date 7/27/50 Hour 11:00 A.M. Annual No. Clergyman Lodge Affiliations Body Shipped to or from..... Date Description of Service Amount Date Credits Place of Burial 30 00 Casket and Services Cemetery Embalming Outer Case or Vault Grave No. Washing and Dressing..... Lot No. Shaving Slumber Robe Block No. Suit or Dress..... Section Other Articles of Clothing..... Transferring Body..... Pall Bearers 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 Salestax

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| FUNERAL AT RESIDENCE MORTUARY CHURCH |                 | DATE             | HOUR CLERGYMAN                            |         |
|--------------------------------------|-----------------|------------------|---|---------|
| Singers                              |                 | N. S. S. J. (20) | LODGE APPILIATIONS                        |         |
| REVENUE ITEMS AND THEIR COST         |                 | CREDITS          | PERSONAL AND STATISTICAL                  |         |
| Charge for Complete Funeral.         |                 |                  | Place of Death                            |         |
| Casket NoStyle                       |                 |                  | Date of Death                             |         |
| interior Covering Covering           |                 |                  | Cause of DeathContributory                |         |
| Manufacturer                         | DEBITS          |                  | Duration Autorsy                          |         |
| Total Net Cost of Casket             |                 |                  | Sex Color or Race                         |         |
| Outer Case                           |                 |                  | Single Married Widowed Divorced Child     |         |
| /ault                                |                 |                  | Date of Birth Age, Years Months Days      |         |
| Embalming                            |                 |                  | Occupation Age, rears Montals             |         |
| Clothing                             |                 | 1400             |   |         |
|                                      |                 |                  | How Long at Place of Death                |         |
|                                      |                 |                  | Birthplace—City or CountyState or Country | 9       |
|                                      |                 |                  | Name of Father                            | -       |
|                                      |                 |                  | Birthplace of Father                      |         |
| Total Cash Advances                  |                 |                  | Maiden Name of Mother                     |         |
|                                      |                 |                  | Birthplace of Mother                      | -       |
|                                      |                 |                  | Signed M.DC                               | oro     |
|                                      |                 |                  | Address Date                              |         |
|                                      |                 | A                | Interment at                              |         |
|                                      |                 |                  | Lot or Grave No. Section No.              |         |
|                                      |                 |                  | Shipped to                                | S GRESS |
|                                      |                 |                  | Arrived from.                             | -       |
|                                      |                 |                  | Via R. R. Date                            |         |
| Total Net Cost of Funer              | ral             |                  | In Charge of                              |         |
| Gross Pro                            | ofit on Funeral |                  |   |         |
| *Less Overhead Per Fund              | eral            |                  | Source of Call                            | 1000    |
| Net Profi                            | it Apparent     |                  | Source of Cau                             |         |
| REMARKS:                             |                 |                  | Insured in Amount                         |         |
|                                      |                 |                  | Beneficiary                               |         |
|                                      |                 |                  |   |         |

n

| Insurance Policies             | Professional Supervision.  |          | !           |          |  |                                     |        |     |  |
|--------------------------------|--|----------|-------------|----------|--|-------------------------------------|--------|-----|--|
|                                | Use of Flower Cars.  Professional Supervision.   |          |             |          |  |                                     |        |     |  |
| Singers                        | Telegrams and Telephone Calls.  Use of doz. Chairs  Flowers.  Clergyman.  Singers.  Casket Coach                   | 10       |             |          | 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                                     |        |     |  |
| Block No. Section Pall Bearers | Slumber Robe Suit or Dress Other Articles of Clothing Transferring Body Door Badge Opening Grave Newspaper Notices |          |             |          |  | 63.656                              |        |     |  |
| Mt. Avoirn<br>Grave No.        | Embalming Outer Case or Vault Washing and Dressing Shaving   |          |             |          |  |                                     |        |     |  |
| Place of Burial                | Date Description of Service  Casket and Services.  |          |             | 8/10 / 2 | 0                                      | Byck                                | V      | 542 |  |
|                                | Funeral of Keefe, Jm 5  Ordered by.  Funeral at Residence Mortuary Chu  Clergyman Keefe Lodge Affilia              | Guarante | ed by<br>te | /3/5     | ō н                                    | Seri<br>Hour <i>2:00 P.N</i> ). Ann | ial No | 29  |  |

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| FUNERAL AT RESIDENCE MORTUARY CHURCH |   | DATE    | Hour Clergyman                             |
|--------------------------------------|---|---------|--|
| Singers                              | Minutes of                              |         | Lodge Applications                         |
| REVENUE ITEMS AND THEIR COST         | Charle openie                           | CREDITS | PERSONAL AND STATISTICAL                   |
| Charge for Complete Funeral          |   |         | Place of Death                             |
| Casket No. Style                     | *************************************** |         | Date of Death                              |
| Interior Covering                    |   |         | Cause of DeathContributory                 |
| Manufacturer                         | DEBITS                                  |         | DurationAutopsy                            |
| Total Net Cost of Casket             |   |         | SexColor or Race                           |
| Outer Case                           |   |         | Single Married Widowed Divorced Child      |
| Vault                                |   |         | Date of Birth Age, Years Months Days       |
| Embalming                            |   |         | Occupation.                                |
| Clothing                             |   | 11      |  |
|                                      |   | -       | How Long at Place of Death                 |
|                                      |   |         | Birthplace—City or County State or Country |
|                                      |   |         | Name of Father                             |
|                                      |   |         | Birthplace of Father.                      |
| Total Cash Advances                  |   |         | Maiden Name of Mother                      |
|                                      |   |         | Birthplace of Mother                       |
|                                      |   |         | Signed M.D. Core                           |
|                                      |   |         | 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 A                         | pparent                                 |         | Source of Call.                            |
| REMARKS:                             |   |         |  |
|                                      |   |         | Insured in Amount                          |
|                                      |   |         | Beneficiary                                |

