

Funeral of MARCELLA CLARK Charge to..... Account No. 739
 Ordered by Reynolds (Nephew) Guaranteed by..... Serial No. 476
 Funeral at..... Residence..... Mortuary Church..... Date 3-7-63 Hour 1 pm Annual No. 11
 Clergyman L. C. CAIN 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	3-7-63		50
	Embalming.....				
	Outer Case or Vault..... <u>wood</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	30 00			
	Newspaper Notices..... <u>Letting Stone</u>	10 00			
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flower..... <u>Cemetery Cart</u>	25 00			
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision..... <u>Ty</u>	5 50			
				
				
				
	To Funeral Complete	500 50			

NAME OF DECEASED MARCELLA CLARK RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 3-7-63 HOUR 1pm CLERGYMAN L. G. CAIN
 SINGERS Rev James Campbell LODGE AFFILIATIONS _____
Joyce Bennett - O.B.G. 12

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY KANSAS (Here Home)</u>
Casket No. <u>252</u> Style <u>Oct. Church</u>		Date of Death <u>MAR 4 1963</u>
Interior <u>Army Tank</u> Covering <u>light blue</u>		Cause of Death <u>Cerebral Hemorrhage</u> Contributory _____
Manufacturer <u>Walker</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>11-10-1875</u> Age, Years <u>87</u> Months _____ Days _____
Embalming		Occupation <u>House wife</u>
Clothing		How Long at Place of Death <u>5 years</u>
		Birthplace—City or County <u>Weatherby</u> State or Country <u>MO</u>
		Name of Father <u>ALFRED NEVITT</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>unknown</u>
		Birthplace of Mother _____
		Signed <u>Emerson Gaden</u> M.D. _____ Coroner
		Address <u>Denton KS</u> Date _____
		Interment at <u>ALTA VISTA Cemetery - Winston</u>
		Lot or Grave No. _____ Section No. <u>MO</u>
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral		Source of Call _____
*Less Overhead Per Funeral		Insured in _____ Amount _____
Net Profit Apparent		Beneficiary _____

REMARKS:

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

Funeral of FERN MARIE BROWN LEE Charge to _____ Account No. 740
 Ordered by Kenneth Brown Lee Guaranteed by _____ Serial No. 477
 Funeral at _____ Residence _____ Mortuary CHRISTIAN Church ✓ Date 3-8-63 Hour 2 p.m. Annual No. 12
 Clergyman L.W. FIBKINS Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Raymond Ludd
 Donnie HARTER
 ORVILLE LICHLITER
 CARL CAINE
 Don McClelland
 Dick KARZELER

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	650 00	3-7-63		650 00
	Embalming.....				
	Outer Case or Vault..... <u>sectional</u>	60 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe..... <u>7-4</u>	11 25			
	Suit or Dress.....	67 21 25			
	Other Articles of Clothing.....				
	Transferring Body.....	21 30			
	Door Badge.....				
	Opening Grave..... <u>done by 4-6-63</u>				
	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				

NAME OF DECEASED FERN MARIE BROWNLEE RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH CHRISTIAN DATE 3-8-63 HOUR 2pm CLERGYMAN L.W. FIRKINS
 SINGERS Mac Williams - Joyce Bennett ORG LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Atchison Ks Hospital</u>
Casket No. _____ Style <u>interior by coach</u>		Date of Death <u>MARCH 6 1963</u>
Interior _____ Covering _____		Cause of Death <u>CANCER</u> Contributory _____
Manufacturer <u>major</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>9-1-1906</u> Age, Years <u>56</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>2 wks</u>
_____		Birthplace—City or County <u>ARNOGO</u> State or Country <u>MO</u>
_____		Name of Father <u>CHARLES WARD</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>ELLA MONTGOMERY</u>
_____		Birthplace of Mother _____
_____		Signed _____ M.D. _____ Coroner _____
<u>SS no - 510-18-0530</u>		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 _____
REMARKS:		

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



Funeral of MARIE E FLETCHER Charge to..... Account No. 741
 Ordered by O. L. ROGERS Guaranteed by..... Serial No. 478
 Funeral at..... Residence..... Mortuary Church..... Date 3-17-63 Hour 2pm Annual No. 13
 Clergyman Rev. T. Anderson Lodge Affiliations Eastern STAR - White Shrine Body Shipped to or from.....
Rehearsals

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

Pall Bearers
HAROLD ATKINS
GLEN BOYLES
EVERETT BOYLES
WAYNE BOYLES
JERRY PIKE
KENNETH BROWN

Singers
Rev Campbell
Beyond The Sunset
Old Rugged Cross

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	620 00	4-2-63		772 40
	Embalming.....				
	Outer Case or Vault..... <u>see bk</u>	60 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.....	41 00			
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	..... <u>SALES TAX</u>	10 80			
		791 80			
	..... <u>with disc.</u>	772 40			
	To Funeral Complete				

NAME OF DECEASED MARIE Emelyn Fletcher RESIDENCE ST Joseph Mo (707 No 9th)
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 3-17-63 HOUR 2pm CLERGYMAN Anderson
 SINGERS Campbell - J. Bennett - ORGM LODGE AFFILIATIONS E. STAR - White Shrine - Rebekahs

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>ST Joseph Mo (Home)</u>
Casket No. <u>Style 1/2 C METAL</u>			Date of Death <u>MARCH 14 1963</u>
Interior <u>Covering Copper Tone</u>			Cause of Death <u>CORONARY THROMBOSIS Contributory</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>1-17-1890</u> Age, Years <u>73</u> Months _____ Days _____
Embalming			Occupation <u>NURSE</u>
Clothing			How Long at Place of Death <u>7 mth.</u>
			Birthplace—City or County <u>Amazonia</u> State or Country <u>Mo</u>
			Name of Father <u>Louis Boyles</u>
			Birthplace of Father _____
Total Cash Advances			Maiden Name of Mother <u>MARY Hughes</u>
<u>58 no 722-18-3849</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			
*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.

Funeral of MARY E Jones Charge to..... Account No. 742
 Ordered by Annabelle Seever Guaranteed by..... Serial No. 479
 Funeral at..... Residence..... Mortuary Church..... Date 3-20-63 Hour 2pm Annual No. 14
 Clergyman Will Twombly Lodge Affiliations..... Body Shipped to or from.....

