

Funeral of Mabel R. Case Charge to \_\_\_\_\_ Account No. 556  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 293  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 12-10-58 Hour 2 pm Annual No. 49  
 Clergyman \_\_\_\_\_ Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services <u>manuscript up</u>	185 00	12 10-58		325 13
Place of Burial	Embalming.....				
Cemetery	Outer Case or Vault <u>wood (shipped)</u>				
Grave No.	Washing and Dressing.....				
Lot No.	Shaving.....				
Block No.	Slumber Robe.....				
Section	Suit or Dress.....				
Pall Bearers	Other Articles of Clothing.....				
	Transferring Body.....	10 00			
	Door Badge.....				
	Opening Grave <u>Equipment</u>	25 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	<del>Use of</del> <u>Use of chairs</u>	50 00			
	Clergyman.....	10 00			
	Singers <u>Fuy</u>	4 63			
Singers	Casket Coach.....	15 00			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	25 00			
	<u>Bards</u>	50			
Insurance Policies					
		325 13			
	To Funeral Complete				



Funeral of Leafie Parker Charge to \_\_\_\_\_ Account No. 557  
 Ordered by Nellie Zimmerman Guaranteed by \_\_\_\_\_ Serial No. 294  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 12-21-58 Hour 2pm Annual No. 50  
 Clergyman Wm. Twambley Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
Evel Green  
F.H. Hagenbuch  
Ed Howland  
Ralph Klaus  
Kenneth Klaus  
Russell Haversy  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	<del>640</del> 00			
	Embalming.....	50 00	4-19-59		791 09
	Outer Case or Vault..... <u>Sectional</u>				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... ✓	29 50			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00	Pd by us 2-9-59		
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....	10 00			
	Singers..... <u>pd -</u>	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision..... <u>79</u>	11 59			
	_____				
	_____				
	_____				
	To Funeral Complete	791 09			

























Funeral of William I Simpson Charge to \_\_\_\_\_ Account No. 562  
 Ordered by WARREN CULP Guaranteed by \_\_\_\_\_ Serial No. 299  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_ Annual No. 4  
Body removed to McPherson for service & BURIAL  
 Clergyman \_\_\_\_\_ Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	560 00	3-11 59		568 40
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	8 40			
	Clergyman.....				
	Singers..... <u>TG</u>				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	_____				
	_____				
	_____				
	<b>To Funeral Complete</b>	<b>568 40</b>			





NAME OF DECEASED Leonard D. Noyes Jr RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE MAR 19 1959 HOUR 2 pm CLERGYMAN L. W. Firkins  
 SINGERS ORGANIST - MRS Lee Dickey LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY KANSAS (His Home)</u>
Casket No. _____ Style <u>1/2 casket</u>		Date of Death <u>MARCH 17 1959</u>
Interior <u>Silver Cup</u> Covering <u>Wagon blue</u>		Cause of Death <u>Cerebral Vascular Accident</u>
Manufacturer <u>W. J. Harris</u>	DEBITS	Duration <u>19 days</u> Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Dec 27 1875</u> Age, Years <u>83</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired SALESMAN</u>
Clothing _____		How Long at Place of Death <u>LIFETIME</u>
_____		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>Leonard Dennison Noyes SR</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>ELLA MAE Gossin</u>
_____		<sup>WIFE'S NAME</sup> Birthplace of Mother <u>Audley M Noyes</u>
_____		Signed <u>Emerson Yoban</u> M.D. _____ Coroner
_____		Address <u>Denton KANSAS</u> Date <u>MAR 17 1959</u>
_____		Interment at <u>MOUNT OLIVE</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS:		

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





NAME OF DECEASED John F. Moser RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE MAR 24 '59 HOUR 2:30 CLERGYMAN John PARKER  
 SINGERS Louise SALTZMAN LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>TROY KANSAS</u>
Casket No. _____ Style <u>Grand Paul</u>		Date of Death <u>MARCH 22 1959</u>
Interior <u>Tom Stone</u> Covering <u>P.V. Alush</u>		Cause of Death <u>CARDIAC DECOMPENSATION</u>
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>JAN 24 1871</u> Age, Years <u>88</u> Months _____ Days _____
Embalming _____		Occupation <u>RETIRED FARMER</u>
Clothing _____		How Long at Place of Death <u>20 days</u>
		Birthplace—City or County <u>Doniphan</u> State or Country <u>KANSAS</u>
		Name of Father <u>FRED S. MOSER</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>MARY C DITTEMORE</u>
		Wife's name Birthplace of Mother <u>SUSAN NIXON WARR</u>
Total Cash Advances _____		Signed <u>Emerson Yodee</u> M.D. _____ Coroner
		Address <u>Denton KANSAS</u> Date <u>MAR 23 1959</u>
		Interment at <u>MT. OLIVE</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS:		