|   |                    | Funeral of TIBSON, FUETE, Ordered by Funeral at Residence Mortuary | Guarante                                | ed by                 | -11-    | 50.        | Serial 1                                | No | 30      |
|---|--------------------|--|---|-----------------------|---------|------------|---|----|---------|
|   |                    | Funeral at Residence Mortuary  Clergyman Goddar d Lodge A          | filiationsDate                          | Body Shipped to or fo | or from |            |   |    |         |
|   |                    | Date Description of Service  | Amou                                    | int                   | Date    | e          |   | VI | Credits |
|   | Place of Burial    | Casket and Services  | *************************************** |                       | 8/28    | 150        | Byck                                    |    | 50 00   |
|   | Cemetery           | Embalming.   |   |                       |         |            |   |    |         |
|   | Grave No.          | Outer Case or Vault  |   |                       |         |            |   |    |         |
|   | Lot No.            | Washing and Dressing   |   |                       |         |            | *************************************** |    |         |
|   | Lot ING.           | Shaving  |   |                       |         |            |   |    |         |
|   | Block No.          | Slumber Robe   |   |                       |         |            | *************************************** |    |         |
|   | Section            | Suit or Dress  | No.                                     |                       |         |            |   |    |         |
|   | Pall Bearers       | Other Articles of Clothing.  Transferring Body                     |   |                       |         |            |   |    |         |
|   |                    | Door Badge   |   |                       |         |            |   |    |         |
|   |                    | Opening Grave  |   |                       |         |            |   |    |         |
|   |                    | Newspaper Notices  |   |                       |         |            | 28272820                                |    |         |
|   |                    | Telegrams and Telephone Calls                                      |   |                       |         |            | AND |    |         |
|   |                    | Use ofdoz. Chairs  |   |                       |         |            | (2) AUG; (50 60)                        |    |         |
|   |                    | Flowers  |   |                       |         |            | BPAIDS                                  |    |         |
|   |                    | Clergyman  |   |                       |         |            | FUNERAL ON                              |    |         |
|   |                    | Singers  |   |                       |         |            | [ * *                                   | ļ  |         |
|   | Singers            | Casket Coach   |   |                       |         |            | THOY, MANS.                             |    |         |
|   |                    | Use of Funeral Cars  |   |                       |         |            | SEIEIGINOS                              |    |         |
|   |                    | Use of Flower Cars   |   |                       |         |            |   |    |         |
|   |                    | Professional Supervision   | 30                                      | 00                    |         |            |   |    |         |
|   | Insurance Policies |  |   |                       |         |            |   |    |         |
|   |                    |  |   |                       |         |            |   |    |         |
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|   |                    | To Funeral Complete  | 50                                      | 00                    |         |            |   |    | 50 m    |

| FUNERAL AT RESIDENCE MORTUARY CHURCH |  | DATE       | Hour                       | CLERGYMAN          |              |                             |
|--------------------------------------|--|------------|----------------------------|--------------------|--------------|-----------------------------|
| Singers                              |  | A B A A ME | LODGE AFFILIATIONS         |                    |              |                             |
| REVENUE ITEMS AND THEIR COST         | AVENERAL P   | CREDITS    |                            | PERSONAL AND STATE | ISTICAL      |                             |
| Charge for Complete Funeral          |  |            | Place of Death             |                    |              |                             |
| Casket No. Style                     |  |            | Date of Death              |                    |              |                             |
| Interior Covering                    |  |            | Cause of Death             |                    | Contributory | -18                         |
| Manufacturer                         | DEBITS   |            | Duration                   |                    |              |                             |
| Total Net Cost of Casket             |  |            | Sex                        |                    |              |                             |
| Outer Case                           |  |            | Single Married             |                    |              |                             |
| Vault                                |  |            | Date of Birth              |                    |              |                             |
|                                      |  |            |                            |                    |              |                             |
| Clothing                             |  |            | Occupation                 |                    |              |                             |
| 7.9.16                               |  |            | How Long at Place of Death |                    |              |                             |
| pip In Fran.                         |  |            | Birthplace—City or County  |                    |              |                             |
| 1 1 8-1                              |  |            | Name of Father             |                    |              |                             |
| Lyrepa                               |  |            | Birthplace of Father       |                    |              |                             |
| Total Cash Advances                  |  |            | Maiden Name of Mother      |                    |              |                             |
|                                      |  |            | Birthplace of Mother       |                    | <u> </u>     |                             |
|                                      |  |            | Signed                     | M.D                |              | Coron                       |
|                                      |  |            | Address                    | D <sub>8</sub>     | ate          | and the same of the same of |
|                                      |  |            | Interment at               |                    |              |                             |
|                                      |  |            | Lot or Grave No            |                    |              |                             |
|                                      |  |            | Shipped to                 |                    |              |                             |
|                                      |  |            | Arrived from               |                    |              |                             |
|                                      |  |            | Via                        | R. R               | Date         |                             |
| Total Net Cost of Funeral            |  |            | In Charge of               |                    |              |                             |
| Gross Profit or                      | n Funeral  |            |                            |                    |              |                             |
| *Less Overhead Per Funeral           |  |            |                            |                    |              |                             |
| Net Profit Ap                        | oparent  |            | Source of Call             |                    |              |                             |
| REMARKS:                             | Parcell  |            |                            |                    |              |                             |
| REMARAS.                             |  |            | Insured in                 |                    |              |                             |
|                                      |  |            | Beneficiary                |                    |              |                             |
|                                      | A STATE OF THE STA |            |                            |                    |              |                             |