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

Robt Reeder
 F. E. Hayes
 PAUL WATSON
 F. H. Hagmbach
 HARVEY CLUCK
 FRED CLUCK

Singers

Louise Saffman
 In the Garden
 Beyond the
 Sunset

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	490 00	3-21-63		
	Embalming.....				
	Outer Case or Vault..... <u>w/liner</u>	180 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..... <u>25 + 10</u>	35 88			
	Clergyman.....				
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	..... <u>Sales Tax</u>	11 85			
				
	.....	762 72			
	..... <u>with disc</u>	742 63			
	To Funeral Complete				

PAID in Full

742 63

NAME OF DECEASED MARY E Jones RESIDENCE Gothenburg Nebr
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE 3-20-63 HOUR 2 pm CLERGYMAN Twombly
 SINGERS Louise SAHLMAN - Joyce Bennett OBolmist LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Meth Hosp St Joe</u>
Casket No. <u>451</u> Style <u>Oct. 1/2 C</u>		Date of Death <u>MARCH 18 1963</u>
Interior <u>SATIN ROSEWOOD</u> Covering <u>cedar</u> <u>CAIDG</u>		Cause of Death <u>Pneumonitis Acute</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>1-27-1897</u> Age, Years <u>66</u> Months _____ Days _____
Embalming		Occupation <u>Housewife</u>
Clothing		How Long at Place of Death <u>10 days</u>
		Birthplace—City or County <u>Higbee</u> State or Country <u>MO</u>
		Name of Father <u>CHARLES DOLLARD</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Rose Floyd</u>
		Birthplace of Mother _____
Total Cash Advances		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>Highland Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of <u>Mr Husband Dennis Johnson (deceased)</u>
Gross Profit on Funeral		<u>Mr Melvin Jones</u>
*Less Overhead Per Funeral		Source of Call _____
Net Profit Apparent		
REMARKS:		Insured in _____ Amount _____
		Beneficiary _____

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





Funeral of Effie F. Libel Charge to _____ Account No. 743
 Ordered by Herman Libel Guaranteed by _____ Serial No. 480
 Funeral at _____ Residence _____ Mortuary St. Benedict's Church _____ Date 3-27-63 Hour 9:30 AM Annual No. 15
 Clergyman FR. WALTER Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Chas F. Libel
Wm H. Libel
Wm Meidinger
Selmer Hanson
Chester Parker
August Halling
 Singers _____
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	620 00	4-25-63		929 28
	Embalming.....				
	Outer Case or Vault..... <u>ind. Maus.</u>	285 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>	16 45			
	..... <u>Net</u>	956 43			
	..... <u>Cash in today</u>	929 28			
	To Funeral Complete				

NAME OF DECEASED Effie Frances Libel RESIDENCE Leona Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH ST Benedicts DATE 3-27-63 HOUR 7:30 A CLERGYMAN FR WALTER VOLLMAR
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Sabetha KS Hospital</u>
Casket No. _____ Style <u>1/2 C</u>		Date of Death <u>MAR 25 1963</u>
Interior <u>ivory crepe</u> Covering <u>silver metal</u>		Cause of Death <u>Pneumonia</u> Contributory <u>CANCER</u>
Manufacturer <u>Major</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>9-26-1891</u> Age, Years <u>71</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>2 1/2 mths</u>
		Birthplace—City or County <u>Robinson</u> State or Country <u>Kansas</u>
		Name of Father <u>ALBERT B Smith</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Lyona DeWeese</u>
		Birthplace of Mother _____
Total Cash Advances		Signed _____ M.D. _____ Coroner _____
<u>2 Daughters</u>		Address _____ Date _____
<u>MRS Geo Mc Gary ST. Joe</u>		Interment at <u>ST Benedicts Cemetery - Bendon</u>
<u>MRS Lawrence Gabriel - WATSON</u>		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral		Source of Call _____
Gross Profit on Funeral		Insured in _____ Amount _____
*Less Overhead Per Funeral		Beneficiary _____
Net Profit Apparent		
REMARKS:		

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



Funeral of Minnie Reddick Charge to..... Account No. 744
 Ordered by Gilbert Rhue Guaranteed by..... Serial No. 481
 Funeral at..... Residence..... Mortuary Church..... Date 4-7-63 Hour 2:30 pm Annual No. 16
 Clergyman L W FIBKINS Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	620 00	5-21-63		779 67
	Embalming.....				
	Outer Case or Vault <u>Sectional</u>	55 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	29 50			
	Other Articles of Clothing..... <u>741</u>	10 68			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	25 63			
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....	800 81			
	Use of..... Funeral Cars.....				
	Use of Flower Cars..... <u>plus \$21.14</u>				
	Professional Supervision..... <u>by 5-6-63</u>				
				
				
				
	To Funeral Complete				

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Ed Dubach
 HARRY LUSSEN
 HAROLD EARHART
 LEONARD MARTIN
 CARL CAIN
 Jim FREEL

Singers

Louise SALTZMAN

"God Will TAKE CARE of you"

"When the DAY is OVER"
 Insurance Policies

NAME OF DECEASED Minnie Mae Reddick RESIDENCE ST Joseph Mo
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 4-7-63 HOUR 2:30pm CLERGYMAN L. W. Firtkins
 SINGERS Louise SALTzman Joyce Bennett - organist LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>ST Joseph Mo</u>
Casket No. _____ Style _____		Date of Death <u>April 5 1963</u>
Interior _____ Covering _____		Cause of Death <u>ARTERIO Sclerosis</u> Contributory _____
Manufacturer _____		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>12-2-1888</u> Age, Years <u>74</u> Months _____ Days _____
Embalming _____		Occupation <u>RETIRED school Teacher</u>
Clothing _____		How Long at Place of Death <u>2 yrs</u>
_____		Birthplace—City or County <u>T. B. Co</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>Mordica Rhue</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>MARtha Jane MAYNARD</u>
_____		Birthplace of Mother _____
Total Cash Advances _____		Signed _____ M.D. _____ Coroner _____
<u>BRG</u>		Address _____ Date _____
<u>Gilbert Rhue</u>		Interment at <u>MT Olive</u>
<u>1416 No 3 ST</u>		Lot or Grave No. _____ Section No. _____
<u>ST Joe Phone 21565</u>		Shipped to _____
<u>Son Rev J. E. Reddick</u>		Arrived from _____
_____		Via _____ R. R. Date _____
_____		In Charge of _____
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral _____		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		_____
REMARKS:		_____
_____		_____