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









NAME OF DECEASED John Zachariah Knight RESIDENCE TROY KANSAS  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Christian DATE Apr 11 '59 HOUR 2:50p CLERGYMAN L.W. Firkins  
 SINGERS Louise Saltzman - Jim Quick LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY KANSAS (His Home)</u>
Casket No. _____ Style <u>16 Crown</u>		Date of Death <u>April 7 1959</u>
Interior <u>B.T. Satin</u> Covering <u>B.T. Peruvia</u>		Cause of Death <u>PERNICIOUS ANEMIA</u> Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>10-3-1873</u> Age, Years <u>85</u> Months _____ Days _____
Embalming _____		Occupation <u>RETIRED BRICK MASON &amp; CARPENTER</u>
Clothing _____		How Long at Place of Death <u>56 yrs</u>
		Birthplace—City or County <u>FT. SCOTT</u> State or Country <u>KANSAS</u>
		Name of Father <u>JAMES MINOR KNIGHT</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Missouri Ann MALONE</u>
		<del>Name of Mother</del> <u>HALAH BLANTON</u>
Total Cash Advances _____		Signed <u>A.E. Cordonier</u> M.D. _____ Coroner _____
		Address <u>TROY KANSAS</u> Date _____
		Interment at <u>MT. OLIVE</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____

REMARKS:

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







Funeral of Esther Mooney Charge to \_\_\_\_\_ Account No. 568  
 Ordered by Floyd Mooney Guaranteed by \_\_\_\_\_ Serial No. 308  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 4-19-59 Hour 2 pm Annual No. 10  
 Clergyman Will Twombly Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
Bud Ross  
Martin Boersting  
Orville Jones  
James Ruddy  
Carl Saltzman  
Junie Huss  
 Singers  
Louise Saltzman  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	585 00	4-20-59		680 41
	Embalming.....	50 00			
	Outer Case or Vault <u>Sectional</u>				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body..... <u>TV</u>	1 53			
	Door Badge..... <u>??</u>				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	<del>Flowers</del> <u>Flowers</u> <u>TV</u>	9 78			
	Clergyman <u>Flowers + TV</u>	25 63			
	Singers <u>Organist</u>	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	_____				
	_____				
	_____				
	To Funeral Complete				









1929



Funeral of Wm. A. Gurwell Charge to ..... Account No. 570  
 Ordered by Children Guaranteed by ..... Serial No. 307  
 Funeral at ..... Residence ..... Mortuary  Church ..... Date MAY 3 1929 Hour 2 pm Annual No. 12  
 Clergyman Wm. Twombly Lodge Affiliations ..... Body Shipped to or from .....

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers  
CARL Caine  
FRANCIS  
Schoenfelder  
Chas. Boeh  
CARL Haubee  
E. CLARY  
HARRY Losson  
 Singers

Date	Description of Service	Amount	Date		✓	Credits
	Casket and Services.....	570 00	5-2-29	MRS. Adeline Gaska		338 00
	Embalming.....		.. ..	.. Beulah Cox		100 00
	Outer Case or Vault..... <u>Concrete Box</u>	80 00	.. ..	.. Ida Pingee		35 60
	Washing and Dressing.....		.. ..	Wm. Gurwell EST.		189 26
	Shaving.....		.. ..	By Ida Pingee		
	Slumber Robe.....		.. ..	CASH		10 33
	Suit or Dress.....					
	Other Articles of Clothing.....					
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....	40 00				
	Newspaper Notices.....					
	Telegrams and Telephone Calls..... <u>TAX</u>	9 55				
	Use of..... doz. Chairs.....					
	Flowers..... <u>Pressing suit</u>	65				
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of..... Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	.....					
	.....					
	.....					
	To Funeral Complete	670 20				670 21

*paid in full*

NAME OF DECEASED William A. Gurwell RESIDENCE TROY KANSAS  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY  CHURCH \_\_\_\_\_ DATE MAY 3 '59 HOUR 2pm CLERGYMAN Wm. Twombly  
 SINGERS Jeschke Quartet LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>TROY KANSAS</u>
Casket No. _____ Style <u>Detail 1/2 Couch</u>		Date of Death <u>MAY 11 1959</u>
Interior <u>P. T. Crisp</u> Covering <u>Bronze</u>		Cause of Death <u>Cerebral Hemorrhage</u> Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>Aug 12 1879</u> Age, Years <u>79</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>3 days</u>
		Birthplace—City or County <u>Fanning</u> State or Country <u>KANSAS</u>
		Name of Father <u>Wm. Gurwell</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>SARAH Kimball</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>J. G. Swails M.D.</u> _____ Coroner _____
		Address <u>Wathena Kansas</u> Date _____
		Interment at <u>MT Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral _____		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		
REMARKS:		

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



Funeral of Bertha Decker Charge to Rumphan Co. Account No. 571  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 308  
 Funeral at MT Olive (Geleside) Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date MAY 5 '59 Hour 2 pm Annual No. 13  
 Clergyman L.W. Firkins Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
Wm. Triplett  
John McKinnon  
Kenny Geckler  
Homee Chessie  
 Singers  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Insurance Policies  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	200 00	6-1-59		235 00
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....	35 00			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	_____				
	_____				
	_____				
	To Funeral Complete	235 00			

