

236



Funeral of PEARL DAVIS Charge to Account No. 654
Ordered by F.H. Dillenback (Guardian) Guaranteed by Serial No. 391
Funeral at Residence Mortuary Church Date Feb 2, 1961 Hour 3:30 pm Annual No. 12
Clergyman John Evans Lodge Affiliations Body Shipped to or from

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Geo Pridgen,
FH Dillenback
John Thurston

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	<u>250.00</u>	<u>2-2-61</u>		<u>279.38</u>
	Embalming.....				
	Outer Case or Vault..... <u>wood</u>	<u>25.00</u>			
	Washing and Dressing.....				
	Shaving..... <u>Sales Tax</u>	<u>4.38</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.....				
				
				
				
	To Funeral Complete	<u>279.38</u>			<u>279.38</u>

PAID IN FULL

Pd By F.H. Dillenback (Guardian of estate)

NAME OF DECEASED PEARL DAVIS RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE 2-21-61 HOUR 2:30p CLERGYMAN John Evans
 SINGERS Louise SALTzman LODGE AFFILIATIONS _____

530

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
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Charge for Complete Funeral _____
 Casket No. _____ Style Chestnut Paul
 Interior 2/3 Plywood Covering Crypt Alexander
 Manufacturer Ben Bluff
 Total Net Cost of Casket _____
 Outer Case _____
 Vault _____
 Embalming _____
 Clothing _____
 Total Cash Advances _____

 Total Net Cost of Funeral _____
 Gross Profit on Funeral _____
 *Less Overhead Per Funeral _____
 Net Profit Apparent _____

DEBITS

Place of Death Douglas Nursing Home
 Date of Death Feb 19 1961
 Cause of Death Coronary occlusion
 Duration _____ Autopsy NO
 Sex FEMALE Color or Race white
 Single _____ Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth 9-1-1886 Age, Years 74 Months _____ Days _____
 Occupation _____
 How Long at Place of Death 60 years
 Birthplace—City or County Atchison State or Country KANSAS
 Name of Father Campbell BUSTER
 Birthplace of Father _____
 Maiden Name of Mother MALITA Alexander
 Birthplace of Mother _____
 Signed E. Golder J. G. D. SWAITS Coroner
 Address Wathena Denton Ks. Date _____
 Interment at Mt Olive
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

REMARKS:

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

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HAWK

Funeral of Wm E Brownlee Charge to _____ Account No. 655
 Ordered by Ruben J Floyd Brownlee Guaranteed by _____ Serial No. 392
MARGARET PARCS Christian. Date 2-22-61 Hour 2 pm Annual No. 13
 Funeral at _____ Residence _____ Mortuary _____ Church _____
 Clergyman L W Firkins Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	710 00	8-1-61		120 00
	Embalming.....	10 26			750 54
	Outer Case or Vault..... <u>Concrete sec</u>	55 00			
	Washing and Dressing.....				
	Shaving..... <u>SALES TAX</u>	12 02			
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls..... <u>?</u>	3 15			
	Use of..... doz. Chairs.....				
	Flowers..... <u>T TAX</u>	15 38			
	Clergyman.....				
	Singers.....	10 00			
	Casket Coach..... <u>cerulians</u>	15 00			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision..... <u>Setting Stone</u>	10 00			
	Insurance Policies.....				
To Funeral Complete		870 54			

NAME OF DECEASED Wez L. Brownlee RESIDENCE TRoy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 2-22-61 HOUR 2pm CLERGYMAN L W Firkins
 SINGERS Louise SALTZMAN LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST Joseph mo (General Hosp.)</u>
Casket No. _____ Style <u>Cryptic shroud</u>		Date of Death <u>Feb 19 1961</u>
Interior <u>Deming</u> Covering <u>P. T.</u>		Cause of Death <u>CORONARY occlusion</u> Contributory _____
Manufacturer <u>Beckhart</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>12-30-1893</u> Age, Years <u>67</u> Months _____ Days _____
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death <u>2 wks</u>
_____		Birthplace—City or County <u>SPARKS</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>John A. Dyer</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>SARAH JANE FRUMP</u>
_____		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 _____
_____		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 _____

511-24-6285

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 HAROLD E McClelland Charge to _____ Account No. 656
 Ordered by ALICE McClelland Guaranteed by _____ Serial No. 393
 Funeral at _____ Residence _____ Mortuary _____ Church Zions E & R Date MAR 1 1961 Hour 2 pm Annual No. 14
 Clergyman Gerald Nolte Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
ORVILLE Lichter
CARL CAIN
Kenneth Brunske
JR STEVENS
OTTO EASTABRUS
ARDEN Baumai.
 Singers
MRS Laverne Weidmer
MRS Victor Gabriel
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	769 00	3-23-61		752 25
	Embalming.....				
	Outer Case or Vault..... <u>Wilbert</u>	170 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>+ TAX</u>	25 63			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		<u>SALES TAX</u>			
		15 79			
		<u>Net</u>			
		780 42			
		<u>CASH</u>			
		752 25			
To Funeral Complete		752 25			752 25

NAME OF DECEASED HARold E McClelland RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Zion E.P.R DATE 3-1-61 HOUR 2pm CLERGYMAN Gerald NohTe
 SINGERS Mrs Weidmer - Mrs Gabriel LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Meth Hosp ST Joe Mo</u>
Casket No. _____ Style <u>Metal 1/2 casket</u>			Date of Death <u>Feb 27 1961</u>
Interior <u>Eggshell</u> Covering <u>Cappatone</u>			Cause of Death _____ Contributory _____
Manufacturer <u>K.R. Casket Co</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>10-8-1898</u> Age, Years <u>62</u> Months _____ Days _____
Embalming _____			Occupation <u>Retired Farmer</u>
Clothing _____			How Long at Place of Death <u>15 days</u>
			Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
			Name of Father <u>Willard D McClelland</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>ELAMAZIE BAILEY</u>
			Birthplace of Mother _____
Total Cash Advances			Signed <u>DR HERMAN M.D.</u> _____ Coroner
<u>SS no 510-32-8244</u>			Address <u>ST Joseph Mo</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			
*Less Overhead Per Funeral			Source of Call _____
Net Profit Apparent			
REMARKS:			Insured in _____ Amount _____
			Beneficiary _____

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



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Funeral of HATTIE O POPE Charge to _____ Account No. 657
 Ordered by George POPE Guaranteed by _____ Serial No. 394
 Funeral at _____ Residence _____ Mortuary _____ Church ST Johns LUTHERAN Date MAR 2 1961 Hour 2 pm Annual No. 15
 Clergyman Kuebel Lodge Affiliations _____ Body Shipped to or from _____

Pall Bearers
ALFRED CHRISTENSEN
CHRIS
WM LAVERENTZ
PERLE GODFREY
RALPH HUNSAKER
FRANK RUSH

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	645 00	3-6-61		885 70
	Embalming.....				
	Outer Case or Vault..... <u>Wilbert</u>	170 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....	27 50			
	Suit or Dress.....	3 50			
	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.....				
	..... <u>SALES TAX</u>	14 70			
		885 70			
		885 70			885 70
	To Funeral Complete				

PAID in FULL

Pd By ck By
Geo. POPE

NAME OF DECEASED HATTIE C POPE RESIDENCE Bendona KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH ST-Johns DATE 3-2-61 HOUR 2pm CLERGYMAN Nuebel
 SINGERS MRS Byron ALBERS LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____			Place of Death <u>Her Home - Bendona</u>
Casket No. _____ Style <u>1/2 coach starr</u>			Date of Death <u>Feb 27 1961</u>
Interior <u>R.T. Cuppy</u> Covering <u>meritology</u>			Cause of Death <u>apoplexy</u> Contributory _____
Manufacturer <u>Ray. Metallie</u>			Duration _____ Autopsy <u>No</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>7-26-1876</u> Age, Years <u>85</u> Months _____ Days _____
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>Lifetime</u>
_____			Birthplace—City or County <u>Bendona</u> State or Country <u>KANSAS</u>
_____			Name of Father <u>Charles Campbell</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>Ida M Emmons</u>
_____			Birthplace of Mother _____
_____			Signed <u>A.E. Cordenice</u> M.D. _____ Coroner _____
_____			Address <u>TRoy 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 _____
_____			Source of Call _____
_____			Insured in _____ Amount _____
_____			Beneficiary _____

REMARKS:

Total Net Cost of Funeral _____
 Gross Profit on Funeral _____
 *Less Overhead Per Funeral _____
 Net Profit Apparent _____

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

NAME OF DECEASED George Tosland RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 3-3-61 HOUR 2 pm CLERGYMAN Twombly
 SINGERS Louise SALTZMAN LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. _____ Style Wood 1/2 Curved Stair
 Interior Wing Trim Covering Dark Blue
 Manufacturer Miller
 Total Net Cost of Casket _____
 Outer Case _____
 Vault _____
 Embalming _____
 Clothing _____
 Total Cash Advances _____
 Total Net Cost of Funeral _____
 Gross Profit on Funeral _____
 *Less Overhead Per Funeral _____
 Net Profit Apparent _____

4-10-4
 1-19-1
 3-19-1

DEBITS

Place of Death SISTERS HOSPITAL - ST JOE
 Date of Death MARCH 1 1961
 Cause of Death C.V. 9 Contributory _____
 Duration _____ Autopsy No
 Sex MALE Color or Race White
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth 6-30-1890 Age, Years 70 Months _____ Days _____
 Occupation CABINET MAKER
 How Long at Place of Death 2 days
 Birthplace—City or County Pawnee City State or Country Nebr
 Name of Father Richard Tosland
 Birthplace of Father _____
 Maiden Name of Mother Unknown
 Birthplace of Mother _____
 Signed E. Godon M.D. _____ Coroner _____
 Address Denton Kansas Date _____
 Interment at MT Olive
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

REMARKS:

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

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Funeral of Maude C. Wykert Charge to..... Account No. 659
 Ordered by FRANK Wykert Guaranteed by..... Serial No. 396
 Funeral at..... Residence..... Mortuary..... Church Christian Date 3-14-61 Hour 2 pm Annual No. 17
 Clergyman L W Firkins Lodge Affiliations..... Body Shipped to or from.....