|                    | Funeral of Monroe, Luly H         |           |            |        | Acco                                    |       |          | ~         |
|--------------------|-----------------------------------|-----------|------------|--------|---|-------|----------|-----------|
|                    | Ordered by                        | Guarantee | d by       |        | Seria                                   | No    | 3/       | *******   |
|                    | Funeral atResidenceMortuaryChur   | rch Date  | 81         | 117/50 | Hour 2:30 Annu                          | al No |          |           |
|                    | Clergyman Barthell Lodge Affiliat |           |            |        |   |       |          |           |
|                    | Date Description of Service       | Amour     |            | Date   |   | TV    | Credi    |           |
| Place of Burial    | Casket and Services 862.5         | 74 89/1   | 00         | 8/19/5 | But a sole                              |       | 1000     | 1         |
| Mt. Olive          |                                   | - 11      | No.        |        | - Jugushoff                             |       | 1.0.00   |           |
| Cémetery           | Outer Case or Vault Wilbert       | 125       | 00         |        |   |       | <b> </b> |           |
| Grave No.          |                                   | 11        | ري         |        | ****                                    |       |          | ********* |
| Y                  | Washing and Dressing              | N 1       |            |        | *************************************** |       |          |           |
| Lot No.            | Shaving                           |           |            |        |   |       |          |           |
| Block No.          | Slumber Robe                      | B I       |            |        |   |       |          |           |
| Section            | Suit or Dress                     | 11        |            |        |   |       |          |           |
| Section            | Other Articles of Clothing        |           |            |        |   |       |          |           |
| Pall Bearers       | Transferring Body                 |           |            |        | ****                                    |       |          |           |
|                    | Door Badge                        |           |            |        |   |       |          |           |
|                    | Opening Grave                     | 11        |            |        | 701415765X                              |       |          |           |
|                    | Newspaper Notices.                |           |            | 1      |   |       |          |           |
|                    | Telegrams and Telephone Calls     |           |            |        |   |       |          |           |
|                    | Use ofdoz. Chairs                 |           |            |        | 2xv6W 8                                 |       | -        | ļ         |
|                    | Flowers                           |           |            | 105    | 370000                                  |       | -        | ļ         |
|                    | Clergyman                         | 11        |            |        | 1 2 0 AV                                |       | -        | ļ         |
|                    | Singers                           | 11        |            | 1      | 5 10 5 3 5 5                            |       | -        |           |
| Singers            | Casket Coach                      |           |            |        | CETTE POR SECTION                       |       | -        |           |
|                    | Use of Funeral Cars               |           |            |        | 2000                                    |       |          |           |
|                    | Use of Flower Cars                |           |            |        |   |       | -        |           |
|                    | Professional Supervision          |           |            |        |   |       | -        | ļ         |
| Insurance Policies |                                   |           |            |        |   |       | -        | ļ         |
| msurance 1 oncies  | A (6                              | 3-        | ********** |        |   |       | -        |           |
|                    | 9/1/00                            | 13        | 11         |        |   |       |          |           |
|                    | Cares / ax                        | / / /     | 25         |        |   |       | -        |           |
| NAPOLIS            |                                   |           |            |        |   | -     | -        |           |
| TO WESTER          | To Eugenal Complete / AAA . 1 C   | 1024      | 25         |        |   | -     | 1000     | ١.,       |

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| FUNERAL AT RESIDENCE MORTUARY CHURCH   | DATE     | Hour Clergyman  |
|--|----------|---|
| SINGERS  | 2000     | Lodge Affiliations  |
| REVENUE ITEMS AND THEIR COST   | CREDITS  | PERSONAL AND STATISTICAL  |
| Charge for Complete Funeral Casket No. 196-M Style Rany Wheat Interior Covering Manufacturer Potal Net Cost of Casket Outer Case Vault Combalming Clothing  Total Cash Advances  Total Net Cost of Funeral | <i>S</i> | Place of Death  Date of Death  Cause of Death  Color or Race  Single  Married  Widowed  Divorced  Child  Date of Birtheld  Date of Birtheld  Date of Death  How Long at Place of Death  Birthplace—City or County  Name of Father  Birthplace of Father  Maiden Name of Mother  Birthplace of Mother  Signed  M.D.  Cor  Address  Interment at  Lot or Grave No.  Shipped to  Arrived from  Via  R. R. Date  In Charge of |
| Gross Profit on Funeral  |          |   |
| *Less Overhead Per Funeral   |          |   |
| Net Profit Apparent  |          | Source of Call.   |
| Remarks:   |          | Insured in Amount Beneficiary   |

n

Funeral of Ruddy, Clames C. Charge to Nellie Ruddy Account No 229

Ordered by Guaranteed by Serial No. 32

Funeral at Residence Mortuary Church Date 9/11/50 Hour 10:00 A.M. Annual No. ...Lodge Affiliations... Body Shipped to or from..... Credits Description of Service Place of Burial Casket and Services.... Cemetery Embalming..... Outer Case or Vault Concrete Bay St. James Grave No. Washing and Dressing..... 100 Lot No. Shaving..... Slumber Robe Block No. Suit or Dress..... Other Articles of Clothing Shirt Section Transferring Body..... Pall Bearers 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 709 Sales Tax

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|   | н                |            | Hour Clergyman   |
|---|------------------|------------|--|
| INGERS  |                  |            | Lodge Affiliations                                     |
| REVENUE ITEMS AND THEIR COST                            | rational and and | CREDITS    | PERSONAL AND STATISTICAL                               |
| Charge for Complete Fyneral Casket No. 1000 Style Metal | Couch            |            | Place of Death 57, Joseph<br>Date of Death 9/7/50      |
| nterior Covering  | DEBITS           |            | Cause of Death Contributory                            |
| Manufacturer 1  |                  |            | Duration Autopsy                                       |
| Cotal Net Cost of Casket                                | 52- VIII         |            | Sex Color or Race W                                    |
| outer Case,   |                  | Kill I     | Single Married Widowed Divorced Child                  |
| Vault Combalming  |                  |            | Date of Birth / 14 1888 Age, Years 62 Months 3 Days 25 |
| Clothing  |                  |            | Occupation Farmer                                      |
| . K   |                  | 100.9      | How Long at Place of Death 1, Fe                       |
| 8   |                  |            | Birthplace—City or County Sparks State or Country Ks.  |
|   |                  |            | Name of Father   |
|   |                  |            | Birthplace of Father                                   |
| Cotal Cash Advances                                     |                  |            | Maiden Name of Mother                                  |
| otal Cash Advances                                      |                  |            | Birthplace of Mother                                   |
| Regarded Management                                     |                  | 10 July 18 | Signed Brad Ford. M.D. Core                            |
|   |                  |            |  |
|   |                  |            | Address Date   |
|   |                  |            | Interment at Fann in 9                                 |
| 3.5 A   | 1 .              |            | Lot or Grave No  |
|   |                  | 100        | Arrived from   |
|   |                  |            | Via  |
| Total Net Cost of Fund                                  | eral             |            | In Charge of   |
| Gross Pr  | ofit on Funeral  |            |  |
| *Less Overhead Per Fur                                  | neral            |            |  |
|   | fit Apparent     |            | Source of Call   |
| REMARKS:  |                  |            |  |
|   |                  |            | Insured in Amount Beneficiary                          |