NAME OF DECEASED Betha E. Decker RESIDENCE Topeka Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH MT. Olive DATE MAY 5 '59 HOUR 2pm CLERGYMAN L.W. Firkins  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Topeka Kansas</u>
Casket No. _____ Style <u>Flat Top</u>		Date of Death <u>MAY 2 1959</u>
Interior <u>any finish</u> Covering <u>Black Oak</u>		Cause of Death <u>Severe Ulceration - intestinal tract</u>
Manufacturer <u>Muller</u>		Duration _____ Autopsy <u>#</u>
Total Net Cost of Casket		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>MAY 9 1880</u> Age, Years <u>78</u> Months _____ Days _____
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death _____
		Birthplace—City or County <u>Amazonia</u> State or Country <u>Mo.</u>
		Name of Father <u>Walker</u>
		<del>Birthplace of Father</del> <u>Husband James Decker - Troy</u>
		Maiden Name of Mother _____
		Birthplace of Mother _____
Total Cash Advances		Signed _____ M.D. _____ Coroner _____
<u>2 DAU. MRS Edith Wilson (St Joe)</u>		Address _____ Date _____
<u>Berniece Edgley</u>		Interment at <u>MT Olive</u>
<u>son Lee Decker (Wash.)</u>		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral		Source of Call _____
Gross Profit on Funeral		Insured in _____ Amount _____
*Less Overhead Per Funeral		Beneficiary _____
Net Profit Apparent		
REMARKS:		

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









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Funeral of Thomas Egge Charge to \_\_\_\_\_ Account No. 573  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 310  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date May 25 '59 Hour 2:30 Annual No. 15  
 Clergyman John Parker Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....		6-4-59		250 00
Place of Burial	Embalming.....				
Cemetery	Outer Case or Vault.....	50 00			
Grave No.	Washing and Dressing.....				
Lot No.	Shaving.....				
Block No.	Slumber Robe.....				
Section	Suit or Dress.....				
Pall Bearers	Other Articles of Clothing.....				
	Transferring Body.....	15 00			
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls <u>PLUS T.W. MARKER</u>	3 12			
	Use of _____ doz. Chairs				
	Flowers.....	25 00			
	Clergyman.....	15 00			
	Singers.....	15 00			
Singers	Casket Coach.....	10 00			
	Use of _____ Funeral Cars				
	Use of Flower Cars <u>SALOS TAX</u>	1 88			
	Professional Supervision.....	75 00			
Insurance Policies	_____				
	_____				
	_____				
	To Funeral Complete	250 00			





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Funeral of CARRIE BLANTON Charge to \_\_\_\_\_ Account No. 574  
 Ordered by George Blanton Guaranteed by \_\_\_\_\_ Serial No. 311  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church CHRISTIAN Date May 26 '59 Hour 2:30 pm Annual No. 16  
 Clergyman L.W. Firtins Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
Geo. McConaughy  
Kenneth Peden  
Gordon Mitchell  
Ernie Myers  
Jack Garlen  
Lyle Yingling

Date	Description of Service	Amount	Date		✓	Credits
	Casket and Services.....	385 00	6-6 '59	Mrs. Blanton		200 00
	Embalming.....					
	Outer Case or Vault <u>wood</u> .....	25 00	6-27 '59	" "		35 00
	Washing and Dressing.....		7-17 "	" "		25 00
	Shaving.....					
	Slumber Robe.....		10-4 '59	" "		156 00
	Suit or Dress.....					
	Other Articles of Clothing <u>Tray</u> .....	6 40		<u>Pd in full</u>		
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....					
	Newspaper Notices.....					
	Telegrams and Telephone Calls.....					
	Use of _____ doz. Chairs.....					
	Flowers.....					
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of _____ Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	Insurance Policies.....					
To Funeral Complete		416 40				

*Handwritten notes:*  
 15.00  
 15.00  
 17.40  
 15.00  
 17.40



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Funeral of BARRY Joe Smith Charge to \_\_\_\_\_ Account No. 575  
 Ordered by V. Regill Smith Guaranteed by \_\_\_\_\_ Serial No. 212  
 Funeral at Graveside - Fanning Cemetery Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date May 28 '59 Hour \_\_\_\_\_ Annual No. 17  
 Clergyman Will Twombly Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services..... <u>Including Bur</u>	<u>35.00</u>			
	Embalming.....				<u>25.00</u>
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving..... <u>ty</u>	<u>53</u>			
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	<b>To Funeral Complete</b>	<u>35.53</u>			







NAME OF DECEASED MARTHA M. Elder RESIDENCE TROY Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST. Johns DATE 6-11-59 HOUR 2pm CLERGYMAN CARL Newbel  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>TROY Ks. (Her Home)</u>
Casket No. _____ Style <u>Wood 1/2 Casket</u>		Date of Death <u>June 9 1959</u>
Interior <u>R.T. Satin</u> Covering <u>R.T. Ribbon</u>		Cause of Death <u>Cerebral Hemorrhage</u> Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>9-15-1886</u> Age, Years <u>72</u> Months _____ Days _____
Embalming _____		Occupation <u>Home</u>
Clothing _____		How Long at Place of Death <u>7 years</u>
		Birthplace—City or County _____ State or Country <u>Missouri</u>
		Name of Father <u>James E. Elder</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Janet Robertson</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Arch Blair</u> <sup>D.O.</sup> <sub>M.D.</sub> _____ Coroner
<u>P.B. Donald Elder</u>		Address <u>TROY Ks</u> Date <u>6-10-59</u>
<u>Paul Jan</u>		Interment at <u>MT Olive</u>
<u>Walter</u>		Lot or Grave No. _____ Section No. _____
<u>Donald</u>		Shipped to _____
<u>James Olson</u>		Arrived from _____
<u>R. G. Ross Jr.</u>		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral _____		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		