Active
 Pall Bearers
 Dale Caddle
 E. R. Myers
 Jack Carlson
 Lyle G. Gillingham
 Chas. Mantel
 W. D. Thomas
 W. D. Thomas
 Chas. Block
 Jim Ford
 Carl Saltzman
 Franklin French
 John Blanton
 Gordon Mitchell
 Singers

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	850.00	3-16-61	ck By G. Francklyn	891.98
	Embalming.....				
	Outer Case or Vault..... <u>Concrete Sec</u>	55.00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>SALES TAX</u>	14.13			
	<u>CAS: SILL</u>				
		919.13			
	To Funeral Complete	919.13			
	<u>Cash</u>	891.98			

NAME OF DECEASED Maude C Wybert RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH CHRISTIAN DATE 3-14-61 HOUR 2pm CLERGYMAN L W FIBKINS
 SINGERS Rev Campbell LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Meth Hosp ST Joe</u>
Casket No. _____ Style <u>EVERSEAL</u>		Date of Death <u>MARCH 12 1961</u>
Interior <u>Rose Tan</u> Covering <u>Rose Gold High Gloss</u>		Cause of Death <u>CANCER</u> Contributory _____
Manufacturer <u>CRANE & BREED</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 <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>8-2-1894</u> Age, Years <u>66</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>28 days</u>
		Birthplace—City or County <u>Denigban</u> State or Country <u>KANSAS</u>
		Name of Father <u>Francis M Dinning</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Effie Dinning</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Emerson Yoder</u> M.D. _____ Coroner
<u>SS NO 555-30-5549B</u>		Address <u>Denton 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.



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Funeral of ADA ELLEN MURPHY Charge to..... Account No. 060
 Ordered by Kathleen Moberly Guaranteed by..... Serial No. 397
 Funeral at..... Residence..... Mortuary..... Church..... Date 3-19-61 Hour 2:30 p Annual No. 18
 Clergyman Dawson Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	275.00	3-19-61		
Place of Burial	Embalming.....				
Cemetery	Outer Case or Vault..... <u>Wood</u>	25.00			324.02
Grave No.	Washing and Dressing.....				
Lot No.	Shaving.....				
Block No.	Slumber Robe.....				
Section	Suit or Dress.....	15.00			
Pall Bearers	Other Articles of Clothing.....	3.34			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
Singers	Singers.....	10.00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
Insurance Policies	<u>SALES TAX</u>	5.13			
	<u>Net</u>	333.47			
	<u>CASH</u>	324.02			
	To Funeral Complete	324.02			324.02

NAME OF DECEASED Ada Ellen Murphy RESIDENCE Denton Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE 3-19-61 HOUR 2:30 CLERGYMAN Dawson
 SINGERS Louise Saltzman LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____			Place of Death <u>Youngs Nursing Home - Wathena</u>
Casket No. _____ Style _____			Date of Death <u>March 17 1961</u>
Interior _____ Covering _____			Cause of Death <u>ASTERIC Sclerosis</u> Contributory _____
Manufacturer <u>Pine Bluff</u>			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>3-13-1875</u> Age, Years <u>86</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>1 year</u>
_____			Birthplace—City or County <u>Spring Hill</u> State or Country <u>Kansas</u>
_____			Name of Father <u>Fickle</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>Unknown</u>
_____			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>J.G. SWAILE</u> M.D. _____ Coroner _____
_____			Address <u>Wathena, KS</u> Date _____
_____			Interment at <u>Denton</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 _____			_____
REMARKS:			Insured in _____ Amount _____
			Beneficiary _____

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



250

Funeral of Andrew O Delaney Charge to Account No. 661
 Ordered by Dorothy Delaney Guaranteed by Serial No. 378
 Funeral at Residence Mortuary V Church Date 4-21-61 Hour 10:30 AM Annual No. 19
 Clergyman Will Twombly Lodge Affiliations Masonic Body Shipped to or from

JR Libel
 ART BREWSTER
 Cecil Goforth
 F.H. Haganbuch
 MAURICE POPE
 MAURICE O'KEEFE

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	884 00	4-22-61		1195 32
	Embalming.....				
	Outer Case or Vault..... <u>MAUS</u>	285 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....	5 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>SALES TAX</u>	20 39			
	<u>CERTIFIED COPIES</u>	6 00			
	<u>DISCOUNT</u>	35 07			
	<u>(Ambulance)</u>	20 00			
	To Funeral Complete	1195 32			1195 32

NAME OF DECEASED Andrew O Delaney Jr RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 4-21-61 HOUR 10:30 CLERGYMAN Twombly
 SINGERS ORGan By Joyce Bennett LODGE AFFILIATIONS Masonic

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY KANSAS</u>
Casket No. <u>1852</u> Style <u>HALF COUCH</u>		Date of Death <u>April 19 1961</u>
Interior <u>NOBY Crepe</u> Covering <u>silver shaded Gunmetal</u>		Cause of Death <u>Hodgkins Disease</u> Contributory
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case <u>Horizontal silver pipes</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault <u>PARSON PLATED HDWR</u>		Date of Birth <u>1-4-1899</u> Age, Years <u>62</u> Months _____ Days _____
Embalming		Occupation <u>ATTORNEY</u>
Clothing		How Long at Place of Death _____
		Birthplace—City or County <u>Leona</u> State or Country <u>KANSAS</u>
		Name of Father <u>A. O. Delaney sr</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>ELIZABETH FENTON</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>J. L. Mothershead M.D.</u> Coroner
<u>S.S. No. 512-32-7981</u>		Address <u>ST Joseph Mo</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.



2512



11209

Funeral of Wm. H. Wilke Charge to _____ Account No. 662
 Ordered by Ada Wilke Guaranteed by _____ Serial No. 399
 Funeral at _____ Residence _____ Mortuary ST Johns Church _____ Date 5-9-61 Hour 2pm Annual No. 20
 Clergyman CARL Nuebel Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Emil ELder
Robt B ELder
Wm Folsche
Henry Foley
Ted Ricklefs
Willis Ricklek
 Singers
MRS Byron
ALBERS
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	630 00	6-5-61		815 33
	Embalming.....				
	Outer Case or Vault..... <u>Wilbert</u>	170 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of doz. Chairs.....				
	Flowers..... <u>+ TAX</u>	25 63			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	..... <u>SALES TAX</u>	13 70			
				
				
	.....	815 33			
	.....	839 33			
	To Funeral Complete				

NAME OF DECEASED William H Wilke RESIDENCE TROY KANSAS (RURAL)
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST Johns DATE 5-9-61 HOUR 2pm CLERGYMAN CARL Nebel
 SINGERS MRS Byron Albers LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>TROY (His Home)</u>
Casket No. <u>VANGUARD</u> Style <u>PERFECTION</u>		Date of Death <u>MAY 7 1961</u>
Interior <u>NOBY TWILL</u> Covering <u>SILVER METAL</u>		Cause of Death <u>CORONARY OCCLUSION</u> Contributory _____
Manufacturer <u>AUROBA</u>		Duration <u>2 hrs</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>4-27-1890</u> Age, Years <u>71</u> Months _____ Days _____
Embalming _____		Occupation <u>FARMER</u>
Clothing _____		How Long at Place of Death <u>65 yrs</u>
		Birthplace—City or County <u>Rush Co</u> State or Country <u>KANSAS</u>
		Name of Father <u>Wm Wilke</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>MARY Ricklets</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed _____ M.D. <u>Robt. Cordee</u> <u>CORONER</u>
<u>SS no 510-38-4016</u>		Address <u>Highland KS</u> Date <u>5-8-61</u>
		Interment at <u>MORAY</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		
*Less Overhead Per Funeral _____		
Net Profit Apparent _____		
REMARKS:		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.