Filed

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

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| Funeral of De Money, Myrtle L. Ordered by |  |          |              |     |       |   |                | The state of the s | ******** |
|---|--|----------|--------------|-----|-------|---|----------------|--|----------|
| Funeral at Residence Mortuary Chu         |  |          |              |     |       |   |                |  |          |
| Clergyman Zaidler Lodge Affilia           | ations   |          |              |     |       | Body Shipp                              | ped to or from |  |          |
| Date Description of Service               | Amo  | unt      | Da           | nte |       |   | V              | Cred   | its      |
| Casket and Services                       | 456  | 00       | 10/9         | 150 | Ber ( | ·L                                      |                | 15   | 00       |
| Embalming                                 | 1  |          | 11-5         |     |       | Cach                                    |                | 20   | 00       |
| Outer Case or Vault Wilhert               | 130  | 20       | 11-27        | 50  |       | ٠,                                      |                | 25   | 00       |
| Washing and Dressing                      |  |          | 1-2-         | 51  |       | ٠.                                      |                | 10   | 00       |
| Shaving                                   |  |          | 1-10-        | 51  |       | ١,                                      |                | 10   | 00       |
| Slumber Robe                              | - 11   |          | 1-30         | 51  |       |   |                | 10   | 00       |
| Suit or Dress                             |  |          | 2-10         | 51  |       | 7                                       |                | 10   | 00       |
| Other Articles of Clothing                |  |          | 2-23         | 51  |       | 4                                       |                | 10   | 00       |
| Transferring Body                         |  |          | 3/21         | 51  | ',    | 1,                                      |                |  | 60       |
| Door Badge 6090                           |  |          | 4/12         | 151 |       | -1                                      |                |  | 00       |
| Opening Grave                             |  |          | 5/1          | 51  | 1.1   |   |                | 10   | 0.0      |
| Newspaper Notices                         |  |          | 5/7/         | 51  | 1,    | /\                                      |                | 10   | 00       |
| Telegrams and Telephone Calls             |  |          | 6/21         | 51  | 1     |   |                | /6   | 00       |
| Use ofdoz. Chairs                         |  | V        | 10/19        | 51  | Li    | ч                                       |                |  | 08       |
| Flowers                                   | 15   | 00       | 2/12/        | 52  | 1,    | * 1                                     |                | 10   | 0        |
| Clergyman                                 |  |          | 2/21/        | 12  |       | 7                                       |                | 10   | 00       |
| Singers                                   |  |          | 3/1/5        | 2   | 1     |   |                | 10   | 00       |
| Casket Coach                              | Arabica State Control of the Control |          | 1            |     |       |   |                |  |          |
| Use of Funeral Cars                       |  |          | 331          |     | и     | 1.                                      |                | 200  | ac       |
| Use of Flower Cars                        |  |          |              |     |       |   |                |  |          |
| Professional Supervision.                 |  | <u> </u> |              |     |       |   |                |  |          |
| •   |  |          |              |     |       | 10                                      |                |  |          |
|   |  |          |              |     |       | *************************************** |                |  |          |
|   |  |          |              |     | -     | *************************************** |                |  |          |
| Sales Tax                                 | 8  | 37       |              |     | -     |   |                |  |          |
|   |  | -        | <del> </del> | -   | -     |   |                |  |          |
| To Funeral Complete                       | 609  | 37       | -            | 1   |       |   |                |  |          |

| FUNERAL AT RESIDENCE MORTUARY CHURCH   | I      | TE HOUR CLERGYMAN                                       |
|--|--------|---|
| SINGERS  |        | Lodge Affiliations                                      |
| REVENUE ITEMS AND THEIR COST   | CREDI  | PERSONAL AND STATISTICAL                                |
| Charge for Complete Funeral  |        | Place of Death St. Socenh Mo.                           |
| Casket No. Style   |        | Date of Death 10-6-50                                   |
| Interior Covering  |        |   |
|  | DEBITS | Cause of Death erebra / f/- Contributory                |
| Total Net Cost of Casket   |        | Duration Autopsy  |
| Outer Case.  |        |   |
| Vault  |        | Single Married Widowed Divorced Child                   |
| P. 1. 1.   |        | Date of Birth ept 8 1886 Age, Years 6 4 Months O Days 2 |
| Clothing   |        | Occupation  |
|  |        | How Long at Place of Death 3 day                        |
| ACYCLE CONTROL |        | Birthplace—City or County Prod State or Country         |
|  |        | Name of Father Ary Hoove                                |
|  |        |   |
|  |        | Birthplace of Father                                    |
| Total Cash Advances  |        | Maiden Name of Mother Suc Cregor                        |
|  |        | Birthplace of Mother                                    |
| 1  |        | Signed H. W. Carle M.D. Co                              |
|  |        | Address St. J. & Date                                   |
|  |        | Interment at Mt. Olive                                  |
|  |        | 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 Fu   | ineral |   |
| *Less Overhead Per Funeral   |        |   |
| Net Profit Appare  | ent    | Source of Call.   |
| REMARKS:   |        | Insured in Amount                                       |
|  |        |   |
|  |        | Beneficiary   |

|                    | Funeral of Collins, Richar      | Charge to  | o     |       |  | Ac                                      | count No  | 231  |        |
|--------------------|---------------------------------|--|-------|-------|--|---|-----------|------|--------|
|                    | Ordered by                      | Guarante   | ed by |       |  | Se                                      | rial No   | 34   | ****** |
|                    | Funeral at Residence Mortuary C | ChurchDat  | 10    | 1-10  | -50  | Hour 2:30 Ar                            | nnual No. |      |        |
|                    | Clergyman Mrs. Ruth Lodge Aff   |  |       |       |  |   |           |      |        |
|                    | Date Description of Service     | Amor   |       |       | ate  |   | TV        | Cred |        |
| Place of Burial    | Casket and Services.            | 400  | 00    | 10/12 | 450  | By Cash Thelma                          |           | 130  | 100    |
| Cemetery           | Embalming.                      |  |       | 106   | 4/50   | & Ck Hest or                            | _         | 417  | 60     |
|                    | Outer Case or Vault Wilbert     | 130  | 00    | /     |  |   |           |      |        |
| Grave No.          | Washing and Dressing            | - 11   |       |       |  |   |           |      |        |
| Lot No.            | Shaving                         | - 1  |       |       |  |   |           |      |        |
| Block No.          | Slumber Robe                    | 11   |       |       |  |   |           |      |        |
|                    | Suit or Dress                   |  |       |       |  |   |           |      | .      |
| Section            | Other Articles of Clothing      |  |       | ļ     | -  |   |           |      |        |
| Pall Bearers       | Transferring Body               | The state of the s |       | 11    | 1  |   |           |      | -      |
|                    | Door Badge                      |  |       | 1     | 1  |   |           |      | -      |
|                    | Opening Grave                   | The state of the s |       | 11    | -  |   |           | ·    | -      |
|                    | Newspaper Notices               | - 11   |       | ļ     |  | CT 17 18 2                              |           |      |        |
|                    | Telegrams and Telephone Calls   |  |       | ļ     |  | 600 11 11 19 X                          |           | -    | -      |
|                    | Use ofdoz. Chairs               |  | 00    | ļ     | 1  | P 73                                    |           | -    | -      |
|                    | Flowers                         | H  | 00    | ļ     | 1  | ======================================= |           |      | -      |
|                    | Clergyman                       |  |       |       | Contra Co | 35 Z D O A S                            |           |      | -      |
|                    | Singers                         |  |       |       | 1-60   | AND |           | -    |        |
| Singers            | Casket Coach                    |  |       |       | 1  | T US W                                  |           | -    | -      |
|                    | Use of                          |  |       | -     | 1  | (2) (3)                                 |           | -    | -      |
|                    | Use of Flower Cars              |  |       | ·     | -  | LECTIONS.                               |           |      | -      |
|                    | Professional Supervision        |  |       |       |  |   |           | ·    |        |
| Insurance Policies |                                 |  |       | 1     |  | *************************************** |           | -    |        |
|                    |                                 |  |       |       |  |   |           |      | 1      |
|                    | Sales Tax                       | 7  | 60    |       |  |   |           |      |        |
| NAPOLIS            |                                 |  |       |       | 1  |   |           |      |        |
|                    | To Eugeral Complete             | 547  | 60    |       | To the   |   |           | 447  | 6      |