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



NAME OF DECEASED Randell L Dishon RESIDENCE T Roy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 4-10-63 HOUR 2pm CLERGYMAN L.W. FARKINS
 SINGERS Mae Williamson LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Ks. New Biological Institute Topeka</u>
Casket No. _____ Style _____		Date of Death <u>April 8 1963</u>
Interior _____ Covering _____		Cause of Death _____ 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 _____		Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____		Date of Birth <u>12-11-1955</u> Age, Years <u>7</u> Months _____ Days _____
Embalming _____		Occupation <u>Child</u>
Clothing _____		How Long at Place of Death <u>4 mths</u>
_____		Birthplace—City or County <u>St Joseph</u> State or Country <u>Mo</u>
_____		Name of Father <u>Donald Dishon</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>Phyllis MARTIN</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 _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS:		

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



NAME OF DECEASED Emma Gladys DRAKE RESIDENCE ST Joseph Mo
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 5-2-63 HOUR 10:30 CLERGYMAN L. C. CAIN
 SINGERS Louise SALTZMAN Joyce Bennett LODGE AFFILIATIONS OR Gen

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>STATE Hospital - ST Joe</u>
Casket No. _____ Style _____		Date of Death <u>April 29 1963</u>
Interior _____ Covering _____		Cause of Death <u>CORONARY OBLUSION</u> 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>7-9-1897</u> Age, Years <u>65</u> Months _____ Days _____
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death <u>15 yrs</u>
<u>S.S. No. 494-16-3446</u>		Birthplace—City or County <u>Severmou</u> State or Country <u>Kansas</u>
Total Cash Advances _____		Name of Father <u>Charles Gildor skeove</u>
Son— <u>John Abel Jr</u>		Birthplace of Father _____
<u>2060 Bryan</u> <u>26 060</u>		Maiden Name of Mother _____
<u>Roseville Mich</u>		Birthplace of Mother _____
DAU— <u>MRS Emma Stefani</u>		Signed _____ M.D. _____ Coroner _____
<u>8265 E Hildale St</u>		Address _____ Date _____
<u>DETROIT 34, Mich</u>		Interment at <u>MT Olive</u>
<u>MRS ERMA GREEN</u>		Lot or Grave No. _____ Section No. _____
<u>RT 2 Box 327</u>		Shipped to _____
<u>FOREST GROVE, OREGON</u>		Arrived from _____
Total Net Cost of Funeral _____		Via _____ R. R. Date _____
<u>MRS Melvin Green</u> Gross Profit on Funeral _____		In Charge of _____
<u>4090 S.W. 175th ST.</u> Less Overhead Per Funeral _____		Source of Call _____
<u>ALOHA, OREGON</u> Net Profit Apparent _____		Insured in _____ Amount _____
REMARKS:		Beneficiary _____

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

Funeral of Charles E Meeks Charge to..... Account No. 747
 Ordered by EVA Meeks Guaranteed by..... Serial No. 484
 Funeral at..... Residence..... Mortuary Church..... Date 5-7-63 Hour 2 pm Annual No. 19
 Clergyman James Campbell Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	620 00	5-16 63		300 00
	Embalming.....		5-18-63		70 00
	Outer Case or Vault: <u>Wood</u>	25 00	5-20 63		299 58
	Washing and Dressing.....				
	Shaving.....				669 58
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	30 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	9 00			
	Clergyman.....	5 00			
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision..... <u>Fair</u>	9 93			
		489 93			
		19 35			
		669 58 net			

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

Singers
Alice Taylor
Clara Sparks
 Will the Circle
 Be Unbroken,
 Going Down The Walk,
 Insurance Policies

Done by June 7-59:35

NAME OF DECEASED Charles Edward Meeks RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 5-7-63 HOUR 2 pm CLERGYMAN Campbell
 SINGERS Alice Taylor, Clara Sparks LODGE AFFILIATIONS Days Benevolent - OKGA

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Troy Kansas - Blanton Rest Home</u>
Casket No. <u>400</u> Style <u>1/2 C. METAL</u>		Date of Death <u>May 5, 1963</u>
Interior <u>base Tan</u> <u>Cape Covering Copper Tone</u>		Cause of Death <u>Embolism</u> Contributory
Manufacturer <u>Miller</u>		Duration Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>Male</u> Color or Race <u>White</u>
Outer Case		Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault		Date of Birth <u>8-3-1878</u> Age, Years <u>84</u> Months <u></u> Days <u></u>
Embalming		Occupation <u>Retired Farmer</u>
Clothing		How Long at Place of Death <u>46 days</u>
		Birthplace—City or County <u>Doniphan</u> State or Country <u>Kansas</u>
		Name of Father <u>Wm Sander Meeks</u>
		Birthplace of Father
		Maiden Name of Mother <u>MARGARET Gabriel</u>
		Birthplace of Mother
Total Cash Advances		Signed <u>A. J. Blair M.D.</u> Coroner
<u>3 dau Hattie Schauflee Troy</u>		Address <u>Troy Kansas</u> Date
<u>Violet Watson "</u>		Interment at <u>COURTNER CEMETERY</u>
<u>Jessie Dancer ST Joe</u>		Lot or Grave No. Section No.
<u>5 Sons Geo - Raymond, Leslie</u>		Shipped to
<u>Asa - Edw. Lee - ST Joe</u>		Arrived from
		Via R. R. Date
<u>S.S. No. 510-46-8070</u>		In Charge of
Total Net Cost of Funeral		Source of Call
Gross Profit on Funeral		Insured in Amount
*Less Overhead Per Funeral		Beneficiary
Net Profit Apparent		
REMARKS:		

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



Funeral of Joseph F HALDA Charge to _____ Account No. 748
 Ordered by MAUDE HALDA Guaranteed by _____ Serial No. 485
 Funeral at _____ Residence _____ Mortuary _____ Church ST MARYS Date 5-24-63 Hour 10 Am Annual No. 20
 Clergyman FR Jude Lodge Affiliations _____ Body Shipped to or from _____