251

26
 DEPT
 11

Funeral of HUSTON T Meek Charge to _____ Account No. 663
 Ordered by GERTIE Meek Guaranteed by _____ Serial No. 400
 Funeral at _____ Residence _____ Mortuary ^{SEMPRANCE} W. H. S. Church Date 5-15-61 Hour 2:30 pm Annual No. 21
 Clergyman ROBERTS Lodge Affiliations _____ Body Shipped to or from _____

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	585 00	5-23-61		640 95
	Embalming.....				
	Outer Case or Vault <u>concrete sec</u>	55 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>SALES TAX</u>	10 15			
	<u>(Net)</u>	650 15			
	<u>Less discount</u>	630 95			
	To Funeral Complete <u>minus add 90.00</u>				

NAME OF DECEASED HUSTON T Meek RESIDENCE TROY KANSAS (RURAL)
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Severance Christian DATE 5-15-61 HOUR 2:30 CLERGYMAN Roberts
 SINGERS Louise SALTZMAN LODGE AFFILIATIONS _____

253

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Meth Hosp ST Joe Mo</u>
Casket No. _____ Style _____			Date of Death <u>MAY 12 1961</u>
Interior _____ Covering _____			Cause of Death <u>STROKE CEREBRAL Hemorrhage</u>
Manufacturer _____			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>8-22-1902</u> Age, Years <u>58</u> Months _____ Days _____
Embalming _____			Occupation <u>FARMER</u>
Clothing _____			How Long at Place of Death <u>3 days</u>
			Birthplace—City or County _____ State or Country <u>Tenn.</u>
			Name of Father <u>Joseph Meek</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Unknown</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>Senne M.D.</u> _____ Coroner
			Address <u>ST Joseph Mo</u> Date _____
			Interment at <u>OAK Hill Cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
Total Net Cost of Funeral _____			Source of Call _____
Gross Profit on Funeral _____			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.

750



Funeral of Ralph Eugene Noah Charge to _____ Account No. 664
 Ordered by HELEN NOAH Guaranteed by _____ Serial No. 401
 Funeral at _____ Residence _____ Mortuary _____ Church Baptist Date 5-18-61 Hour 2 pm Annual No. 22
 Clergyman John EVANS Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	385 00	5-19-61		250 00
	Embalming.....		7-19-61		273 40
	Outer Case or Vault..... <u>Sec Box</u>	55 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing..... <u>underwear + socks</u>	1 50			
	Transferring Body.....	75 00			
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices..... <u>Sales Tax</u>	6 90			
	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.....				
		523 40			
	To Funeral Complete	523			

PAID IN FULL

NAME OF DECEASED Ralph Eugene Noah RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH BAPTIST DATE 5-18-61 HOUR 2pm CLERGYMAN John EVANS
 SINGERS _____ LODGE AFFILIATIONS _____

256

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>MAY 13 1961</u>
Interior _____ Covering _____			Cause of Death <u>Progressive Hypotension</u> ^{Contributory} <u>Cardiac</u> <u>Rupture of Aorta Proximal</u> <u>Tampnade</u>
Manufacturer _____	DEBITS		Duration <u>to contact</u> Autopsy <u>yes</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>12-2-1930</u> Age, Years <u>30</u> Months _____ Days _____
Embalming _____			Occupation <u>Repairman</u>
Clothing _____			How Long at Place of Death <u>24 HRS</u>
			Birthplace—City or County <u>SEVERANCE</u> State or Country <u>KANSAS</u>
			Name of Father <u>RALPH NOAH</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>MARY COURTIN</u>
			Birthplace of Mother _____
			Signed <u>W. R. PATTERSON</u> M.D. _____ Coroner
<u>SS nu 515-26-5191</u>			Address <u>Denver Colo</u> Date _____
			Interment at <u>OAK Hill 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			
REMARKS:			Insured in _____ Amount _____
			Beneficiary _____

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

1248

11101



Funeral of Wm C Judd Charge to _____ Account No. 665
 Ordered by Myrl Judd Guaranteed by _____ Serial No. 402
 Funeral at _____ Residence _____ Mortuary Church _____ Date 5-25-61 Hour 2 p.m. Annual No. 23
 Clergyman James Campbell Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Emil Elder
F.H. Hagenbuch
Robt Noyes
~~Earl~~
Leroy Sandy
Otto Eastabrooks
Wm Whetstone
 Singers
James Campbell
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	<u>790 00</u>			
	Embalming.....				
	Outer Case or Vault..... <u>MAUS.</u>	<u>285 00</u>	<u>6-20-61</u>		<u>137 73</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>TAX</u>	<u>12 73</u>			
To Funeral Complete		<u>1087 93</u>			

NAME OF DECEASED William C Judd RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 5-25-61 HOUR 2pm CLERGYMAN Campbell
 SINGERS James Campbell LODGE AFFILIATIONS _____

157

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Bendona Ks (Jones Nursing Home)</u>
Casket No. _____ Style <u>metal 1/2 dark</u>			Date of Death <u>MAY 22 1961</u>
Interior <u>roy</u> Covering <u>green metal</u>			Cause of Death <u>Cerebral Hemorrhage</u> Contributory <u>ASCVD</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 <u>5540 P</u>			Date of Birth <u>11-4-1883</u> Age, Years <u>77</u> Months <u>6</u> Days <u>18</u>
Embalming <u>5185 P</u>			Occupation <u>Retired Railroad Telegrapher</u>
Clothing <u>725 + 79</u>			How Long at Place of Death <u>2 months</u>
			Birthplace—City or County <u>SPARKS</u> State or Country <u>KANSAS</u>
			Name of Father <u>Wm Judd</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Nancy Thomas</u>
			Birthplace of Mother _____
			Signed <u>Emerson Yoder M.D.</u> Coroner
			Address <u>Denton Kansas</u> Date <u>May 23 1961</u>
<u>S.S. no 712-01-9612</u>			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.



2600

New York

Funeral of HARVEY G SPARKS Charge to..... Account No. 666
 Ordered by Wm SPARKS Guaranteed by..... Serial No. 403
 Funeral at..... Residence..... Mortuary Church..... Date 6-4-61 Hour 2:30 Annual No. 24
 Clergyman James Campbell Lodge Affiliations Masonic Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	250 00	6-4-61		1 19
	Embalming.....		6-7-61		50 00
	Outer Case or Vault.....				
	Washing and Dressing.....		7-5-61		168 00
	Shaving.....				21 11
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	<u>3 75</u>			
		<u>253 75</u>			
	To Funeral Complete				

NAME OF DECEASED HARVEY G SPARKS RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 6-14-61 HOUR 2:30 CLERGYMAN James Campbell
 SINGERS Campbell & Mrs Sparks LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>TROY KANSAS (Blanton Home)</u>
Casket No. _____			Date of Death <u>6-3-61</u>
Interior <u>2000</u> style <u>Heavy Paul</u>			Cause of Death <u>Probable mesenteric</u> Contributory <u>Thrombosis</u>
Interior <u>2000</u> covering <u>light dove</u>			Duration _____ Autopsy <u>NO</u>
Manufacturer <u>Miller</u>	DEBITS		Sex <u>MALE</u> Color or Race <u>white</u>
Total Net Cost of Casket			Single _____ Married _____ Widowed _____ Divorced <input checked="" type="checkbox"/> Child _____
Outer Case			Date of Birth <u>1-15-1881</u> Age, Years <u>80</u> Months _____ Days _____
Vault			Occupation <u>RETIRED CARPENTER</u>
Embalming			How Long at Place of Death <u>4 yrs</u>
Clothing			Birthplace—City or County <u>SPARKS</u> State or Country <u>KANSAS</u>
			Name of Father <u>RATHIFF SPARKS</u>
			Birthplace of Father _____
Total Cash Advances			Maiden Name of Mother <u>LIZA FRAZIER</u>
			Birthplace of Mother _____
			Signed <u>E. Yoder</u> M.D. _____ Coroner _____
			Address <u>Denton KS</u> Date _____
			Interment at <u>IOLA CEMETERY</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
Total Net Cost of Funeral			Source of Call _____
Gross Profit on Funeral			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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HPT

Funeral of Robert E CLARY Charge to _____ Account No. 667
 Ordered by PETRONEL CLARY Guaranteed by _____ Serial No. 404
 Funeral at _____ Residence _____ Mortuary Church _____ Date 6-24-61 Hour 2 pm Annual No. 25
 Clergyman Tom WALL Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Ed Howland
F.H. Haganbuch
Wm BEATY
Wm TURPIN
Ralph mosee
g.w. moses
 Singers
Rev Campbell
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	750 00	7-3-61		834 48
	Embalming.....				833 98
	Outer Case or Vault..... <u>Sectional</u>	55 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body..... <u>Yul</u>	12 63			
	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.....				
	<u>Copy of cert.</u>	100 50			
		858 13			
	To Funeral Complete	833 98			

NAME OF DECEASED HOBERT E CLARY RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 6-24-61 HOUR 2pm CLERGYMAN TOM WALL
 SINGERS Rev James Campbell LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>General Hosp ST Joseph</u>
Casket No. _____ Style <u>1/2 Cathedral</u>		Date of Death <u>6-21-61</u>
Interior <u>RT</u> Covering <u>Cappantine</u>		Cause of Death <u>CORONARY Embolism</u> contributory _____
Manufacturer <u>Progress</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>12-9-1909</u> Age, Years <u>51</u> Months _____ Days _____
Embalming _____		Occupation <u>CRANE OPERATOR</u>
Clothing _____		How Long at Place of Death <u>6 days</u>
_____		Birthplace—City or County <u>Doniphan</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>ISAAC CLARY</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Elizabeth Miller</u>
_____		Birthplace of Mother <u>Wife Petronel</u>
<u>S.S. NO 509-12-3549</u>		Signed <u>A. J. BLAIR</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.