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| FUNERAL ATRESIDENCE     | EMORTUARYCHURCH            |            | DATE     | Hour                       | CLERGYMAN               |      |
|-------------------------|----------------------------|------------|----------|----------------------------|-------------------------|------|
| Singers                 |                            |            | 1 100000 | Lodge Affiliations         | Company of the second   |      |
| REVENU                  | E ITEMS AND THEIR COST     |            | CREDITS  | Pi                         | ERSONAL AND STATISTICAL |      |
| Charge for Complete Fun | eralera                    |            |          | Place of Death Troy        | Kans.                   |      |
|                         | Style                      |            |          | Date of Death 10           | - 10 - 50               |      |
|                         | Covering                   |            |          |                            |                         |      |
| Manufacturer            |                            | DEBITS     |          | Cause of Death Cor on a    | Contributory            |      |
|                         |                            |            |          | Duration                   | or or Race W            |      |
|                         |                            |            |          |                            |                         |      |
|                         |                            |            |          |                            | WidowedDivorced         |      |
|                         |                            |            |          | Date of Birth Jan 20,      | Age, Years 66 Months    | Days |
| 9                       |                            |            |          | Occupation La              | borer.                  |      |
| lothing                 |                            |            |          | How Long at Place of Death | life                    |      |
|                         |                            |            |          |                            | State or Country        |      |
|                         |                            |            |          |                            |                         |      |
|                         |                            |            |          |                            |                         |      |
|                         |                            |            | N. S.    | Birthplace of Father       |                         |      |
| Total Cash Advances     |                            |            |          | Maiden Name of Mother      |                         |      |
|                         |                            |            |          |                            |                         |      |
|                         |                            |            |          | Signed S/a/r               | M.D.                    | Core |
|                         |                            |            |          | Address                    |                         |      |
|                         |                            |            |          | Interment at               |                         |      |
|                         |                            |            |          |                            |                         |      |
|                         |                            |            |          | Shipped to                 | Section No              |      |
|                         |                            |            |          |                            |                         |      |
|                         |                            |            |          |                            | R. R. Date              |      |
|                         | Total Net Cost of Funeral  |            |          |                            |                         |      |
|                         | Gross Profit               | on Funeral |          |                            |                         |      |
|                         | *Less Overhead Per Funeral |            |          |                            |                         |      |
|                         | Net Profit A               |            |          | Source of Call             |                         |      |
| REMARKS:                | atec a tolic h             |            |          |                            |                         |      |
| NEMARKS:                |                            |            |          | Insured in                 | Amount                  |      |
|                         |                            |            |          | Beneficiary                |                         |      |
|                         |                            |            |          |                            |                         |      |

The state of the s

|                    | Funeral of Thomas, Joseph (       | 1. Charge to |       | ohn               |   | .Account No | 232   | -   |
|--------------------|-----------------------------------|--------------|-------|-------------------|---|-------------|-------|-----|
|                    | Oldered By                        | Ouaranice    | cu by | ***************** | ***************************************   | Seliai Ivo  |       |     |
|                    | Funeral atResidenceMortuary /Chui | rchDat       | 10    | 129/5             | Hour 2:00   | Annual No.  |       |     |
|                    | Clergyman Twombly Lodge Affilia   |              |       |                   |   |             |       |     |
|                    | Date Description of Service       | Amou         | int   | Date              |   | IV          | Credi | its |
| Place of Burial    | Casket and Services               | 95           | 75    | 11-19-5           | By Ch   |             | 122   | 3   |
| Cemetery           | Embalming.                        |              |       |                   |   |             |       |     |
|                    | Outer Case or Vault               |              |       |                   |   |             |       |     |
| Grave No.          | Washing and Dressing              | H            |       |                   |   |             |       |     |
| Lot No.            | Shaving                           | ii .         |       |                   |   |             |       |     |
| Block No.          | Slumber Robe                      |              |       |                   |   |             |       |     |
| BIOCK NO.          | Suit or Dress                     | 15           | 40    |                   |   |             |       |     |
| Section            | Other Articles of Clothing.       |              |       |                   |   |             |       |     |
| Pall Bearers       | Transferring Body                 | M            |       |                   |   |             |       |     |
| I all Douters      | Door Badge                        |              |       |                   |   |             |       |     |
|                    | Opening Grave                     | 11           |       |                   | 16 1897   |             |       |     |
|                    | Newspaper Notices                 |              | 100   |                   | 163 m 12  |             |       |     |
|                    | Telegrams and Telephone Calls     | 1            |       |                   | 8 7 7 6   | \           |       |     |
|                    | Use ofdoz. Chairs                 |              |       |                   | \$2500 2 b  |             |       |     |
|                    | Flowers                           | 10           | 00    |                   | E 5555 - 5  | 7           |       |     |
|                    | Clergyman                         |              |       |                   | 18 PM F 170 S   |             |       |     |
|                    | Singers                           | 11           |       |                   | 160 09/   |             |       |     |
| Singers            | Casket Coach                      |              |       |                   | CE277809  |             |       |     |
|                    | Use of Funeral Cars               |              |       |                   |   |             |       |     |
|                    | Use of Flower Cars.               |              |       |                   |   |             |       |     |
|                    | Professional Supervision          |              |       |                   |   |             |       |     |
|                    | -                                 |              |       |                   |   |             |       |     |
| Insurance Policies |                                   |              |       |                   |   |             |       |     |
|                    |                                   |              |       |                   |   |             |       |     |
|                    | Sales Tax                         | 1            | 15    |                   |   |             |       |     |
| IAPOLIS .          |                                   |              |       |                   |   |             |       |     |
|                    |                                   | 100          | -     |                   |   | 1           |       |     |
|                    | To Funeral Complete               | 122          | 70    |                   | AT THE RESERVE OF THE PARTY OF |             | 122   | 50  |