	Date	Description of Service	Amount	Date	V	Credits	
Place of Burial		Casket and Services + suit + Box	325.00	5-24-63		297	00
Cemetery		Embalming					
Grave No.		Outer Case or Vault					
Lot No.		Washing and Dressing		2-29-64			
Block No.		Shaving					
Section		Slumber Robe					
Pall Bearers		Suit or Dress					
		Other Articles of Clothing					
		Transferring Body					
		Door Badge					
		Opening Grave					
		Newspaper Notices					
		Telegrams and Telephone Calls					
		Use of _____ doz. Chairs					
		Flowers					
		Clergyman					
		Singers					
Singers		Casket Coach					
		Use of _____ Funeral Cars					
		Use of Flower Cars					
		Professional Supervision					
Insurance Policies		SALES TAX	5.38				
		To Funeral Complete	330.38				

NAME OF DECEASED Joseph Francis HALDA RESIDENCE PURCELL KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST MARYS DATE 5-24-63 HOUR 10 AM CLERGYMAN FATHER JUDE
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>PURCELL (His Home)</u>
Casket No. _____ Style _____			Date of Death <u>MAY 21 1963</u>
Interior _____ Covering <u>velvet</u>			Cause of Death _____ Contributory _____
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>3-19-1880</u> Age, Years <u>83</u> Months _____ Days _____
Embalming _____			Occupation <u>Retired County Road Employee</u>
Clothing _____			How Long at Place of Death <u>53 yrs in PURCELL</u>
_____			Birthplace—City or County <u>AUSTRIAL-Hungary</u> State of Country _____
_____			Name of Father <u>un known</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>un known</u>
<u>son FRANCIS J. HALDA - Astoria</u>			Birthplace of Mother _____
<u>day MRS. Edwin Hemken - Earned</u>			Signed <u>Emerson Yoder M.D.</u> _____ Coroner _____
_____			Address <u>Denton TX</u> Date _____
_____			Interment at <u>ST MARYS 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.



Funeral of John V. Rickhefs Charge to _____ Account No. 750
 Ordered by Norman + Howard Rickhefs Guaranteed by _____ Serial No. 487
 Funeral at _____ Residence _____ Mortuary St. Johns Church _____ Date 6-22-63 Hour 2:30 p.m. Annual No. 22
 Clergyman CARL Nuebel Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Lee Rickhefs
John ✓
Dennis ✓
James ✓
W. H. AREY ✓
CHARLES ✓
 Singers
Phyllis Albers
Gene LAVERINK
ORCH. M. ST
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	585 00	9/24/63		213 02
	Embalming.....				
	Outer Case or Vault..... <u>Heisen</u>	160 00			
	Washing and Dressing.....		<u>9/26/63</u>		<u>790 03</u>
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	25 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		<u>12 78</u>			
		<u>1 25</u>			
		<u>6 00</u>			
		<u>790 03</u>			
	To Funeral Complete	<u>790 03</u>			

NAME OF DECEASED John V Ricklefs RESIDENCE Bendena KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH ST Johns DATE 6-22-63 HOUR 2:30 CLERGYMAN Nuebel
 SINGERS Phyllis Albers LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral <u>(Hazard)</u>		
Casket No. _____ Style <u>metal, H.P. Perfect</u>		
Interior <u>Ray Suter</u> Covering <u>Silver</u>		
Manufacturer <u>Amara</u>		
Total Net Cost of Casket _____		
Outer Case _____		
Vault _____		
Embalming _____		
Clothing _____		

Total Cash Advances _____		

SS no <u>512-26-2724</u>		

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

REMARKS:

Place of Death Bendena KANSAS
 Date of Death June 20 1963
 Cause of Death Coronary Occlusion Contributory _____
 Duration _____ Autopsy NO
 Sex MALE Color or Race White
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth 8-27-1886 Age, Years 76 Months _____ Days _____
 Occupation Retired Farmer
 How Long at Place of Death _____
 Birthplace—City or County Bendena State or Country KANSAS
 Name of Father Ad Ricklefs
 Birthplace of Father _____
 Maiden Name of Mother NOBA Krens
 Birthplace of Mother _____
 Signed E. Yoder M.D. _____ Coroner _____
 Address Denton KS Date _____
 Interment at MORAY CEMETERY
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____

 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

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





Funeral of Sadie B Roberts Charge to _____ Account No. 752
 Ordered by MRS SAM DAVIS MRS ALLEN BARRARD Guaranteed by _____ Serial No. 489
 Funeral at _____ Residence Denton Meth. Church Date 7-7-63 Hour 2 pm Annual No. 24
 Clergyman Wright Horton Lodge Affiliations _____ Body Shipped to or from _____

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

Pall Bearers
Geo Roberts
Ed Howland
HAROLD Widman
HORACE Wright
Louis Rainwater
JACK Denton

Singers
Mrs. Geo. Roberts
Mrs HORACE Wright

MRS WAGmist
PAUL Johnson
 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	895 00	7-19-63		1068 13
	Embalming.....				
	Outer Case or Vault.....	160 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	27 50			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	18 11			
	Discount 32.48				
		1100 61			

To Funeral Complete

NAME OF DECEASED Sadie B Roberts RESIDENCE Denton Kansas
 FUNERAL AT Denton Meth CHURCH Denton Meth DATE 7-7-63 HOUR 2 pm CLERGYMAN Wright Horton
 SINGERS Mrs Roberts - Mrs Wright LODGE AFFILIATIONS _____
Mrs Johnson - ex-GM

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Leona Kansas (daughters home)</u>
Casket No. <u>202</u> Style _____			Date of Death <u>July 5 1963</u>
Interior <u>Rose Tan</u> Covering <u>Copper Tone METAL</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Superior METALLIC</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>8-24-1876</u> Age, Years <u>86</u> Months _____ Days _____
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>6 mths</u>
<u>Mrs Sam Lewis</u>			Birthplace—City or County <u>MORAY</u> State or Country <u>Kansas</u>
<u>Mrs Allen Barmond</u>			Name of Father <u>Joseph Howland</u>
Total Cash Advances _____			Birthplace of Father _____
			Maiden Name of Mother <u>ELIZA FULTON</u>
			Birthplace of Mother <u>Husband - Wm S Roberts</u>
			Signed <u>E. Yoder</u> M.D. _____ Coroner _____
			Address <u>Denton KS</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.