REMARKS:

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



















NAME OF DECEASED Minnie May Brown RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 6-28-59 HOUR 2:30 CLERGYMAN Twombly  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY KANSAS</u>
Casket No. _____ Style <u>metal 1/2 casket</u>		Date of Death <u>June 24 1959</u>
Interior <u>Very Exp</u> Covering <u>sham</u>		Cause of Death <u>LOBAR PNEUMONIA</u> Contributory
Manufacturer <u>Prognos</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault		Date of Birth <u>Dec 4 1884</u> Age, Years <u>74</u> Months _____ Days _____
Embalming		Occupation <u>Housewife</u>
Clothing		How Long at Place of Death <u>49 yrs</u>
		Birthplace—City or County <u>TRIMBLE</u> State or Country <u>MO</u>
		Name of Father <u>John PROFFITT</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>JULIA SHARP</u>
		Birthplace of Mother _____
		Signed <u>A. E. Cordenier</u> M.D. _____ Coroner
		Address <u>TROY KS</u> Date _____
		Interment at <u>IOLA CEMETERY</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral		Source of Call _____
*Less Overhead Per Funeral		Insured in _____ Amount _____
Net Profit Apparent		Beneficiary _____

REMARKS:

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







Funeral of ELLA CROWLEY Charge to..... Account No. 582  
 Ordered by..... Guaranteed by..... Serial No. 319  
 Funeral at..... Residence..... Mortuary..... Church ST. CHARLES Date 7-11-59 Hour 9 AM Annual No. 24  
 Clergyman FR. EGBERT HALL Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....		7-11-59		354-25
Place of Burial	Embalming.....	195 00			
Cemetery	Outer Case or Vault.....				
Grave No.	Washing and Dressing.....				
Lot No.	Shaving.....				
Block No.	Slumber Robe.....				
Section	Suit or Dress.....				
Pall Bearers	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	15 00			
	Clergyman.....				
Singers	Singers.....				
	Casket Coach.....	10 00			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	25 00			
Insurance Policies	Use of MORTUARY TAX	40 00			
		4 25			
To Funeral Complete		354 25			





NAME OF DECEASED EVA B. Richard RESIDENCE SPARKS KANSAS  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH SPARKS DATE 7-15-59 HOUR 10AM CLERGYMAN L. G. CAIN  
 SINGERS Lloyd Dawson LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST. Joseph Mo (Sunnyslope)</u>
Casket No. _____ Style _____		Date of Death <u>7-12-59</u>
Interior _____ Covering _____		Cause of Death <u>CARCINOMA OF BREAST</u> Contributory
Manufacturer _____		Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>9-26-1889</u> Age, Years <u>71</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <u>FREDONIA</u> State or Country <u>KANSAS</u>
_____		Name of Father _____
_____		Birthplace of Father _____
_____		Maiden Name of Mother _____
_____		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>E. Yoder</u> M.D. _____ Coroner
<u>Mrs. Ruby Waddell Sparks</u>		Address <u>2101 JOLA</u> Date _____
<u>PAUL BRANNAN - OTTAWA KS.</u>		Interment at <u>MARTIN Cemetery</u>
<u>ARTHUR .. FAIRPLAINS MO.</u>		Lot or Grave No. _____ Section No. _____
<u>CHAS .. EVERETT WASH.</u>		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
_____		In Charge of _____
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral _____		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		_____
REMARKS:		_____

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

90  
94





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Funeral of MARY W Edgerton Charge to \_\_\_\_\_ Account No. 584  
 Ordered by Glenn Edgerton Guaranteed by \_\_\_\_\_ Serial No. 321  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary CHRISTIAN Church \_\_\_\_\_ Date 7-24-59 Hour 2 pm Annual No. 26  
 Clergyman L.W. Firkins Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	350 00	2-7-61		80 00
	Embalming.....				
	Outer Case or Vault..... <u>wood</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <u>T&amp;J</u>	5 88			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers <u>ambulance service</u>	64 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	To Funeral Complete	444 88			



Funeral of Timothy Masters Charge to \_\_\_\_\_ Account No. 585  
 Ordered by G. A. Masters Guaranteed by \_\_\_\_\_ Serial No. 322  
 Funeral at \_\_\_\_\_ Residence Graveside Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 7-30-59 Hour 10:30 AM Annual No. 27  
 Clergyman Rev Tom Wall Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services <u>Advanced To</u>		<u>8-18-59</u>		<u>79.90</u>
	Embalming <u>Boulevard Mortuary</u>	<u>59.90</u>			
	Outer Case or Vault <u>Dexter</u>				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>All charges here including</u>				
	<u>MARKEE &amp; PHONE CALLS</u>	<u>20.00</u>			
<b>To Funeral Complete</b>		<b>79.90</b>			