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| SENORES  LODGE AFFILIATIONS  REVENUE HTEMS AND THEIR COST  CHARGE for Complete Funeral Casket No. Style Interior Covering Manufacturer Total Net Cost of Casket  Outer Case Single Married Widowed Divorced Coupation How Long at Place of Death Birthplace of Father Birthplace of Father Married Midowed Birthplace of Father Birthplace of Father Married Midowed Divorced Child Date of Birthry 27 Age, Years S Months Daya Cocupation How Long at Place of Death Birthplace of Father Birthplace of Father Age Signed MD Address Widden Name of Mother Signed MD Address Mother Signed Address Mother Signed MD Address  | FUNERAL AT RESIDENCE MORTUARY CHURCH |  | DATE       | Hour                          | CLERGYMAN                |  |
|--|--------------------------------------|--|------------|-------------------------------|--------------------------|--|
| Charge for Complete Funeral Casket No. Style Interior Covering Manufacturer Potal Net Cost of Casket Outer Case Vault Embalming Clothing  Total Cash Advances  Total Cash Advances  Total Net Cost of Funeral Gross Profit on Funeral  *Less Overhead Per Funeral Net Profit Apparent  Remarkes:  Place of Death 10/21/50 Cause of Death 10/21/50 Caus | SINGERS                              |  |            | Lodge Affiliations            | ALL SEMESTIFES           |  |
| Date of Death 10/21/50 Cause of Death 20/21/50 Cause o | REVENUE ITEMS AND THEIR COST         |  | CREDITS    | And Library and Sample of the | PERSONAL AND STATISTICAL |  |
| Date of Death 10/21/50 Cause of Death 20/21/50 Cause o | Charge for Complete Funeral          | na signatik  |            |                               |                          |  |
| Manufacturer.  Potal Net Cost of Casket  Outer Case.  Vault  Embalming  Clothing  Clot |                                      |  |            | Date of Death 10/             | 27/50                    |  |
| Manufacturer.  Total Net Cost of Casket  Outer Case  Vault  Embalming  Clothing  Total Cash Advances  Total Cash Advances  Total Cash Advances  Total Cash Advances  Total Net Cost of Funeral  *Less Overhead Per Funeral  Net Profit Apparent  Remarks:  Duration  Autopsy  Color or Race  Single  Married  Widowed  Divorced  Child  Date of Birthy 24  Age, Years  Months  Days  Occupation  Autopsy  Color or Race  Widowed  Divorced  Child  Date of Birthy 24  Age, Years  Months  Days  Occupation  How Long at Place of Death  Birthplace of Father  Birthplace of Father  Signed  Mother  Signed  MD  Address  How Long at Place of Death  Birthplace of Father  Signed  MD  Address  Lot or Grave No.  Shipped to  Arrived from  Via  R. R. Date  In Charge of  Source of Call.  Remarks:   |                                      |  |            |                               |                          |  |
| Total Net Cost of Casket  Outer Case  Outer Case  Vault  Embalming  Clothing  Clothing  Clothing  Clothing  Clothing  Clothing  Total Cash Advances  Total Net Cost of Funeral  Gross Profit on Funeral  *Less Overhead Per Funeral  Net Profit Apparent  Remarks:  Color or Race & Single Married Widowed Divorced Child  Date of Birth 1/17 Age, Years Months Days  Occupation  Age, Years Months Days  Occupation  Partied Type County  State or Country  Name of Father  Partied  Nother Country  M.D.  Address  Date  In Charge of  Source of Call  Remarks:  Insured in Amount  |                                      | DEBITS   |            |                               |                          |  |
| Duter Case Vault Embalming Clothing  |                                      |  | A THE REST |                               |                          |  |
| Wallt Embalming Clothing  Date of Birth 27 Age, Years Months Days Occupation How Long at Place of Death Birthplace—City or County Name of Father Birthplace of Afther Birthplace of Mother Clot of Grave No. Shipped to Arrived from Via R. R. Date In Charge of Source of Call  Remarks:  Remarks:  Insured in Amount  |                                      |  |            |                               |                          |  |
| Clothing  How Long at Place of Death  Birthplace—City or County  Name of Father.  Spirthplace—City or County  Name of Father.  Age, Years D.  Age, Years D.  Months  Cocupation  Age, Years D.  Months  Cocupation  Age, Years D.  Age, Years D.  Age, Years D.  Age, Years D.  Routh  Cocupation  Age, Years  State or County  Name of Father.  Age, Years  State or County  Name of Father.  Birthplace—City or County  Name of Father.  Birthplace—City or County  Name of Father.  Birthplace—City or County  Name of Father.  Spirthplace—City or County  Name of Father.  Spirthplace—City or County  Name of Father.  Spirthplace—City or County  Address Date  Andress Date  Andress Date  Andress Date  Andress Date  Cocupation  Andress Date  Andress Date  Coc |                                      |  |            |                               |                          |  |
| Cocupation  Occupation  How Long at Place of Death  Birthplace—City or County  Name of Father  Birthplace of Father  Birthplace of Mother  Birthplace of Mother  Birthplace of Mother  Signed  Address  Address  Lot or Grave No.  Shipped to  Arrived from  Via  R. R. Date  In Charge of  Source of Call.  Remarks:  Insured in  Amount  |                                      |  |            |                               |                          | Days                                   |
| How Long at Place of Death  Birthplace—City or County  Name of Father  Birthplace of Father  Birthplace of Mother  Birthplace of Mother  Birthplace of Mother  Signed  Address  Address  Lot or Grave No.  Shipped to  Arrived from  Via  R. R. Date  In Charge of  Gross Profit on Funeral  *Less Overhead Per Funeral  Net Profit Apparent  Remarks:  Insured in  Amount   |                                      |  |            |                               |                          |  |
| Birthplace—City or County Name of Father Birthplace of Father Birthplace of Father Birthplace of Mother Date Interment at Lot or Grave No. Section No. Shipped to Arrived from Via R. R. Date In Charge of  Source of Call REMARKS: Insured in Amount  | Journal                              |  | Table 1    | How Long at Place of Dea      | th Xuj                   |  |
| Name of Father Pen 7  Birthplace of Father 7  Birthplace of Mother 7  Midden Name of Mother 7  Birthplace of Mother 9  Birthplace of Mother 9  Birthplace of Mother 9  Midden Name of Mother 9  Birthplace of Mother 9  Birthp |                                      |  |            |                               |                          |  |
| Birthplace of Father Pane  Maiden Name of Mother Birthplace of Mother  Signed After M.D.  Address Highlace of Mother  Lot or Grave No. Section No. Shipped to Arrived from. Via. R.R. Date  In Charge of  *Less Overhead Per Funeral Net Profit Apparent  REMARKS:  Birthplace of Father Pane  Miden Name of Mother Agreement  M.D.  Address Highlace of Mother  Signed After M.D.  Address Highlace of Mother Maneury  Maiden Name of Mother Paneury  Maiden Name of Mother Paneury  Maiden Name of Mother Paneury  Birthplace of Mother Paneury  Birthplace of Mother Paneury  Miden Name of Mother Paneury  Birthplace of Mother Paneury  Date  Interment at Paneury  Section No. Shipped to Arrived from  Via. R.R. Date  In Charge of  Total Net Cost of Funeral  *Less Overhead Per Funeral  Net Profit Apparent  Insured in.  Amount  |                                      |  |            |                               | 9                        |  |
| Maiden Name of Mother  Birthplace of Mother  Signed Andress Date  Interment at Mother  Lot or Grave No. Section No. Shipped to Arrived from Via R. R. Date  In Charge of  *Less Overhead Per Funeral Net Profit Apparent  Remarks:  Maiden Name of Mother  Birthplace of Mother  Signed Andress  M.D.  Address Highland Date  Interment at Mother  Net Profit Apparent  Source of Call  In Source of Call  Source of Call  Insured in Amount   |                                      |  |            |                               |                          |  |
| Birthplace of Mother Signed and M.D. Address Highland Date Interment at M.D. Lot or Grave No. Section No. Shipped to Arrived from Via R.R. Date In Charge of Gross Profit on Funeral *Less Overhead Per Funeral Net Profit Apparent  Remarks:  Birthplace of Mother Signed M.D. Address Highland Source of Call In Charge of Call In Source of Call Insured in Amount  |                                      |  |            |                               |                          |  |
| Signed M.D. Address Highland Date Interment at M.D. Lot or Grave No. Shipped to Arrived from Via R.R. Date In Charge of Gross Profit on Funeral *Less Overhead Per Funeral Net Profit Apparent  Remarks: Insured in Amount   | Total Cash Advances                  |  |            |                               |                          |  |
| Address Highland Date Interment at William Lot or Grave No. Section No. Shipped to Arrived from Via R. R. Date In Charge of In Charge of Source of Call Remarks: Insured in. Amount  |                                      |  |            | 10 1                          |                          |  |
| Interment at   |                                      |  |            |                               | M.D                      |  |
| Interment at   |                                      |  |            | Address High                  | and Date                 |  |
| Lot or Grave No. Section No. Shipped to Arrived from Via R. R. Date  Total Net Cost of Funeral  Gross Profit on Funeral  *Less Overhead Per Funeral Net Profit Apparent  Source of Call  Insured in Amount   |                                      |  |            | Interment at 1                | nt Olive                 |  |
| Shipped to Arrived from Via R. R. Date In Charge of  *Less Overhead Per Funeral Net Profit Apparent  *In Charge of Call  |                                      |  |            |                               |                          |  |
| Total Net Cost of Funeral  Gross Profit on Funeral  *Less Overhead Per Funeral Net Profit Apparent  Remarks:  Via R. R. Date In Charge of Source of Call In Source of Call In Source of Call Insured in Amount   |                                      |  |            |                               |                          |  |
| Total Net Cost of Funeral  Gross Profit on Funeral  *Less Overhead Per Funeral  Net Profit Apparent  Remarks:  Insured in Amount   |                                      |  |            | Arrived from                  |                          |  |
| Gross Profit on Funeral  *Less Overhead Per Funeral Net Profit Apparent  Source of Call  Insured in Amount   |                                      | AMEN'S AND STREET  |            | Via                           | R. R. Date               |  |
| *Less Overhead Per Funeral Source of Call.  Remarks:  Insured in Amount  | Total Net Cost of Funeral            |  |            |                               |                          |  |
| Net Profit Apparent Source of Call Insured in Amount   | Gross Profit of                      | on Funeral   |            |                               |                          |  |
| Remarks:  Net Profit Apparent  Insured in Amount   | *Less Overhead Per Funeral           |  |            |                               |                          |  |
| Remarks: Insured in Amount   |                                      | A STATE OF THE STA |            | Source of Call                |                          | ************************************** |
|  |                                      |  |            | Incurred in                   | Amount                   |  |
|  |                                      |  |            |                               |                          |  |
| Denerically  |                                      |  |            | Beneticiary                   |                          |  |