Funeral of Elizabeth Ramsier Charge to..... Account No. 754
 Ordered by..... Guaranteed by..... Serial No. 491
 Funeral at..... Residence..... Mortuary Church..... Date 7-12-63 Hour 2 pm Annual No. 26
 Clergyman David Kruehl Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....				
	Embalming.....				
	Outer Case or Vault..... <u>Heisen</u>	<u>160 00</u>	<u>7/14/63</u>		<u>308 03</u>
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	<u>40 00</u>			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>+ TAX</u>	<u>25 63</u>			
	Clergyman.....				
	Singers.....	<u>10 00</u>			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision..... <u>STAFF SERVICES</u>	<u>25 00</u>			
	..... <u>use of MORTUARY 2da</u>	<u>25 00</u>			
	..... <u>HEARSE SERVICE 10</u>	<u>20 00</u>			
	..... <u>GRAVE EQUIP</u>	<u>10 00</u>			
	..... <u>TAX on Vault</u>	<u>2 40</u>			
	Less Credit <u>GRAND</u> <u>500</u> <u>Sh. Box</u>	<u>10 00</u>			
	To Funeral Complete	<u>318 03</u>			

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

Leonard Stuntz
Norman Sigrist
Bernard Benitz
CARL " 2d
Bob "
Harold Brenner

Singers
Louise Sackem

CAROL McSTRICK
ORCA
Insurance Policies

No Night there
Old Rugged Cross

318 03

NAME OF DECEASED Elizabeth Ramsier RESIDENCE Detroit Michigan
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 7-12-63 HOUR 2 pm CLERGYMAN David Truell
 SINGERS Louise SALTZMAN - CAROL Mox LODGE AFFILIATIONS ORCA

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Detroit Michigan</u>
Casket No. _____ Style _____			Date of Death <u>July 8 1963</u>
Interior _____ Covering _____			Cause of Death <u>Cancer breast</u> 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 _____ Age, Years <u>61</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County _____ State or Country _____
			Name of Father _____
			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
Total Cash Advances _____			Signed _____ M.D. _____ Coroner _____
<u>DAU - MRS Virginia Knecht</u>			Address _____ Date _____
<u>.. VERA BATHNAW</u>			Interment at <u>mt Olive</u>
<u>.. ALMA SKLUT</u>			Lot or Grave No. _____ Section No. _____
<u>BAO Henry HAAS - DENVER</u>			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In-Charge of <u>shipped From</u>
Gross Profit on Funeral _____			<u>VAN KALKEBURG MORTUARY</u>
*Less Overhead Per Funeral _____			Source of Call _____
Net Profit Apparent _____			Insured in _____ Amount _____
			Beneficiary _____
REMARKS:			

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

638,31
213,63
8,00

Funeral of William G. Ingram Charge to _____ Account No. 755
 Ordered by Ethel Ingram Guaranteed by _____ Serial No. 492
 Funeral at _____ Residence _____ Mortuary _____ Church Christim Date 7-14-63 Hour 2:30 Annual No. 27
 Clergyman F. B. Kins & T. Umbley Lodge Affiliations _____ Body Shipped to or from _____

Pall Bearers
 CAPT. WM E SPARKY
 M/JS. Lee D Shepard
 Sgt. Louis Keener
 1st Sgt. Ralph George
 W/PO Harold D Cross
 Sgt Vince Shelton

Singers
 Rev James Campbell

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	1250 00	7-14-63		
	Embalming.....	88 50			
	Outer Case or Vault.....	170 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....	132 50			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave <u>4 ft deep</u>	140 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....	3 00			
	Use of..... doz. Chairs.....				
	Flowers <u>+ TAX</u>	25 63			
	Clergyman.....	20 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Tax</u>	18 00			
		1857 63			
		8 00			
	To Funeral Complete <u>Outlets</u>	1865 63			

NAME OF DECEASED William G. Ingram RESIDENCE Topeka Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christim DATE 7-14-63 HOUR 2:30 CLERGYMAN Firtin & Twombly
 SINGERS Rev James Campbell LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Camp Guernsey, Wyoming</u>
Casket No. <u>Continued</u> Style <u>Sealer</u>		Date of Death <u>July 18, 1963</u>
Interior <u>R. T. Deloit</u> Covering <u>Brushed Cupples</u>		Cause of Death <u>CORONARY</u> Contributory _____
Manufacturer <u>Wiggins</u>		Duration _____ Autopsy _____
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>1-10-1913</u> Age, Years <u>50</u> Months _____ Days _____
Embalming _____		Occupation <u>WARRANT OFFICER - NATIONAL GUARD - RESTAURANT</u>
Clothing _____		Place of Death <u>2 WKS</u>

Guardsman Dies While at Camp
 (Special to The News-Press)
 TROY, Kan.—William G. Ingram, 50, formerly of Troy, died unexpectedly this morning at Camp Guernsey, Wyo., where he was taking part in the summer encampment of the national guard.
 A native of Doniphan county, Mr. Ingram resided in Troy, where he was employed by the Karr funeral home, until 1954 when he moved to Topeka. He owned and operated a restaurant in Topeka. Mr. Ingram was a warrant officer in the Kansas national guard in which he served 27 years.
 Surviving are his wife, Ethel, a daughter, Mrs. Mary Lou Sawyer, Topeka; a son, James L. Ingram, Wilmington, Cal.; five sisters, Mrs. Helen Brown, Kennewick, Wash.; Mrs. Irma Crawford, residing in California, and Mrs. Grace Trimmer, Mrs. Dorothy Johnson and Mrs. Virginia Despain, all of St. Joseph, three brothers, Emmett Lee, Donald and Richard Ingram, all of Shippea. The body will be brought to the Tibbetts funeral home here.

Former Troy Resident Dies
 William G. Ingram, 50, Topeka, formerly of Troy died unexpectedly this morning at Camp Guernsey, Wyo., while attending National Guard camp.
 He had been a member of the National Guard 27 years. He was a member of the Troy company before moving to Topeka in 1954, and joined a company there.
 Mr. Ingram was a warrant officer.
 While he lived at Troy he was employed at the Karr funeral home, now the Tibbetts mortuary. He operated a restaurant at Topeka. He was born Jan. 10, 1913, in Doniphan county.
 Surviving are his wife, Ethel, of the home; a daughter, Mrs. Mary Lou Sawyer, Topeka; a son, John L. Ingram, Wilmington, Calif.; five sisters, Mrs. Helen Brown, Kennewick, Wash., Mrs. Irma Crawford, who lives in California and Mrs. Grace Trimmer, Mrs. Dorothy Johnson and Mrs. Virginia Despain, all of St. Joe.; three brothers, Emmett Lee, Donald and Richard Ingram, all of St. Joe. and seven grandchildren.
 The body will be brought to Troy where funeral services will be held. Arrangements had not been completed today.