PAID IN FULL

NAME OF DECEASED Timothy Allen Masters RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY CHURCH MT. Olive DATE 7-30-59 HOUR 10:30 AM CLERGYMAN Tom Wall  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

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 20

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Denver Colo</u>
Casket No. _____ Style _____			Date of Death <u>7-25-59</u>
Interior _____ Covering _____			Cause of Death <u>Prematurity</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>Male</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____			Date of Birth <u>7-24-59</u> <sup>20425</sup> Age, Years _____ Months _____ Days _____
Embalming _____			Occupation <u>infant</u>
Clothing _____			How Long at Place of Death <u>Hours</u>
			Birthplace—City or County <u>Idaho Springs</u> State or Country <u>Colo</u>
			Name of Father <u>G. A. Masters</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother _____
			Birthplace of Mother _____
			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>MT Olive</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from <u>Denver Colo</u>
			Via <u>OZARK Airlines</u> R.R. Date _____
			In Charge of _____
Total Net Cost of Funeral			
Gross Profit on Funeral			
*Less Overhead Per Funeral			
Net Profit Apparent			
REMARKS:			Source of Call _____
			Insured in _____ Amount _____
			Beneficiary _____

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







NAME OF DECEASED Julia Ann Cooper RESIDENCE Severance Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Sev. Meth DATE 8-23-59 HOUR 2pm CLERGYMAN Lee Dickey  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_  
 Casket No. 116 Style Welded 11 No. 1 ch  
 Interior Blue Cup Covering \_\_\_\_\_  
 Mannequin 1 **MRS FRANK COOP**  
 Total Net Cost of Casket \_\_\_\_\_  
 Outer Case \_\_\_\_\_  
 Vault \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Clothing Mrs. Melba  
2124 7e  
Jarrell La  
 Total Cash Advances 46  
Thomas T

**Funeral Services Were Held Sunday Afternoon at Methodist Church**

Julia Ann Cooper passed away at her home in Severance, Thursday afternoon, Aug. 20, 1959, following a long illness. She was born in Iowa Point, Kansas, Mar. 12, 1893, the daughter of William and Loutisha Sharp Neal. Her parents and a son, Glen Franklin Cooper, preceded her in death. One brother, William B. Neal, passed away the following day, Aug. 21, 1959. She is also survived by her husband, Frank, of the home, 3 daughters, Mrs. Lela Gutzman of Livonia, Mich., Mrs. Goldia Huss of St. Joseph, and Mrs. Wilma LaFavers of Kansas City by four sisters, Mrs. Nora Cluck and Mrs. Gertrude Meeks of Troy, Mrs. Josephine Turner of St. Joseph, and Mrs. Florence Faherty of Salina, by 8 grandchildren and 10 great-grandchildren. Funeral services were held Sunday at the Methodist church in Severance of which she was a member, with burial in Oak Hill cemetery. The Rev. Lee Dickey officiated. Pallbearers were Leon Erdley, Lloyd Blanton, John Libel, Oscar and Harry Fry, and Vinton Courtin. Music was furnished by Mrs. Helen Foster, Marilse Foster, and Leroy Drake.

REMARKS:

Mr. and Mrs. Cooper observed their 50th anniversary

Place of Death Severance Kansas  
 Date of Death August 20 1959  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex Female Color or Race White  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth May 12 1893 Age, Years 66 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Occupation House wife  
 How Long at Place of Death 45 yrs  
 Birthplace—City or County Iowa Point State or Country Kansas  
 Name of Father Wm. Neal  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother Lou Tisha Sharp  
 Birthplace of Mother \_\_\_\_\_  
 Signed Emerson Yoder M.D. \_\_\_\_\_ Coroner  
 Address Denton Kansas Date \_\_\_\_\_  
 Interment at OAK Hill  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call Lincoln & Vln.  
 Insured in Lincoln Benefit life Amount \_\_\_\_\_  
 Beneficiary Frank Cooper

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

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Funeral of Wilbert H. Miller Charge to..... Account No. 587  
 Ordered by..... Guaranteed by..... Serial No. 324  
 Funeral at..... Residence..... Mortuary..... Church St. John's Date 9. 7. 59 Hour 2pm Annual No. 29  
 Clergyman CARL Nuebel Lodge Affiliations..... Body Shipped to or from.....

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

Pall Bearers  
 Wm H Miller  
 Melvin ..  
 Chas ..  
 Bud ..  
 NORMAN ..  
 MAX ..