|  | 1308               | Funeral at Residence Mortuary Lodge A    | .ChurchDa  | te /// | 12/50    | Hour 2:00 Annu  | al No |   |             |
|--|--------------------|--|--|--------|----------|-----------------|-------|---|-------------|
|  | 1                  | Date Description of Service              | Amo  | ount   | Date     |                 | IV    | Cred                                    |             |
| P. 1.021   | Place of Burial    | Casket and Services.                     | 100  | 00     | 11/12/50 | By Cach Gardile |       | 25                                      | 50          |
| ady 1  | Cemetery           | Embalming.                               | 11   | -      | ļ        | Ca Don es       |       | 101                                     |             |
| 681  | Grave No.          | Outer Case or Vault                      |  |        |          |                 |       |   |             |
| 745  | Lot No.            | Shaving                                  |  |        |          |                 |       |   |             |
|  | Block No.          | Slumber Robe                             |  |        |          |                 |       |   |             |
| Da.  | Section            | Suit or Dress Other Articles of Clothing |  | 00     |          |                 | -     |   |             |
|  | Pall Bearers       | Transferring Body                        |  |        |          |                 |       |   |             |
| 01   |                    | Door Badge Opening Grave.                | 1  | -      |          |                 |       |   |             |
| 4  |                    | Newspaper Notices                        |  | -      |          |                 |       |   |             |
|  |                    | Telegrams and Telephone Calls            | The state of the s |        |          |                 |       |   |             |
| 9  |                    | Use ofdoz. Chairs                        | H  |        |          | <u></u>         |       |   |             |
| 15   |                    | Flowers                                  |  |        |          |                 | -     |   |             |
| 1/2  |                    | Clergyman                                |  |        |          |                 |       |   |             |
| L  |                    | Singers                                  |  |        |          |                 | **    |   | *********   |
| 1//  | Singers            | Casket Coach                             |  |        |          |                 |       |   |             |
| M.   |                    | Use of Funeral Cars                      |  |        |          | X / ' O         |       |   | **********  |
| 7  |                    | Use of Flower Cars                       |  |        | 4        | A               |       |   | *********** |
|  |                    | Professional Supervision                 |  |        |          |                 |       |   |             |
|  | Insurance Policies |  |  | ·      | l        | /               |       |   |             |
|  |                    | ***************************************  | ••••••   |        |          |                 |       | *************************************** |             |
| COPYRIGHT, 1930 THE BARNES-ROSS CO., INDIA:  | NAPOLIS            | Sales Tax                                |  | 50     |          |                 | -     |   | *********   |
| CONTROL TO STATE OF THE STATE O |                    | To Funeral Complete                      | 125  | 50     |          |                 |       | 125                                     | 500         |