County Doniphan Co State or Country Kansas
 M.D. _____ Coroner _____
 Date mt olive
 Section No. _____

R. R. Date _____
 Amount _____

properly proportioned to each and every case.



Funeral of Hagen Indbergh Dean Charge to Raleigh Dean Account No. 756 ~~28756~~
 Ordered by _____ Guaranteed by _____ Serial No. 493
 Funeral at graveside Mortuary _____ Church _____ Date July 17-1963 Hour 3 P.M. Annual No. 28
 Clergyman Rev. J. H. Cain Lodge Affiliations _____ Body Shipped to or from _____

484.40
 40.00
 20.50

 544.90

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

Date	Description of Service	Amount	Date		Credits
	Casket and Services	520 00	7-27-63	Caly Dean	225 00
	Embalming <u>+ Service in Klenath 700</u>	484 40	" "	Raleigh "	437 29
	Outer Case or Vault <u>Sectional</u>	60 00		Logan "	437 29
	Washing and Dressing				
	Shaving				
	Slumber Robe	15 00			
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs	20 50			
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars	9 68			
	Use of Flower Cars <u>74</u>	1109 58			
	Professional Supervision	50 00			
	<u>Less \$50.00 for Brides</u>	1059 58			
	<u>grave opening</u>	40 00			
		1099 58			

Singers

Insurance Policies

To Funeral Complete

NAME OF DECEASED Hagen L. Dean RESIDENCE Klamath Falls Oregon

FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____

Casket No. _____ Style _____

Interior _____ Covering _____

Manufacturer _____

Total Net Cost of Casket _____

Outer Case _____

Vault _____

Embalming _____

Clothing _____

Total Cash Advances _____

DEBITS

Place of Death Klamath Falls Oregon Hospital

Date of Death 7-13-63

Cause of Death stab wounds Contributory _____

Duration 5 days Autopsy _____

Sex male Color or Race white

Single Married _____ Widowed _____ Divorced _____ Child _____

Date of Birth 11-22-1925 Age, Years 37 Months _____ Days _____

Occupation Tanner

How Long at Place of Death _____

Birthplace—City or County Kyle, Oregon State or Country Tenn

Name of Father Cecil Dean

Birthplace of Father _____

Maiden Name of Mother Cara L. Livsey

Birthplace of Mother _____

Signed _____ M.D. _____ Coroner _____

Address _____ Date _____

Interment at mt. Olive Tray Troy

Lot or Grave No. _____ Section No. _____

Shipped to _____ Arrived from ward F.H. - Klamath Falls

Via _____ R. R. Date _____

In Charge of _____

Total Net Cost of Funeral _____

Gross Profit on Funeral _____

*Less Overhead Per Funeral _____

Net Profit Apparent _____

Source of Call _____

Insured in _____ Amount _____

Beneficiary _____

REMARKS:

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

NAME OF DECEASED Elsie M. Winkal RESIDENCE _____
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Methodist Hospital</u>
Casket No. <u>Wood</u> Style <u>Stat 4 Couch</u>			Date of Death <u>7-16-63</u>
Interior <u>Gray Satin</u> Covering <u>Light Blue</u>			Cause of Death <u>Cancer</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>2-5-1902</u> Age, Years <u>61</u> Months _____ Days _____
Embalming			Occupation <u>Housewife</u>
Clothing			How Long at Place of Death <u>2 mo</u>
			Birthplace—City or County <u>Zone</u> State or Country <u>Hawaii</u>
			Name of Father <u>Walter Van Way</u>
			Birthplace of Father _____
Total Cash Advances			Maiden Name of Mother <u>Elizabeth La Dow</u>
			Birthplace of Mother _____
			Signed <u>Joder</u> M.D. _____ Coroner _____
			Address _____ Date <u>7-18-63</u>
			Interment at <u>mt. Alins</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			Source of Call _____
			Insured in _____ Amount _____
			Beneficiary _____

REMARKS:

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



Funeral of William Emory Charge to _____ Account No. 758
 Ordered by Viola Emory Guaranteed by _____ Serial No. 495
 Funeral at _____ Residence _____ Mortuary Church _____ Date 8-1-63 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 _____

F. H. Hagambuch
 JACK GARRON
 Archie Seiter
 Ben Ainley
 Ralph Winzer
 WALT Kibler

Singers
 Louise SALTZMAN

CAROL McKINRICK
 OABA
 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services				
	Embalming				
	Outer Case or Vault <u>Wilbert</u>	<u>170 00</u>			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <u>15 + 10</u>	<u>25 00</u>			
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls <u>grave Equip</u>	<u>11 00</u>			
	Use of _____ doz. Chairs				
	Flowers <u>+ TAX</u>	<u>25 63</u>			
	Clergyman	<u>10 00</u>			
	Singers	<u>10 00</u>			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Sales tax</u>	<u>4 25</u>			
	<u>Use of Mortuary</u>	<u>60 00</u>			
	<u>STAFF SERVICES</u>	<u>35 00</u>			
	<u>To credit on bill</u>	<u>350 88</u>			
	To Funeral Complete	<u>370 00</u>			

NAME OF DECEASED William Emory RESIDENCE Boulder Colo
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 8-1-63 HOUR 2pm CLERGYMAN Twombly
 SINGERS Louise - Carol Lem LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Boulder Colo</u>
Casket No. _____ Style _____			Date of Death <u>July 29 1963</u>
Interior _____ Covering _____			Cause of Death <u>ACUTE Myo CARDIAC INFARCTION</u>
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
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>4-16-1906</u> Age, Years <u>57</u> Months _____ Days _____
Embalming _____			Occupation <u>HARDWARE CLERK</u>
Clothing _____			How Long at Place of Death <u>6 years</u>
_____			Birthplace—City or County <u>WAPANUCKA</u> State or Country <u>OKLA</u>
_____			Name of Father <u>Fred Emory</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>Lou Ada WALTON</u>
Total Cash Advances _____		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 _____	
REMARKS:			