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Funeral of HARold E Smith Charge to _____ Account No. 668
 Ordered by James Smith Guaranteed by _____ Serial No. 403
 Funeral at _____ Residence _____ Mortuary _____ Church St Charles Date 6-24-61 Hour 9:30 AM Annual No. 26
 Clergyman Father Jude Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
 Dean Horner
 Art Newton
 Jerry Collins
 Gaken Geiger
 Nick Dannerik
 Wilbur Milke

Singers
 choir

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	850 00	7-4-61		917 24
	Embalming.....	55 00			
	Outer Case or Vault..... <u>Sealed</u>				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body..... <u>TA</u>	14 39			
	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.....	844 39			
		27 00			
		917 24			
		919 39			
	To Funeral Complete	892 24			

NAME OF DECEASED HAROLD E Smith RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH ST CHARLES DATE 6-24-61 HOUR 9:30 A CLERGYMAN _____
 SINGERS Choir LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>EAST of TROY - U.S. Hiway 36</u>
Casket No. _____ Style <u>leaves</u>		Date of Death <u>6-24-61</u>
Manufacturer <u>Cross Build</u> Covering <u>Copperstone</u>		Cause of Death <u>SKULL FRACTURE</u> Contributory <u>CAR Accident</u>
Total Net Cost of Casket _____	DEBITS	Duration _____ Autopsy <u>No</u>
Outer Case _____		Sex <u>MALE</u> Color or Race <u>White</u>
Vault _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Embalming _____		Date of Birth <u>2-5-1937</u> Age, Years <u>24</u> Months _____ Days _____
Clothing _____		Occupation <u>SALESMAN</u>
		How Long at Place of Death _____
		Birthplace—City or County <u>OTTAWA</u> State or Country <u>Kansas</u>
		Name of Father <u>JAMES Smith</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>GLADYS DOMNANISH</u>
<u>SS no 513-26-9792</u>		Birthplace of Mother _____
		Signed _____ M.D. <u>R.L. CORDER</u> Coroner
		Address <u>Highland St</u> Date _____
		Interment at <u>ST CHARLES - TROY</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		
*Less Overhead Per Funeral _____		
Net Profit Apparent _____		
REMARKS:		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____

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

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FLIGHT

Funeral of ARNOLD E Miller Charge to..... Account No. 669
 Ordered by Mrs Rachel Miller Guaranteed by..... Serial No. 406
 Funeral at..... Residence..... Mortuary..... Church ST Johns Date 6-23-61 Hour 2 pm Annual No. 27
 Clergyman CARL Nuebel Lodge Affiliations..... Body Shipped to or from.....

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

John KARN
 Tom BURKE
 Donald Meng
 Hayden Elder
 Paul Johnson
 John Coufal

Singers
 Don Pope

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	850 00	7-19-61		894 24
	Embalming.....				
	Outer Case or Vault..... <u>Sieklind</u>	55 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge..... <u>TW</u>	11 39			
	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>certified copy</u>	2 00			
				
				
				
				
	.....	929 39			
To Funeral Complete					

ST 14-24

NAME OF DECEASED ARNOLD E Miller RESIDENCE Bendena Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST Johns DATE 6-23-61 HOUR 2pm CLERGYMAN CARL Nuebel
 SINGERS Don Pope LODGE AFFILIATIONS _____

265

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>EAST of Troy - U.S. Hiway 56</u>
Casket No. _____ Style _____		Date of Death <u>6-21-61</u>
Interior _____ Covering _____		Cause of Death <u>SKULL FRACTURE</u> Contributory <u>CAR Accident</u>
Manufacturer <u>Crestwood</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 <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>12-21-1936</u> Age, Years <u>24</u> Months _____ Days _____
Embalming _____		Occupation <u>NAVAL Reserve</u>
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <u>Bendena</u> State or Country <u>Kansas</u>
_____		Name of Father <u>ALBERT Miller</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>RACHEL Tillbury</u>
_____		Birthplace of Mother _____
<u>SS no 512-34-2572</u>		Signed _____ M.D. <u>R.L. CORDER</u> Coroner
_____		Address <u>Highland ks</u> Date _____
_____		Interment at <u>MORAY</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.

268

11-24-61

Funeral of ALVINA Nesser Charge to _____ Account No. 670
 Ordered by Wm Campbell Guaranteed by _____ Serial No. 407
 Funeral at _____ Residence _____ Mortuary _____ Church CHRIST LUTHERAN Date 6-27-61 Hour 2 pm Annual No. 28
 Clergyman Bingenheimer Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Leslie FRANKLIN
HAROLD GAUL
LEONARD ..
EDGAR ..
VICTOR ..
RAYMOND ..
 Singers
CAROL MCKIMRICK
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	585 00	9-2-61		600 00
	Embalming.....	55 00			
	Outer Case or Vault..... <u>Sectional</u>				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	3 75			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....	40 00			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman..... <u>TH</u>	10 24			
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		693 99			
		693 74			
	To Funeral Complete <u>due to</u>				

NAME OF DECEASED ALVINA Nesser RESIDENCE TROY KANSAS
 FUNERAL AT CHAIST RESIDENCE Lutheran MORTUARY Lutheran CHURCH Lutheran DATE 6-27-61 HOUR 2pm CLERGYMAN Roy Bingenheimer
 SINGERS Mrs Richard McKimbrick LODGE AFFILIATIONS _____

196

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Douglas Nursing Home - Troy</u>
Casket No. _____ Style <u>Coach</u>			Date of Death <u>June 25 1961</u>
Interior <u>roy luten</u> Covering <u>light blue</u>			Cause of Death <u>Probable infra Abdominal METASTASIS</u>
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 _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>11-20-1876</u> Age, Years <u>84</u> Months _____ Days _____
Embalming _____			Occupation <u>Home</u>
Clothing _____			How Long at Place of Death <u>2 mths</u>
			Birthplace—City or County _____ State or Country <u>Germany</u>
			Name of Father <u>GUSTAV BAUL</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>CAROLINE WOLLNICK</u>
			Birthplace of Mother <u>Husband - Fred Nesser</u>
Total Cash Advances _____			Signed <u>E. Yoder</u> M.D. _____ Coroner _____
			Address <u>Denton ks</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.



270

1/2 110/1

Funeral of George R McConnell Charge to..... Account No. 676
 Ordered by..... Guaranteed by..... Serial No. 408
 Funeral at..... Residence..... Mortuary Church..... Date 7-27-61 Hour 2 pm Annual No. 29
 Clergyman Wm 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.....	385 00	8-1-61		100 00
	Embalming.....				30 50
	Outer Case or Vault..... <u>Wood</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	<u>Suit</u> or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....	50 00			
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>+ TAX</u>	20 50			
	Clergyman.....				
	Singers.....	.....		
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>TAX</u>	6 40			
	<u>GRAVE equip</u>	15 00			
		501 90			
To Funeral Complete					

381-90

bal

NAME OF DECEASED George R McConnell RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 7-27-61 HOUR 2pm CLERGYMAN Wm Twombly
 SINGERS Virginia Benitz LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>TROY KANSAS</u>
Casket No. <u>2-50</u> Style <u>Queen</u>		Date of Death <u>July 25 1961</u>
Interior <u>Raymond covering slight stain</u>		Cause of Death <u>VALVULAR HEART LESION</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>9-4-1880</u> Age, Years <u>80</u> Months _____ Days _____
Embalming _____		Occupation <u>RETIRED FARMER</u>
Clothing _____		How Long at Place of Death <u>7 yrs.</u>
		Birthplace—City or County <u>HARLAN</u> State or Country <u>IOWA</u>
		Name of Father <u>JAMES McCONNELL</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>unknown</u>
		Birthplace of Mother <u>Wife Rosetta McConnell</u>
		Signed <u>J.G. Swails</u> M.D. _____ Coroner
Total Cash Advances _____		Address <u>Wathena Kansas</u> Date <u>July 26 1961</u>
		Interment at <u>IRWIN IOWA</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 _____		

REMARKS:

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

269

272

ASUP^r

Funeral of Ida Mae BLANTON Charge to _____ Account No. 672
 Ordered by _____ Guaranteed by _____ Serial No. 409
 Funeral at _____ Residence _____ Mortuary R.L.D.S. Church _____ Date 8-4-61 Hour 2 pm Annual No. 30
 Clergyman Twombly Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	385 00	8-4-61		471 46
	Embalming.....				
	Outer Case or Vault..... <u>wood</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	27 50			
	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.....				
	<u>TAX</u>	7 09			
	<u>CASH</u>	471 46			
	<u>NET</u>	484 59			
	To Funeral Complete				

NAME OF DECEASED Ida Mae Blanton RESIDENCE Troy Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH RLDS DATE 8-4-61 HOUR 2pm CLERGYMAN Wm Twombly
 SINGERS L. Saltzman L. Finkins LODGE AFFILIATIONS _____

1170

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____			Place of Death <u>ST Josephs Hospital</u>
Casket No. _____ Style <u>4</u> _____			Date of Death <u>Aug 1 1961</u>
Interior <u>soft lined</u> Covering <u>light blue</u>			Cause of Death _____ 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 _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>4-11-1871</u> Age, Years <u>90</u> Months <u>3</u> Days <u>20</u>
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>6 hrs.</u>
			Birthplace—City or County <u>Joplin</u> State or Country <u>MO</u>
			Name of Father <u>John Massengill</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Elizabeth Blunt</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed _____ M.D. _____ Coroner _____
			Address _____ 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.