Singers  
 Don Pope

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	275 00	8-11-59		307 81
	Embalming.....				
	Outer Case or Vault..... <u>wood</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing..... <u>shirt</u>	3 05			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>TY</u>	4 76			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	<b>To Funeral Complete</b>	<b>307 81</b>			

NAME OF DECEASED Wilbert H. Miller RESIDENCE Bendena Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH ST Johns DATE 9-7-59 HOUR 2pm CLERGYMAN Carl Nuebel  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Bendena Kansas</u>
Casket No. _____ Style <u>Oak Kinged Panel</u>			Date of Death <u>Sept 3 1959</u>
Interior <u>my travel</u> Covering <u>light rose</u>			Cause of Death <u>Cerebral Hemorrhage</u> Contributory
Manufacturer <u>Pine Bluff</u>	DEBITS		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket			Sex <u>Male</u> Color or Race <u>White</u>
Outer Case			Single _____ Married _____ Widowed _____ Divorced <input checked="" type="checkbox"/> Child
Vault			Date of Birth <u>8/2/1877</u> Age, Years <u>82</u> Months _____ Days
Embalming			Occupation <u>Retired Farmer</u>
Clothing			How Long at Place of Death <u>5 days</u>
			Birthplace—City or County <u>Monroe</u> State or Country <u>W. Virginia</u>
			Name of Father <u>George Miller</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>MARY Pennington</u>
			Birthplace of Mother _____
Total Cash Advances			Signed <u>Emerson Yoder M.D.</u> _____ Coroner
			Address <u>Denton Kansas</u> Date _____
			Interment at <u>MORAY</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
Total Net Cost of Funeral			Source of Call _____
Gross Profit on Funeral			Insured in _____ Amount _____
*Less Overhead Per Funeral			Beneficiary _____
Net Profit Apparent			
REMARKS:			

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

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Funeral of FRANK COURTIN Charge to..... Account No. 588  
 Ordered by..... Guaranteed by..... Serial No. 325  
 Funeral at..... Residence..... Mortuary..... Church Meth. Date 9-7-1959 Hour 10:30 am Annual No. 30  
 Clergyman R.F. Dawson Lodge Affiliations..... Body Shipped to or from.....

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

*HAROLD HALLING  
 LEON ERDLEY  
 JOHN LIBEL  
 MIKE RIFER  
 HARRY PRY  
 HENRY SINGER*

Singers

*Elders*

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	440 00	9-5-59		236 00
	Embalming.....		10-6-59		236 00
	Outer Case or Vault..... <i>wood</i>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <i>TAX</i>	7 52			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
To Funeral Complete		472 52			



















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Funeral of JANET Kay LARSON Charge to..... Account No. 592  
 Ordered by STANLEY LARSON Guaranteed by..... Serial No. 329  
 Funeral at Zion Lutheran Cemetery Residence..... Mortuary..... Church..... Date 10-2-59 Hour 2:30 p.m. Annual No. 94  
 Clergyman Rev. Anderson Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	50.00			58.24
	Embalming..... <u>SALOS TAX</u>	1.25			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....	1.99			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	5.00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	.....				
	<b>To Funeral Complete</b>	<b>58.24</b>			



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Funeral of CARL F.W. Schmult Charge to \_\_\_\_\_ Account No. 593  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 330  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church CHRIST LUTHERAN ✓ Date 10-12-59 Hour 2:30 pm Annual No. 35  
 Clergyman ROY BINGINGHEIM Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
Bud Schmidke  
Wm Anslinger  
OSCAR Benitz  
CHAS Ruhnke  
Jess HARR  
Geo. SALTER  
 Singers  
CAROL McKITTRICK  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	465 00	10-19 59		660 98
	Embalming.....				
	Outer Case or Vault <u>WILHELM</u> .....	160 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe..... <u>TAX</u>	10 98			
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	25 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	.....				
	To Funeral Complete	660 98			









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Funeral of Ben E. Heaston Charge to..... Account No. 595  
 Ordered by..... Guaranteed by..... Serial No. 332  
 Funeral at..... Residence..... Mortuary..... Church..... Date 10-25-59 Hour 2pm Annual No. 37  
 Clergyman R. E. Dawson Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount		Date		Credits
	Casket and Services.....	350	00	10-25	59	Bennie Heaston 95 22
	Embalming.....			10-23	59	Norman Heaston 95 00
	Outer Case or Vault..... <u>wood</u>	25	00	10-23	59	Calvin Heaston 95 00
	Washing and Dressing.....			10-27	59	Mr. Mc Nut 95 00
	Shaving.....					
	Slumber Robe.....					
	Suit or Dress..... <u>74</u>	588		<u>Paid in full</u>		
	Other Articles of Clothing.....					
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....					
	Newspaper Notices.....					
	Telegrams and Telephone Calls.....					
	Use of..... doz. Chairs.....					
	Flowers.....					
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of..... Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	Insurance Policies.....					
To Funeral Complete		380	88			380 88





101

Funeral of DALE MARK HARDWICK Charge to \_\_\_\_\_ Account No. 596  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 333  
 Funeral at \_\_\_\_\_ Residence MT. OLIVE Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 10-31-59 Hour 3:30 pm Annual No. 38  
 Clergyman Lee Dickey Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