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

Funeral of LAURA ANN HAMILTON Charge to..... Account No. 759
 Ordered by HARRY HAMILTON Guaranteed by..... Serial No. 496
 Funeral at..... Residence..... Mortuary..... Church FLDS Date 8-5-63 Hour 2:30 Annual No. 31
 Clergyman Wm Twombly Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	325 00	9-5-63		404 86
	Embalming.....				
	Outer Case or Vault.....	60 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..... + tax	25 63			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of.....Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		SALES TAX			
		5 78			
		416 41			
	Discount 11.55	11 55			
		404 86			
	To Funeral Complete				

Jack Whetstone
 Wm " "
 Leonard Twombly
 Coac " "
 Gerald Lochte
 Alfred KARN
 Singers

Insurance Policies

NAME OF DECEASED LAURA ANN HAMILTON RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH RLDS DATE 8-5-63 HOUR 2:30 CLERGYMAN TWOMBLY
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>TROY KANSAS</u>
Casket No. _____ Style <u>Oct. K. Paul</u>			Date of Death <u>August 2 1963</u>
Interior <u>gray tawell</u> Covering <u>light blue</u>			Cause of Death <u>CANCER</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>3-6-1892</u> Age, Years <u>71</u> Months _____ Days _____
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>37 yrs</u>
			Birthplace—City or County <u>CLARKSDALE</u> State or Country <u>MO</u>
			Name of Father <u>ARNOLD NESSER</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>CHRISTINE RICH</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>R.L. CORDER</u> M.D. _____ Coroner
			Address <u>Highland St</u> Date _____
			Interment at <u>Fanning 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.

NAME OF DECEASED Ida Culp RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 9-7-63 HOUR 2pm CLERGYMAN LEROY DAVIS
 SINGERS Louise SALTSMAN OAGMIST Loyce Bennett
 LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		
Casket No. <u>Edison</u> Style <u>metal 1/2 coach</u>		
Interior <u>R. T. Culp</u> Covering <u>Golden Palmwood</u>		
Manufacturer <u>Majors</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
<u>SS no 510-46-8356</u>		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death Meth Hosp St. Joe Mo
 Date of Death Sept 5 1963
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy NO
 Sex Female Color or Race white
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth 2-14-1885 Age, Years 78 Months _____ Days _____
 Occupation Housewife
 How Long at Place of Death 24 hrs
 Birthplace—City or County Bendona State or Country Kansas
 Name of Father Peter Deitrickson
 Birthplace of Father _____
 Maiden Name of Mother MATILDA Johnson
 Birthplace of Mother Husband Cornelius Culp
 Signed _____ M.D. (deceased) Coroner _____
 Address _____ Date _____
 Interment at MT Olive
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

REMARKS:

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

Funeral of CLARK W NORMAN Charge to _____ Account No. 761
 Ordered by Veola NORMAN Guaranteed by _____ Serial No. 498
 Funeral at _____ Residence _____ Mortuary Church _____ Date 10-9-63 Hour 2 pm Annual No. 33
 Clergyman John W Campbell Lodge Affiliations _____ Body Shipped to or from _____

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

Pall Bearers
O.O. FULK
Rich STAHL
Robt Noyes
EARL Green
Hillman Hull
F.H. Hagenbuch

Singers
WARD Henry

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	690 00	10-12	Veola Norma	626 98
	Embalming.....				
	Outer Case or Vault..... <u>conc sec</u>	60 00	11-12	Secul Security	213 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..... <u>+ TAX</u>	25 63			
	Clergyman.....	25 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	..... <u>SALos TAX</u>	11 85			
	.....	862 48			
	..... <u>Cash Dic 22.50</u>	22 50			
				
				
	To Funeral Complete	839 98			839 98



Funeral of John L. Gilman Water Charge to _____ Account No. 763
 Ordered by Mrs Maple Fuller Guaranteed by _____ Serial No. 500
Mrs Don Glasscock
 Funeral at _____ Residence _____ Mortuary Church _____ Date 10-20-63 Hour 2:30 pm Annual No. 35
 Clergyman Wm Landis Lodge Affiliations Eagles Body Shipped to or from _____

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

Singers
Louise Saltzman

Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	585 00	12-1		255 00
	Embalming.....		1-20-64		470 24
	Outer Case or Vault..... <u>Cone Sep</u>	60 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.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>SALOS TAX</u>	10 28			
	<u>Lettering Stone</u>	10 00			
		725 28			
	To Funeral Complete				



Funeral of LARRY Lee SCOTT Charge to _____ Account No. 764
 Ordered by Joe SCOTT, 903 Vermont Guaranteed by _____ Serial No. 501
 Funeral at _____ Residence _____ Mortuary Elwood BAPTIST Church _____ Date 11-11-63 Hour 2 pm Annual No. 36
 Clergyman Rev O. F. BARNARD Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	736 00	11-27-63		960 06
	Embalming.....	50 00			
	Outer Case or Vault..... <u>Wilbeet</u>	180 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>SALos TAX</u>	<u>15 54</u>			
	<u>Disc 27.48</u>	<u>981 54</u>			
	<u>3 Cert. Copies</u>	<u>6 00</u>			
	To Funeral Complete	960 06			

NAME OF DECEASED JERRY Lee SCOTT RESIDENCE Elwood Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH BAPTIST (Elwood) DATE 11-11-63 HOUR 2pm CLERGYMAN O. F. BARNARD
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Kansas City Ks.</u>
Casket No. _____ Style <u>metal 1/2 casket</u>		Date of Death <u>Nov 9 1963</u>
Interior <u>very crisp</u> Covering <u>blue mist</u>		Cause of Death <u>ACUTE epidural Hematoma</u> Contributory <u>CAR WRECK</u>
Manufacturer <u>Amora</u>	DEBITS	Duration <u>HOURS</u> Autopsy <u>YES</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>2-16-1942</u> Age, Years <u>21</u> Months _____ Days _____
Embalming _____		Occupation <u>Saw Mill - Walnut Products - ST-Joe</u>
Clothing _____		How Long at Place of Death <u>DOA</u>
		Birthplace—City or County <u>Highland</u> State or Country <u>KANSAS</u>
		Name of Father <u>Joe SCOTT</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>ZOLA Moser</u>
<u>SS no. 513-42-8116</u>		Birthplace of Mother _____
		Signed _____ M.D. _____ Coroner _____
		Address <u>K.C. Ks</u> Date <u>11-9-63</u>
		Interment at <u>MT Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral		Source of Call _____
*Less Overhead Per Funeral		Insured in _____ Amount _____
Net Profit Apparent		Beneficiary _____