274

Funeral of MARY SUSAN Henning charge to _____ Account No. 673
 Ordered by MRS MARVIN DeLK Guaranteed by _____ Serial No. 410
 Funeral at _____ Residence Ft.ingham meth Mortuary _____ Church _____ Date 8-7-61 Hour 2:30 Annual No. 31
 Clergyman Anderson Lodge Affiliations _____ Body Shipped to or from _____

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

Grandsons

Singers
 Mrs Haupt

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	385.00	8-10-61		468.95
	Embalming.....				
	Outer Case or Vault..... <u>Mon Sec</u>	55.00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	35.00			
	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.....				
	<u>SALos TAX</u>	7.15			
	<u>Net</u>	482.15			
	<u>CASH</u>	468.95			
	To Funeral Complete				

NAME OF DECEASED MARY SUSAN Henning RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH Meth DATE 8-7-61 HOUR 2:30 CLERGYMAN Anderson
 SINGERS Evelyn Haupt LODGE AFFILIATIONS _____

273

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. _____ Style <u>1</u> <u>Crem</u>		
Interior <u>27</u> <u>Family</u> <u>light</u> <u>dark</u> covering		
Manufacturer <u>Miller</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death TROY KANSAS (Delt home)
 Date of Death 8-5-61
 Cause of Death Cerebral Hemorrhage
 Duration _____ Autopsy No
 Sex Female Color or Race White
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth 9-10-1870 Age, Years 90 Months _____ Days _____
 Occupation Housewife
 How Long at Place of Death 2 1/2 yrs
 Birthplace—City or County Holt Co State or Country MO
 Name of Father MARTIN Judy
 Birthplace of Father _____
 Maiden Name of Mother BARBELIA Norman
 Birthplace of Mother _____
 Signed Peterson M.D. _____ Date 8-7-61 Coroner
 Address WATHENA KS
 Interment at Evergreen Cemetery - Effingham
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

REMARKS:

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



278

Funeral of Le Roy B Jackson Charge to Account No. 674
 Ordered by Guaranteed by Serial No. 411
 Funeral at Residence Mortuary Church Date 8-27-61 Hour 2:30 pm Annual No. 32
 Clergyman C.R. Prichard Lodge Affiliations Body Shipped to or from

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
JAMES CLARK
WAYNE CLUCK
CONNIE CLUCK
DARRELL CLUCK
LARRY MCKEE
LOWER COLLEY JR
 Singers
MRS. LOWER COLLEY JR
 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	710 00	8-27 61		122 91
	Embalmng.....		8-27 61		122 91
	Outer Case or Vault.....	170 00	9-10 61		122 91
	Washing and Dressing.....		9-12 61		122 91
	Shaving.....		9-26 61		255 00
	Slumber Robe.....		4-28 62		128 11
	Suit or Dress.....				
	Other Articles of Clothing.....	Tie 1 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.....				
	TAX	14 95			
		Net 895 93			
		Cash 869 53			

Handwritten diagonal scribble

Handwritten note: Dad's gift

To Funeral Complete

NAME OF DECEASED Le Roy B JACKSON RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 8-27-61 HOUR 2:30 CLERGYMAN C. R. Prichard
 SINGERS MRS Lower Colley Jr LODGE AFFILIATIONS _____

275

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral <u>interior/casket</u>		Place of Death <u>Douglas Nursing Home - Troy</u>
Casket No. _____ Style _____		Date of Death <u>Aug 24 1961</u>
Interior <u>R.T. Case</u> Covering <u>Rose Tan</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Traylor</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 _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>6-12-1877</u> Age, Years <u>84</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>1 year</u>
		Birthplace—City or County <u>Daniphan Co</u> State or Country <u>Kansas</u>
		Name of Father <u>CHARLES JACKSON</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>ELIZA Minor</u>
		Birthplace of Mother <u>wife ETTA Kiley</u>
Total Cash Advances _____		Signed <u>Emerson Yadee M.D.</u> Coroner _____
		Address <u>Denton TX</u> Date _____
		Interment at <u>IOLA</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		
*Less Overhead Per Funeral _____		
Net Profit Apparent * _____		
REMARKS:		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.



278



Funeral of CLARENCE MORRIS Charge to..... Account No. 675
 Ordered by Floyd DRAKE Guaranteed by..... Serial No. 412
 Funeral at..... Residence..... Mortuary Church..... Date Sept 6, 1961 Hour 2 p.m. Annual No. 33
 Clergyman L.W. FIRKINS Lodge Affiliations..... Body Shipped to or from.....
FR. EGBERT HALL

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
BURRIS NOLL
FRANK STANSBURY
GORDON BENNETT
ERNIE MYERS
CLARENCE MYERS
LAWRENCE GILMER
 Singers
LOUISE SALTZMAN
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	385 00	9-25-61		40 00
	Embalming.....	45 00	9-25-61		
	Outer Case or Vault <u>CONCRETE BOX</u>	55 00			35 00
	Washing and Dressing.....				
	Shaving.....		10-3-61		160 00
	Slumber Robe.....		6-11-62		40 00
	Suit or Dress.....	22 00	4-4-63		15 00
	Other Articles of Clothing.....	2 75			
	Transferring Body.....	15 00			
	Door Badge.....				
	Opening Grave.....	25 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	20 50			
	Clergyman.....				
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	7 77			
		588 02			

Handwritten notes and calculations in the right margin:
 353.02
 313.00
 313.00
 150.00
 163.
 4-4-63
 11-61
 4086
 4086 Burriss Ave
 Baldwinsville
 City

To Funeral Complete

NAME OF DECEASED CLARENCE MARION MORRIS RESIDENCE Oregon Mo
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Sept 6 1961 HOUR 2pm CLERGYMAN Rev LW FARKIN
 SINGERS MRS Denton SALTZMAN LODGE AFFILIATIONS _____

277

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____

Casket No. 250 Style 1/2 Birch oak.

Interior 2 1/2 inch covering light

Manufacturer miller

Total Net Cost of Casket _____

Outer Case _____

Vault _____

Embalming _____

Clothing _____

Total Cash Advances _____

S.S. No. 493-18-6498

Total Net Cost of Funeral _____

Gross Profit on Funeral _____

*Less Overhead Per Funeral _____

Net Profit Apparent _____

REMARKS:

DEBITS

Place of Death Columbia Mo

Date of Death Sept 3 1961

Cause of Death CANCER Contributory _____

Duration _____ Autopsy No

Sex MALE Color or Race White

Single _____ Married _____ Widowed Divorced _____ Child _____

Date of Birth Feb 12 1882 Age, Years 79 Months _____ Days _____

Occupation Retired Farmer

How Long at Place of Death 1 week

Birthplace—City or County EUREKA State or Country KANSAS

Name of Father _____

Birthplace of Father _____

Maiden Name of Mother _____

Birthplace of Mother _____

Signed _____ M.D. _____ Coroner _____

Address _____ Date _____

Interment at ST CHARLES CEMETERY - Troy

Lot or Grave No. _____ Section No. _____

Shipped to _____

Arrived from _____

Via _____ R. R. _____ Date _____

In Charge of _____

Source of Call _____

Insured in _____ Amount _____

Beneficiary _____

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



280



Funeral of FANNIE W FAHEY Charge to _____ Account No. 676
 Ordered by _____ Guaranteed by _____ Serial No. 413
 Funeral at _____ Residence _____ Mortuary _____ Church ST CHARLES Date Sept 7 1961 Hour 10 Am Annual No. 34
 Clergyman FR HALL Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
 Adairn Boeh
 CARL HAUBER
 FRANCIS Foley
 Wm TURpin
 Nick theis
 Julian Nelson
 Singers
 Church choir
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	710 00	9-9-61	<u>Mrs E. L. J. J. J. J.</u>	908 00
	Embaling				
	Outer Case or Vault	170 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	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				
	<u>Sales Tax</u>	14 90			
To Funeral Complete					

NAME OF DECEASED Fannie W Fahey RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH ST CHARLES DATE SEPT 7, 1961 HOUR 10 AM CLERGYMAN FR HALL
 SINGERS CHOIR LODGE AFFILIATIONS _____

62

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>TROY KANSAS - Her Home</u>
Casket No. _____ Style <u>Inter 1/2 Comb</u>			Date of Death <u>SEPT 5 1961</u>
Interior <u>Blue Satin</u> Covering <u>Pearl Blue Satin</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Proper</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>Nov 8 1871</u> Age, Years <u>89</u> Months _____ Days _____
Embalming _____			Occupation <u>House wife</u>
Clothing _____			How Long at Place of Death <u>20 yrs</u>
			Birthplace—City or County <u>MAYETTA</u> State or Country <u>KANSAS</u>
			Name of Father <u>John HARRINGTON</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Mitchell</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed _____ M.D. _____ Coroner _____
			Address _____ 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 _____			
*Less Overhead Per Funeral _____			Source of Call _____
Net Profit Apparent _____			
REMARKS:			Insured in _____ Amount _____
			Beneficiary _____

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



282



Funeral of George H Callahan Charge to _____ Account No. 677
 Ordered by Harold Callahan Guaranteed by _____ Serial No. 414
MORAY Cem.
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date Sept 10, 1961 Hour 2 pm Annual No. 35
 Clergyman Tom Wall Lodge Affiliations _____ Body Shipped to or from _____

	Date	Description of Service	Amount		Date		V	Credits	
Place of Burial		Casket and Services	35	00	9-11	61		53	38
Cemetery		Embalming							
Grave No.		Outer Case or Vault							
Lot No.		Washing and Dressing							
Block No.		Shaving							
Section		Slumber Robe							
Pall Bearers		Suit or Dress							
		Other Articles of Clothing							
		Transferring Body							
		Door Badge							
		Opening Grave							
		Newspaper Notices							
		Telegrams and Telephone Calls							
		Use of _____ doz. Chairs							
		Flowers							
		Clergyman							
		Singers							
Singers		Casket Coach							
		Use of _____ Funeral Cars							
		Use of Flower Cars							
		Professional Supervision		15					
		Register Book		1					
		METAL MARKER		1					
		SALES TAX							
Insurance Policies									
		To Funeral Complete							