F. Hagenbuch  
 Robt. Noyes  
 F. H. Dillenback  
 IRA Chapple  
 O. O. Fulk  
 Ralph Winzer

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services		1-5-60		387.13
	Embalming	285.00			
	Outer Case or Vault <u>mausoleum</u>				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <u>frank</u>	35.00			
	Door Badge	40.00			
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls <u>Kassidy</u>	7.13			
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers <u>Grand Equipment</u>	10.00			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision <u>call other</u>				
	<u>Charges including flower to cemetery</u>	25.00			
		402.13			
	<u>less 15.00 for Box</u>	15.00			
	<u>net</u>	387.13			
	To Funeral Complete				













127



Funeral of LouTRILLA Lewis Charge to ..... Account No. 5-99  
 Ordered by Chester Lewis Guaranteed by ..... Serial No. 336  
 Funeral at ..... Residence ..... Mortuary ..... Church TR07 Baptist Date 12-3-59 Hour 2 p.m. Annual No. 41  
 Clergyman Chas. Moore Lodge Affiliations ..... Body Shipped to or from .....

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

Paul Murphy  
 Gordon Murphy  
 JERRY MURPHY  
 BILLY CLARY  
 WAYNE WYKERT  
 BILLY WYKERT

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	300.00			349.50
	Embalming..... (Tapeka)	45.00	12-4-59		
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	TAX	4.50			
	To Funeral Complete	349.50			

NAME OF DECEASED Louella Ann Lewis RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY Troy Baptist Church DATE 12-3-59 HOUR 2pm CLERGYMAN Chas Moore  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

951

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Topeka Kansas (Hospital)</u>
Casket No. _____ Style _____			Date of Death <u>Dec 1 1959</u>
Interior _____ Covering _____			Cause of Death <u>Pulmonary edema</u> Contributory
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket _____			Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>7-15-1935</u> Age, Years <u>24</u> Months _____ Days _____
Embalming _____			Occupation <u>invalid</u>
Clothing _____			How Long at Place of Death <u>4 years</u>
			Birthplace—City or County <u>Troy (Rural)</u> State or Country <u>Kansas</u>
			Name of Father <u>Chester V Lewis</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Dora Murphy Lewis</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed _____ M.D. _____ Coroner
			Address _____ Date _____
			Interment at <u>Courtee Cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			
*Less Overhead Per Funeral _____			Source of Call _____
Net Profit Apparent _____			Insured in _____ Amount _____
			Beneficiary _____
REMARKS:			

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





125



Funeral of Anna Daisy Denton Charge to..... Account No. 600  
 Ordered by Mrs. WALT Triplett & Mrs. Clara Denton Guaranteed by..... Serial No. 337  
Alvin Denton Graves  
 Funeral at..... Residence..... Mortuary..... Church Meth. Date 12-7-59 Hour 2 pm Annual No. 42  
 Clergyman R. E. Dawson Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	715 00	12-29-59		1042 96
	Embalming.....				
	Outer Case or Vault..... <u>Mausoleum</u>	285 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe..... <u>dress</u>	24 50			
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls..... <u>79</u>	18 46			
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	.....				
	To Funeral Complete	1042 96			

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









133



Funeral of Noah Rittenhouse Charge to \_\_\_\_\_ Account No. 602  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 339  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church CHRIST Lutheran Date 1-2-60 Hour 2 pm Annual No. 44  
 Clergyman Roy Bingenheimer Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
EZRA Shields  
WARREN Grable  
ALBERT Phillip  
Herbert Schmult  
ROBERT POLLARD  
Bill Anslinger  
 Singers  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Insurance Policies  
 \_\_\_\_\_  
145.35  
12.11

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services.....	625 00	1-4 60	Mrs. RITTENHOUSE 210.00		400 24
	Embalming.....			Elmer CRYSTAL 95.12		
	Outer Case or Vault.....	50 00		L.B. CROSS 95.12		
	Washing and Dressing.....		1-30 60	ROBERT RITTENHOUSE		37 11
	Shaving.....	10 63	3-2 60	ROBERT RITTENHOUSE		37 11
	Slumber Robe.....		4-1 60	" "		37 11
	Suit or Dress.....		5-21 60	" "		37 11
	Other Articles of Clothing.....		6-29 60	" "		37 11
	Transferring Body.....		8-7 60	" "		37 11
	Door Badge.....		8-19 60	" "		37 11
	Opening Grave.....		9-22 60	" "		37 11
	Newspaper Notices.....					
	Telegrams and Telephone Calls.....					
	Use of _____ doz. Chairs.....					
	Flowers.....					
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of _____ Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	_____					
	_____					
	_____					
	To Funeral Complete					

*Paul Anslinger*

NAME OF DECEASED Noah A. Rittenhouse RESIDENCE TRoy KANSAS (RURAL)  
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRIST LUTHERAN DATE 1-2-60 HOUR 2pm CLERGYMAN Roy Bingenheimer  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