| 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 | V       | Place of Death Troy Kans  Date of Death 11/10/50  Cause of Death Coronary Contributory |
| Manufacturer DEBITS  |         |  |
| Total Net Cost of Casket   |         | Duration Autopsy Color or Race   |
| Outer Case   |         | Single Married Widowed Divorced Child  |
| Vault  |         | Date of Birth/2/20/1865 Age, Years 84 Months ' Days 3                                  |
| Embalming  |         | Occupation Days Age, Years & Months Days   |
| Clothing   |         |  |
|  |         | How Long at Place of Death   |
|  |         | Birthplace—City or County Oreg on State or Country                                     |
|  |         | Name of Father   |
|  |         | Birthplace of Father   |
| Total Cash Advances.   |         | Maiden Name of Mother  |
|  |         | Birthplace of Mother   |
|  |         | Signed E. Kan M.D. Core  |
|  | -       | AddressDate  |
|  |         | Interment at Severance   |
|  |         | Lot or Grave No. Section No.   |
|  |         | Shipped to Arrived from  |
|  |         | Via  |
| Total Net Cost of Funeral  |         | In Charge of   |
| Gross Profit on Funera   |         |  |
| *Less Overhead Per Funeral   |         |  |
| Net Profit Apparent  |         | Source of Call.  |
| REMARKS:   |         |  |
|  |         | Insured in Amount  |
|  |         | Beneficiary  |

Funeral of Dhone, F. Le Roy Account No.234 ...Charge to.... Ordered by... Guaranteed by... Residence Mortuary Church ...Lodge Affiliations... .Body Shipped to or from ..

Credits

00

Amount

Place of Burial

Date

Casket and Services....

Washing and Dressing.

Embalming.... Outer Case or Vault....

Shaving.....

Description of Service

Cemetery

Grave No.

Lot No.

Block No.

Slumber Robe.... Suit or Dress..... Section Other Articles of Clothing...... Transferring Body..... Pall Bearers 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 Tay To Funeral Complete

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| FUNERAL ATRESIDENCEMORTUARYCHURC | н                 | DATE           | Hour Clergyman                                       |
|----------------------------------|-------------------|----------------|--|
| Singers                          |                   | No.            | Lodge Affiliations                                   |
| REVENUE ITEMS AND THEIR COST     |                   | CREDITS        | PERSONAL AND STATISTICAL                             |
| Charge for Complete Funeral      |                   |                | Place of Death 7 mi NE Try                           |
| Casket No. Style                 |                   |                | Date of Death 11/11/50                               |
| Interior Covering                |                   |                | Cause of Death Core bral Contributory                |
| Manufacturer                     | DEBITS            | LA SIL         | Duration Autopsy                                     |
| Total Net Cost of Casket         |                   |                | Sex 20 Color or Race 6                               |
| Outer Case                       |                   |                | Single Married Widowed Divorced Child                |
| Vault                            |                   |                | Single Married Widowed Divorced Child                |
| Embalming.                       |                   | A STATE OF THE | Date of Birth/3/21/1889 Age, Years 6/ Months 10 Days |
| Clothing                         |                   | ALE SHIP       | Occupation Farmer                                    |
| Clothing                         |                   | All ray        | How Long at Place of Death 18 9 rs.                  |
|                                  |                   |                | Birthplace—City or County State or Country           |
|                                  |                   | THE RES        | Name of Father Oz Ro Dhone                           |
|                                  |                   |                | Birthplace of Father.                                |
|                                  |                   |                | Maiden Name of Mother Rose Thomas                    |
| Total Cash Advances              |                   | 4              |  |
|                                  |                   |                | Birthplace of Mother                                 |
|                                  |                   |                | Signed M.D. E.L. Karr C                              |
|                                  |                   |                | Address Date   |
|                                  |                   |                | Interment at MT. Olive                               |
| ••••                             |                   |                | Lot or Grave No. Section No.                         |
|                                  |                   |                | Shipped to   |
|                                  |                   |                | Arrived from.  |
|                                  |                   |                | Via R. R. Date                                       |
| Total Net Cost of Fu             | neral             |                | In Charge of   |
| Gross F                          | Profit on Funeral |                |  |
| *Less Overhead Per Funeral.      |                   |                | Source of Call                                       |
| Net Profit Apparent              |                   |                |  |
| REMARKS:                         |                   |                | Insured in Amount                                    |
|                                  |                   |                | Beneficiary  |
|                                  |                   |                |  |

n