284



Funeral of MARY STOUT Charge to 19-2-61 Account No. 678
 Ordered by Nellie Cooney Guaranteed by _____ Serial No. 415
 Funeral at _____ Residence _____ Mortuary _____ Church ST CHARLES Date 10-3-61 Hour _____ Annual No. 36
 Clergyman FR. E. HALL 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.....	775 00	10-27-61	Nellie Cooney		1025 07
	Embalming.....	160 00				
	Outer Case or Vault.....					
	Washing and Dressing.....					
	Shaving.....					
	Slumber Robe.....	27 00				
	Suit or Dress.....					
	Other Articles of Clothing.....					
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....	35 00				
	Newspaper Notices.....					
	Telegrams and Telephone Calls.....					
	Use of _____ doz. Chairs.....					
	Flowers.....	25 00				
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of _____ Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	<u>SALES TAX</u>	16 93				
	<u>Ambulance 15.00</u>					
	<u>Lettering Stone 25.00</u>					
	<u>discount 28.86</u>					
	To Funeral Complete					

NAME OF DECEASED MARY STOUT RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST CHARLES DATE 10-3-61 HOUR _____ CLERGYMAN HALL
 SINGERS choir LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST Josephs Hospital</u>
Casket No. _____ Style <u>nut 1/2 crouch</u>		Date of Death <u>OCT 1 1961</u>
Interior <u>Silver Cape</u> Covering <u>Parade Blue</u>		Cause of Death _____ Contributory _____
Manufacturer <u>McGinnis</u>		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>3-21-1873</u> Age, Years <u>88</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>2 days</u>
		Birthplace—City or County <u>Cherryvale</u> State or Country <u>KANSAS</u>
		Name of Father <u>James Smith</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>MARGARET DEVERAUX</u>
		Birthplace of Mother _____
		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>ST Benedicts</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.

283

286



Ampt

Funeral of Henry R Bottiger Charge to _____ Account No. 677
 Ordered by MARY Bottiger Guaranteed by _____ Serial No. 416
 Funeral at _____ Residence _____ Mortuary Church _____ Date 10-7-61 Hour 2:30 pm Annual No. 57
 Clergyman FR. Jude 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.....	850 00	10-28 61	OK By Mrs Bottiger		896 98
	Embalming.....					
	Outer Case or Vault <u>Conc sec</u>	55 00				
	Washing and Dressing.....					
	Shaving.....					
	Slumber Robe.....					
	Suit or Dress.....					
	Other Articles of Clothing.....					
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....					
	Newspaper Notices.....					
	Telegrams and Telephone Calls.....					
	Use of _____ doz. Chairs.....					
	Flowers.....					
	Clergyman.....					
	Singers <u>ORGANIST</u>	5 00				
	Casket Coach.....					
	Use of _____ Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	<u>SALes TAX</u>	14 13				
		129 24 13				
		896 98				
	<u>Disc 27.15</u>					
	To Funeral Complete	896 98				

NAME OF DECEASED Henry Richard Bottiger RESIDENCE Denton Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 10-7-61 HOUR 2:30p. CLERGYMAN FR. Jude
 SINGERS O. HAZEN LODGE AFFILIATIONS _____

587

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Denton Kansas (His Home)</u>
Casket No. _____ Style <u>Co. Inter</u>		Date of Death <u>OCT 5 1961</u>
Interior <u>Maple</u> Covering <u>Rose gold</u>		Cause of Death <u>COBONARY</u> Contributory _____
Manufacturer <u>Clout Brand</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>10-11-1889</u> Age, Years <u>71</u> Months _____ Days _____
Embalming _____		Occupation <u>FARMER</u>
Clothing _____		How Long at Place of Death <u>44 yrs</u>
		Birthplace—City or County <u>Denton</u> State or Country <u>KANSAS</u>
		Name of Father <u>ABRAHAM BOTTIGER</u>
		Birthplace of Father <u>wife MARY</u>
		Maiden Name of Mother <u>MARGARET HAFER</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>E. Yoder</u> M.D. _____ Coroner _____
<u>SS No 510-36-83B</u>		Address <u>Denton</u> Date _____
<u>DAU Lila Keebler Denton</u>		Interment at <u>ST Benedicts</u>
<u>Katherine Hopper Elwood</u>		Lot or Grave No. _____ Section No. _____
<u>son Kenneth Denton</u>		Shipped to _____
<u>Wm WATHENA</u>		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.



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HADP

Funeral of Gertrude BRASEL Charge to _____ Account No. 680
 Ordered by CLAUDE BRASEL Guaranteed by _____ Serial No. 4117
 Funeral at _____ Residence _____ Mortuary _____ Church CHRISTIAN Date 10-14-61 Hour 2 pm Annual No. 38
 Clergyman L W FIBKINS Lodge Affiliations _____ Body Shipped to or from _____

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

Singers
James Campbell

Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	750 00	11-8-61		892 30
	Embalming.....	55 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	29 50			
	Other Articles of Clothing.....	3 75			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	25 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	<u>14 08</u>			
	<u>amb. 35.00</u>				
		917 34			
	To Funeral Complete	892 30			

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HAY

Funeral of LAWRENCE CANNON Charge to _____ Account No. 681
 Ordered by Deniaphan County Guaranteed by _____ Serial No. 418
 Funeral at _____ Residence _____ Mortuary Church _____ Date 10-18-61 Hour 2:30 pm Annual No. 39
 Clergyman Penecostal Minister from St. Joseph Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	200.00	10-18-61		125.00
	Embalming		11-3-61		75.00
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	To Funeral Complete				

Pall Bearers
 Ed Howland
 Walt McLaughlin
 RAY PARKER
 Geo. Priderem
 Virgil Boggess
 Safford Guy

Singers

Insurance Policies

NAME OF DECEASED Lawrence R Cannon RESIDENCE ST Joseph Mo

FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 10-18-61 HOUR 2:30 CLERGYMAN

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Meth Hospital ST Joe</u>
Casket No. _____ Style _____		Date of Death <u>OCTober 16 1961</u>
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u>		Duration _____ Autopsy <u>yes</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>5-1-1898</u> Age, Years <u>63</u> Months _____ Days _____
Embalming _____		Occupation <u>LABORER</u>
Clothing _____		How Long at Place of Death <u>1 day</u>
_____		Birthplace—City or County <u>TRUSTON</u> State or Country <u>MO</u>
_____		Name of Father <u>LAWRENCE Cannon</u>
_____		Birthplace of Father <u>MARY Hipp</u>
_____		Maiden Name of Mother <u>MARY Hipp</u>
Total Cash Advances _____		Birthplace of Mother _____
_____		Signed <u>EVAN Peterson</u> M.D. _____ Coroner
_____		Address <u>WATHEN ST</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.

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Funeral of Nellie M Ricklefs Charge to..... Account No. 682
 Ordered by John V Ricklefs Guaranteed by..... Serial No. 419
 Funeral at..... Residence..... Mortuary..... Church St Johns Date 10-19-61 Hour 2:30 pm Annual No. 40
 Clergyman CARL Nuebel Lodge Affiliations..... Body Shipped to or from.....

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
Lee Ricklefs
John ✓
Dennis ✓
James ✓
WARREN ✓
Chas ✓
 Singers
Mr Mrs Compton
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	585 00	9/29/63		385 95
	Embalming.....				209 97
	Outer Case or Vault..... <u>Heiser</u>	160 00	10-23-63		200 00
	Washing and Dressing.....				
	Shaving.....		11-1-63		200 00
	Slumber Robe.....				
	Suit or Dress.....	27 50			
	Other Articles of Clothing..... <u>Hose</u>	99	11-4-63		377 00
	Transferring Body.....				
	Door Badge.....				
	Opening Grave..... <u>25</u>				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers..... <u>10</u>				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	..... <u>Sales tax</u>	13 49			
To Funeral Complete		786 98			

Handwritten note: Thank you Mrs. Compton & Betty Park

NAME OF DECEASED Nellie Mabel Ricklefs RESIDENCE Bendena Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH ST Johns DATE 10-19-61 HOUR 2:30p CLERGYMAN Nuebel
 SINGERS me Mrs Compton LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Bendena Kansas - Her Home</u>
Casket No. _____ Style <u>Woods Co. wood</u>		Date of Death <u>October 17 1961</u>
Interior <u>Wing Sutton</u> Covering <u>light plush</u>		Cause of Death <u>Myocardial infarction</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 _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>3-9-1889</u> Age, Years <u>72</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>17 yrs</u>
		Birthplace—City or County <u>Bendena</u> State or Country <u>Kansas</u>
		Name of Father <u>Wm Schwab</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Melissa J Howard</u>
		Birthplace of Mother _____
		Signed <u>Emerson Yoder</u> M.D. _____ Coroner
		Address <u>Denton KS</u> Date _____
		Interment at <u>MORAY</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 _____		
REMARKS:		Insured in _____ Amount _____
		Beneficiary _____