132

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TRoy KANSAS (RURAL)</u>
Casket No. _____ Style <u>Metat 1/2 Couch</u>		Date of Death <u>12-31-59</u>
Interior <u>R.T. F. Cape</u> Covering <u>Coffin</u>		Cause of Death <u>Coronary thrombosis</u> Contributory _____
Manufacturer <u>Major</u>		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>12-31-1881</u> Age, Years <u>78</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>10 YRS</u>
		Birthplace—City or County <u>Doniphan</u> State or Country <u>KANSAS</u>
		Name of Father <u>NOAH RITTENHOUSE</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>CASSANDRA WARE</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>A.E. Cordanice</u> M.D. _____ Coroner
		Address <u>TRoy</u> Date _____
<u>S.S. No. 513-36-9645</u>		Interment at <u>1 Mt. Olive</u>
Wife - <u>MARY</u>		Lot or Grave No. _____ Section No. _____
DAU. <u>MRS. IMEZ CRYSTAL KCK</u>		Shipped to _____
<u>Ruby CROSS WAYNOKA OKLA</u>		Arrived from _____
<u>MARY RUTH FOLEY SHAWNEE KS</u>		Via _____ R. R. Date _____
son <u>ROBT R. KCK</u>		In Charge of _____
<u>Virgil R. K.P.M.</u>		Source of Call _____
Total Net Cost of Funeral _____		Insured in _____ Amount _____
Gross Profit on Funeral _____		Beneficiary _____
*Less Overhead Per Funeral _____		
Net Profit Apparent _____		
REMARKS:		

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



135



Funeral of ELda J. RUTHERFORD Charge to \_\_\_\_\_ Account No. 603  
 Ordered by GORDON RUTHERFORD Guaranteed by \_\_\_\_\_ Serial No. 340  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 1-6-60 Hour 1 pm Annual No. 1  
 Clergyman Lee Dickey Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
Rex Judd  
Ray Callahan  
Emmett McLelland  
P.E. Sullivan  
W.B. Taylor  
Mr. Cherry  
 Singers  
Mae Wmson  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	585 00	1-21-60		798 78
	Embalming.....	160 00			
	Outer Case or Vault <u>Willcut</u>				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <u>TS</u>	13 78			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	_____				
	_____				
	_____				
	To Funeral Complete	798 78			

NAME OF DECEASED ELDA J. RUTHER FORD RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 1-6-60 HOUR 1pm CLERGYMAN Lee Dickey  
 SINGERS MAE WILLIAMSON LODGE AFFILIATIONS \_\_\_\_\_

134

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Youngs Rest Home - WATHENA KS</u>
Casket No _____ Style <u>Rt - Premier</u>		Date of Death <u>1-4-60</u>
Interior <u>Rt. Satin</u> Covering _____		Cause of Death <u>FRACTURED VERTEBRAE</u> Contributory _____
Manufacturer <u>Miller</u>		Duration <u>3 wks</u> Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>FEMALE</u> Color or Race <u>WHITE</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>Nov 5 1872</u> Age, Years <u>87</u> Months _____ Days _____
Embalming _____		Occupation <u>House wife</u>
Clothing _____		How Long at Place of Death <u>11 days</u>
		Birthplace—City or County <u>Andrew Co</u> State or Country <u>MO.</u>
		Name of Father <u>Noah Sipes</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>SARAH CARTER</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>A. E. CORDONIER</u> M.D. _____ Coroner
<u>Gordon E RUTHER Ford</u>		Address <u>TROY KS.</u> Date _____
<u>2975 South MADISON</u>		Interment at <u>SAVANNAH MO.</u>
<u>DENVER 10 MOLO.</u>		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral _____		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		
REMARKS:		

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







NAME OF DECEASED Sophia Zimmerman RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST. Johns DATE 1-16-60 HOUR 2pm CLERGYMAN CARL Newbel  
 SINGERS MRS Joseph Bullock LODGE AFFILIATIONS \_\_\_\_\_

136

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>ST. Joseph Mo. (Hospital)</u> <sup>Gen. Ost.</sup>
Casket No. _____	Style <u>Column Corner Wood 1/2 cove</u>		Date of Death <u>1-14-60</u>
Interior <u>Silver Crepe</u> Covering <u>Silver Feltan</u>			Cause of Death <u>Hypostatic Pneumonia</u> Contributory
Manufacturer <u>PROGRESS</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>FEMALE</u> Color or Race <u>white</u>
Outer Case <u>Cover. Black &amp; white Glamor</u>			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>4-6-1868</u> Age, Years <u>91</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>10 weeks</u>
			Birthplace—City or County <u>MORAY</u> State or Country <u>KANSAS</u>
			Name of Father <u>John Zimmerman</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Katherine Lee</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>DR. A. J. Blair M.D.</u> _____ Coroner
<u>A. C. Zimmerman</u>			Address <u>Troy</u> Date <u>1-15-60</u>
<u>605 VERNON ST</u>			Interment at <u>Mt Olive</u>
<u>OAKLAND 10 CALIF</u>			Lot or Grave No. _____ Section No. _____
<u>MRS. MAUD HASELWOOD</u>			Shipped to _____
<u>339 RIVERSIDE DRIVE</u>			Arrived from _____
<u>REDDING CALIF</u>			Via _____ R. R. Date _____
			In Charge of _____
Total Net Cost of Funeral _____			Source of Call _____
Gross Profit on Funeral _____			Insured in _____ Amount _____
*Less Overhead Per Funeral _____			Beneficiary _____
Net Profit Apparent _____			
REMARKS:			

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