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

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HAUP

Funeral of Dallas M Sharp Charge to _____ Account No. 683
 Ordered by Gertrude Sharp Guaranteed by _____ Serial No. 420
 Funeral at _____ Residence _____ Mortuary Trinity Baptist Church Date 10-28-61 Hour 2 pm Annual No. 41
 Clergyman Wm Drum Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

DAN JACKS
 Chester Lewis
 Alfred Engeman
 Chas Weidner
 WAIT Mcquinn
 Raymond Brenner

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	385 00	11-4-61 Mrs Sharp		444 10
	Embalming.....				
	Outer Case or Vault..... Wood	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe..... ⁷⁴	6 40			
	Suit or Dress.....	416 40 net			
	Other Articles of Clothing.....	12 30			
	Transferring Body.....	404 10	cash on 30 days		
	Door Badge.....	40 00			
	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.....				
		444 10			
	To Funeral Complete				

NAME OF DECEASED DALLAS M SHARP RESIDENCE TROY KANSAS (RURAL)
 FUNERAL AT RESIDENCE MORTUARY CHURCH BAPTIST DATE 10-28-61 HOUR 2pm CLERGYMAN WM DBUM
 SINGERS _____ LODGE AFFILIATIONS _____

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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>Art 1/2 comb</u>		Date of Death <u>OCT 25 1961</u>
Interior <u>Tray small</u> Covering <u>light blue</u>		Cause of Death <u>CARDIAC DECOMPENSATION</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>11-5-1881</u> Age, Years <u>79</u> Months _____ Days _____
Embalming _____		Occupation <u>FARMER</u>
Clothing _____		How Long at Place of Death <u>54 yrs</u>
_____		Birthplace—City or County <u>Elwood</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>MARION SHARP</u>
<u>SS NO 487-01-2820</u>		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>MARY Jane Bibb</u>
<u>SONS - HAROLD, Kemper, Roy - Troy</u>		Birthplace of Mother <u>wife GERTRUDE Newell</u>
<u>Don - LANCASTER CAL</u>		Signed <u>E Yoder</u> M.D. _____ Coroner
<u>DAU - MRS ALICE TRANT Troy</u>		Address <u>Denton Ks</u> Date _____
<u>✓ HAZEL WALSH in dependence me</u>		Interment at <u>MT Olive</u>
<u>✓ Myrtle JORGENSEN Belton me</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.



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HAR

Funeral of Wm P NIMZ Charge to _____ Account No. 684
 Ordered by Chas NIMZ Guaranteed by _____ Serial No. 421
 Funeral at _____ Residence _____ Mortuary Denton Methodist Church Date 10-30-61 Hour 2 pm Annual No. 42
 Clergyman W H HORTON Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
HARLAN HAZEN
TOM ROBERTS
ALVA ROBERTS
CLARENCE INGELS
ALBERT BAHR
BERNARD BOOS

Singers
ORVILLE HAZEN

Insurance Policies
257.01

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	520 00	10-31-61		450 00
	Embalmg				
	Outer Case or Vault <u>marble</u>	285 00	1-24-62		50 00
	Washing and Dressing				
	Shaving		1-19-63		342 99
	Slumber Robe				
	Suit or Dress <u>suit</u>	22 50			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge <u>T4</u>	15 49			
	Opening Grave	842 99	<u>Suit</u>		
	Newspaper Notices <u>dir</u>	24 83			
	Telegrams and Telephone Calls	81 8 06	<u>Cash on 30 days</u>		
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
To Funeral Complete					

Handwritten calculations:
 624 392.99
 50

 342.99
3-20

NAME OF DECEASED William P Nimz RESIDENCE Denton Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Meth DATE 10-30-61 HOUR 2 pm CLERGYMAN HORTON
 SINGERS ORVILLE HAZEN LODGE AFFILIATIONS

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Meth Hosp ST Joe Mo</u>
Casket No. _____ Style <u>Wood slats 1/2 cumb</u>		Date of Death <u>October 28 1961</u>
Interior <u>Dark tunkel</u> Covering <u>light plush</u>		Cause of Death <u>CARCINOMA of STOMACH</u>
Manufacturer <u>Miller</u>		Duration _____ Autopsy <u>No</u>
	DEBITS	Sex <u>MALE</u> Color or Race <u>white</u>
Total Net Cost of Casket _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Outer Case _____		Date of Birth <u>3-13-1878</u> Age, Years <u>83</u> Months _____ Days _____
Vault _____		Occupation <u>RETIRED FARMER</u>
Embalming _____		How Long at Place of Death <u>24 days</u>
Clothing _____		Birthplace—City or County <u>Waldo</u> State or Country <u>Germany</u>
		Name of Father <u>August Nimz</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Henrietta Nimz</u>
Total Cash Advances _____		Birthplace of Mother <u>VERONICA Kosman (deceased)</u>
<u>Son - Chas Nimz - Denton</u>		Signed <u>E. Yoder</u> M.D. _____ Coroner _____
		Address <u>Denton</u> Date _____
		Interment at <u>Denton Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral _____		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.



298

Haupt

Funeral of Verne E. Blevins Charge to..... Account No. 685
 Ordered by John Blevins Guaranteed by..... Serial No. 422
 Funeral at..... Residence..... Mortuary..... Church Meth. Date 10-31-61 Hour 2:00 Annual No. 43
 Clergyman Minsch Lodge Affiliations..... Body Shipped to or from.....

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

F.H. Hagenbuch
 MARVIN HARRIS
 ART LOROFF
 LEONARD MARTIN
 ALBERT SIMMONS
 LEO WAGNER

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	610 00	11-4-61		555 58
	Embalming.....		11-30-61		165 00
	Outer Case or Vault <u>Sectional</u>	55 00			
	Washing and Dressing.....				720 58
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	25 00			
	Clergyman.....				
	Singers.....				
	Casket Coach <u>TA</u>	10 53			
	Use of..... Funeral Cars.....	740 53	mt		
	Use of Flower Cars..... <u>else</u>	19 95			
	Professional Supervision.....	720 58	Casket 30 days		
	To Funeral Complete				

paid in full

NAME OF DECEASED Verne E Blevins RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH Meth DATE 10-31-61 HOUR 2pm CLERGYMAN MINSCH
 SINGERS MAE Williamson LODGE AFFILIATIONS EASTER STAR

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Meth Hosp ST Joseph</u>
Casket No. _____ Style <u>Metel 1/2 clauk</u>		Date of Death <u>OCTOBER 28 1961</u>
Interior <u>Truy Satin</u> Covering <u>Silver</u>		Cause of Death _____ Contributory _____
Manufacture _____	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>11-4-1883</u> Age, Years <u>77</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death _____
		Birthplace—City or County <u>Chester</u> State or Country <u>Nebr</u>
		Name of Father <u>Andrew Elder</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Unknown</u>
<u>S.S. NO 492-28-5782</u>		^{Husband} Birthplace of Mother <u>C. F. Blevins (deceased)</u>
		Signed <u>E.A. Peterson</u> M.D. _____ Coroner _____
		Address <u>WATHEN Ks</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.



300

Mr. Selwyn

Funeral of LENA M TAYLOR Charge to _____ Account No. 686
 Ordered by Ethel F Reed Guaranteed by _____ Serial No. 423
 Funeral at _____ Residence _____ Mortuary _____ Church CHRISTIAN Date 11-1-61 Hour 1:30 pm Annual No. 44
 Clergyman L W FIBKINS Lodge Affiliations _____ Body Shipped ~~to~~ from CALIF

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.....	610 00	11-24-61		1068 08
	Embalming.....	225 00			
	Outer Case or Vault.....	57 00			
	Washing and Dressing.....				
	Shaving <u>Sabat al</u>	10 53			
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....	83 00			
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....	450			
	Telegrams and Telephone Calls.....	9 00			
	Use of _____ doz. Chairs.....				
	Flowers.....	25 00			
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision <u>certified copy</u>	6 00			
	<u>Carb alone from 412.50</u>				
	<u>at home 675.33</u>				
	<u>14.95 line</u>				
	<u>TOTAL</u>	<u>1088 03</u>			
	To Funeral Complete				

NAME OF DECEASED LENA M TAYLOR RESIDENCE PASADENA CALIF
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH CHRISTIAN DATE 11-1-61 HOUR 1:30p CLERGYMAN FIRKINS
 SINGERS LOUISE SALTZMAN LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>PASADENA CALIFORNIA</u>
Casket No. _____ Style _____		Date of Death <u>OCTOBER 26 1961</u>
Interior _____ Covering _____		Cause of Death _____ Contributory <u>CAR ACCIDENT</u>
Manufacturer <u>Miller</u>		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>5-30-1900</u> Age, Years <u>61</u> Months _____ Days _____
Embalming _____		Occupation <u>WAITRESS</u>
Clothing _____		How Long at Place of Death _____
		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
		Name of Father <u>Ephrim BLANTON</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>EVA GATEWOOD</u>
		Birthplace of Mother <u>CHARLES TAYLOR (deceased)</u>
		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>MT OLIVE</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____

DEBITS
Total Cash Advances <u>SS No 573-36-3758</u>
Daughter <u>MRS Ethel Reed</u> <u>5107 E 12</u> <u>K.C.</u>
Total Net Cost of Funeral _____
Gross Profit on Funeral _____
*Less Overhead Per Funeral _____
Net Profit Apparent _____

REMARKS:

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

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302



Funeral of John T Speaks Charge to _____ Account No. 687
 Ordered by Alice Speaks Guaranteed by _____ Serial No. 424
 Funeral at _____ Residence _____ Mortuary _____ Church ST CHARLES Date 11-15-61 Hour 9:30 AM Annual No. 45
 Clergyman Father Egbert Hall Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Harold E. Baker
Pete Clady
Leo McIntyre
Francis McIntyre
Bernard Smith
Francis Smith
 Singers _____
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	610 00	11-16-61		60 00
	Embalming.....	55 00	11-15		7 88
	Outer Case or Vault.....		12-4-61		501 26
	Washing and Dressing.....		11-15-61		7 88
	Shaving.....		2-7-61		147 44
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....	10 53			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers <u>25 + 15 = 40 -</u>	40 00			
	Clergyman.....	20 00			
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision <u>Cerified copy</u>	1 00			
	Insurance Policies.....				
To Funeral Complete		736 53			

~~PAID IN FULL~~

PAID IN FULL

NAME OF DECEASED John Terrence Speaks RESIDENCE TBOY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH ST Charles DATE 11-15-61 HOUR 9:30 AM CLERGYMAN Father Egbert Hall
 SINGERS Choir LODGE AFFILIATIONS _____

103

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>TBOY KANSAS - His Home</u>
Casket No. _____ Style _____			Date of Death <u>November 12 1961</u>
Interior _____ Covering _____			Cause of Death <u>Coronary occlusion</u> Contributory _____
Manufacturer _____	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>12-29-1898</u> Age, Years <u>62</u> Months _____ Days _____
Embalming _____			Occupation <u>City employee</u>
Clothing _____			How Long at Place of Death <u>2 years</u>
_____			Birthplace—City or County <u>SPARKS</u> State or Country <u>KANSAS</u>
_____			Name of Father <u>Michael Calvin Speaks</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>BARBARA ELLEN McIntyre</u>
_____		Birthplace of Mother _____	
_____		Signed <u>R. H. C.</u> M.D. <u>Robert Cordor</u> Coroner	
_____		Address <u>Highland ks</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.



304

HARMAN
HAUPPT

Funeral of NANCY W Chase Charge to..... Account No. 688
 Ordered by..... Guaranteed by..... Serial No. 425
 Funeral at..... Residence..... Mortuary Church..... Date 11-29-61 Hour 2 p.m. Annual No. 46
 Clergyman John EVANS Lodge Affiliations..... Body Shipped ~~to~~ from Salem Mo

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
Geo STAFFORD
Gus WOODS
Stanley Kuykendall
WALT McUGHRIE
Geo WYBERT
Hugh WOOD
 Singers
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....		<u>12-4-61</u>		<u>32 66</u>
	Embalming.....		<u>1-4-62</u>		<u>25 00</u>
	Outer Case or Vault..... <u>wood</u>	<u>25 00</u>	<u>2-15-62</u>		<u>20 00</u>
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of.....doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....	<u>10 00</u>			
	Casket Coach.....	<u>15 00</u>			
	Use of.....Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>USE OF MORTUARY FACILITIES</u>	<u>50 00</u>			
	<u>GRAVE EQUIPMENT</u>	<u>30 00</u>			
	<u>SALES TAX</u>	<u>63</u>			
	To Funeral Complete	<u>130 63</u>			

NAME OF DECEASED NANCY JANE Chase RESIDENCE SALEM Mo
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 11-29-61 HOUR 2pm CLERGYMAN John EVANS
 SINGERS Louise SALTzman LODGE AFFILIATIONS _____

303

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>SALEM Mo</u>
Casket No. _____ Style _____			Date of Death <u>NOV 26 1961</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		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>10-16-1868</u> Age, Years <u>94</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>15yrs</u>
_____			Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
_____			Name of Father <u>Wm + Woods</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother _____
Total Cash Advances _____		Birthplace of Mother _____	
_____		Signed _____ M.D. _____ Coroner _____	
_____		Address _____ Date _____	
_____		Interment at <u>COURT</u>	
_____		Lot or Grave No. _____ Section No. _____	
_____		Shipped to _____	
_____		Arrived from <u>SALEM Mo</u>	
_____		Via <u>CAR</u> R. R. Date <u>11-28-61</u>	
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.



306

Funeral of **Charles N Turpin** Charge to Account No. **689**
 Ordered by **Mrs ALBERTA TURPIN** Guaranteed by Serial No. **426**
 Funeral at Residence Mortuary Church **Denton meth** Date **Dec 26 '61** Hour **2 pm** Annual No. **47**
 Clergyman **Wright Horton** Lodge Affiliations Body Shipped to or from

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
Robt Myers
HARLAN HALEN
HORACE WRIGHT
Donald PEUKER
BERNARD BOUS
HAROLD WIDMAN

Singers
Audrey Roberts
DOROTHY HALEN
Lois WRIGHT

Insurance Policies

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services.....	385.00	1-13-62	<i>ms Turpin</i>		468.95
	Embalming.....	55.00				
	Outer Case or Vault.....					
	Washing and Dressing.....					
	Shaving.....					
	Slumber Robe.....					
	Suit or Dress.....					
	Other Articles of Clothing.....					
	Transferring Body.....					
	Door Badge.....	35.00				
	Opening Grave.....					
	Newspaper Notices.....					
	Telegrams and Telephone Calls.....					
	Use of..... doz. Chairs.....					
	Flowers.....					
	Clergyman.....					
	Singers.....					
	Casket Coach <i>ambulance</i>	20.00				
	Use of..... Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	<i>SALES TAX</i>	7.15				
		482.15				
		468.95				
To Funeral Complete						

use 13.20

NAME OF DECEASED Charles N Turpin RESIDENCE Denton Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Meth DATE 12-26-61 HOUR 2pm CLERGYMAN Waight Horton
 SINGERS Mixed Trio LODGE AFFILIATIONS _____

305

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Meth Hosp - ST Joseph</u>
Casket No. <u>250</u> Style <u>Oct 1/2 cased</u>			Date of Death <u>Dec 24 1961</u>
Interior <u>Wing Tumb covering light dr</u>			Cause of Death _____ Contributory _____
Manufactured <u>melley</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>9-3-1897</u> Age, Years <u>64</u> Months _____ Days _____
Embalming _____			Occupation <u>Retired Cafe operator</u>
Clothing _____			How Long at Place of Death <u>7 Hours</u>
			Birthplace—City or County <u>JATAK</u> State or Country <u>MO</u>
			Name of Father <u>Theodore Turpin</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>DORA Johnson</u>
			Birthplace of Mother <u>wife ALBERTA Reeves</u>
Total Cash Advances _____			Signed <u>Emerson Yoder</u> M.D. _____ Coroner _____
<u>wife ALBERTA Reeves</u>			Address <u>Denton Ks</u> Date _____
<u>DAW - DORA GRAY</u>			Interment at <u>Denton Cemetery</u>
<u>Sons - James</u>			Lot or Grave No. _____ Section No. _____
<u>GARY</u>			Shipped to _____
<u>CHAS</u>			Arrived from _____
<u>SEN NO 515-32-5671 H</u>			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.



308

114 west
Antonia St
St. Joe

Funeral of Lela Ridgway Charge to..... Account No. 690
 Ordered by Nelson D Ridgway Guaranteed by..... Serial No. 427
 Funeral at..... Residence LT Mortuary Church..... Date 12-30-61 Hour 2 p.m. Annual No. 48
 Clergyman FIRKINS Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	710 00	12-27-61		200 00
	Embalming.....				
	Outer Case or Vault..... <u>Wilbert Vault</u>	170 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave..... <u>Paid by Ridgway</u>				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>SALos TAX</u>	14 90			
		904 90			
	To Funeral Complete				

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

NAME OF DECEASED Lela M Ridgway RESIDENCE ST Joseph Mo

FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 12-30-61 HOUR 2pm CLERGYMAN L.W. FIRTANS

SINGERS Louise SALTzman LODGE AFFILIATIONS _____

302

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
Casket No. 91-7223 Style Chippie perfection cut
Interior _____ Covering Big Tom Carnell
Manufacturer Beck
Total Net Cost of Casket _____
Outer Case _____
Vault _____
Embalming _____
Clothing _____

DEBITS

S.S. No 511-18-1632
Total Cash Advances
Husband Nelson Dean R.
Sons John Pfister
Overland Park
Kenneth Thomas
ST Joseph

Handwritten signature/initials

Total Net Cost of Funeral _____
Gross Profit on Funeral _____
*Less Overhead Per Funeral _____
Net Profit Apparent _____

REMARKS:

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

Place of Death ST Joseph Mo (Gen Ost.)
Date of Death 12-27-61
Cause of Death CANCER Contributory _____
Duration _____ Autopsy NO
Sex FEMALE Color or Race White
Single _____ Married Widowed _____ Divorced _____ Child _____
Date of Birth 9-19-1901 Age, Years 60 Months _____ Days _____
Occupation Donnelly Garment Factory
How Long at Place of Death 10 days
Birthplace—City or County Elwood State or Country KANSAS
Name of Father George KARN
Birthplace of Father _____
Maiden Name of Mother Mable Hinchcliff
Birthplace of Mother _____
Signed A. J. BLAIR M.D. _____ Coroner _____
Address TROY Date _____
Interment at MT Olive
Lot or Grave No. _____ Section No. _____
Shipped to _____
Arrived from _____
Via _____ R. R. _____ Date _____
In Charge of _____
Source of Call _____
Insured in _____ Amount _____
Beneficiary _____