REMARKS:

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



Funeral of Thomas N Pollard Charge to..... Account No. 765
 Ordered by Children Guaranteed by..... Serial No. 502
 Funeral at..... Residence..... Mortuary..... Church Meth Date 12-16-63 Hour 3 p.m. Annual No. 37
 Clergyman Wm Landis Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount		Date	V	Credits	
	Casket and Services.....	620	00	1-24-64		SS	231 00
	Embalming.....			2-9-64		Mrs Ivan Hoffman	622 30
	Outer Case or Vault..... (Heiser)	160	00				853 30
	Washing and Dressing.....						
	Shaving.....					Paid in Full	
	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.....	10	00				
	Singers.....	10	00				
	Casket Coach.....						
	Use of..... Funeral Cars.....						
	Use of Flower Cars.....						
	Professional Supervision.....						
	..... Sales Tax		13 30				
			853 30				
	..... S.S. benefit		231 00				
			622 30				
	..... 1-14-64 Disc 23.40						
	To Funeral Complete						

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

Singers

Insurance Policies

NAME OF DECEASED Thomas N Pollard RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Meth DATE 12-16-63 HOUR 5pm CLERGYMAN Landis
 SINGERS MRS Wm Reed - ORGM - Miss Logan Bennett LODGE AFFILIATIONS _____

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 _____			Date of Death <u>12-13-63</u>
Interior _____ Covering _____			Cause of Death _____ 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 _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>3-26-1886</u> Age, Years <u>77</u> Months _____ Days _____
Embalming _____			Occupation <u>Retired Farmer</u>
Clothing _____			How Long at Place of Death <u>7 Wks</u>
_____			Birthplace—City or County <u>Polo</u> State or Country <u>Mo</u>
_____			Name of Father <u>Alec Pollard</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>MARTHA MORGAN</u>
Total Cash Advances _____		Birthplace of Mother _____	
_____		Signed <u>CUNAN</u> M.D. _____ Coroner	
_____		Address <u>ST Joseph</u> Date _____	
<u>SS no 512-28-6684</u>		Interment at <u>MT olive</u>	
_____		Lot or Grave No. _____ Section No. _____	
_____		Shipped to _____	
_____		Arrived from _____	
_____		Via _____ R. R. Date _____	
Total Net Cost of Funeral _____		In Charge of _____	
Gross Profit on Funeral _____		Source of Call _____	
*Less Overhead Per Funeral _____		Insured in _____ Amount _____	
Net Profit Apparent _____		Beneficiary _____	
REMARKS:			

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



NAME OF DECEASED Florence Foster RESIDENCE Bendena Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH St. Johns DATE 1-25-64 HOUR 2 pm CLERGYMAN CART Nuebel
 SINGERS MRS Byron Albers 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>1/2 C</u>		Date of Death <u>Jan 22 1964</u>
Interior <u>CBA, Flat Carp. Covering Ebony Metal</u>		Cause of Death _____ Contributory _____
Manufacturer <u>AUBORA</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer <u>C</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>8-17-1891</u> Age, Years <u>72</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>2 yrs</u>
		Birthplace—City or County <u>Do. Co.</u> State or Country <u>Kan.</u>
		Name of Father <u>SALEM G Jones</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Anna B Lloyd</u>
Total Cash Advances _____		Birthplace of Mother _____
		Signed <u>E. T. WULFF M.D.</u> Coroner
		Address <u>ATChison</u> Date _____
		Interment at <u>MOBAY</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:		

Surviving besides her husband are five daughters, Mrs. Arthur (Sarah) Tilbury, Bendena, Mrs. Clarence (Frances) Reynolds, Scottsdale, Ariz., Mrs. Andrew (Edith) Kurtz, Mrs. Jack (Betty) Kirkham and Mrs. Dwight (Geneva) Dunster, all of Atchison; a sister, Miss E. Grace Jones, Bendena; three brothers, Lonnie Jones, Bendena, Albert Jones, Independence, Mo., and Salem Jones, Topeka, and 2 granddaughters.

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

Funeral of Bernard Lee Smith Charge to _____ Account No. 767
 Ordered by MARVIN Smith SR Guaranteed by _____ Serial No. 504
 Funeral at _____ Residence _____ Mortuary Baptist Church Date 1-29-64 Hour 2 pm Annual No. 2
 Clergyman Leroy DAVIS Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Archie Seiter
Donald HARPER
Elmer Murphy
Wm Gibson
 Singers
Lloyd Dawson
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	485 00			
	Embalming	50 00			
	Outer Case or Vault	48 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	20 50			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Memorials</u>	5 50			
	<u>Sales Tax</u>	8 48			
	<u>Subtotal</u>	617 48			
	<u>To Funeral Complete</u>	16 05			

2-15-64
 Memorial Smith
 plain full

600 as

4601

NAME OF DECEASED Bernard Lee Smith RESIDENCE T Boy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH BAPTIST DATE 1-29-64 HOUR 2pm CLERGYMAN Leroy Davis
 SINGERS Lloyd Dawson Zera Miller LODGE AFFILIATIONS
Pianist

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>K.U. Medical Center KCS</u>
Casket No. _____ Style _____		Date of Death <u>Jan 26 1964</u>
Interior _____ Covering <u>white metal</u>		Cause of Death <u>Pulmonary Hemorrhage</u>
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 _____ Child <input checked="" type="checkbox"/>
Vault _____		Date of Birth <u>2-10-1957</u> Age, Years <u>6</u> Months _____ Days _____
Embalming _____		Occupation <u>STUDENT</u>
Clothing _____		How Long at Place of Death <u>4 mths</u>
		Birthplace—City or County <u>Highland</u> State or Country <u>Kansas</u>
		Name of Father <u>MARVIN Smith SR</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Rose SCHNEIDER</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed _____ M.D. _____ Coroner
		Address _____ Date _____
		Interment at <u>Fanning Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral		Source of Call _____
*Less Overhead Per Funeral		Insured in _____ Amount _____
Net Profit Apparent		Beneficiary _____
REMARKS:		

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



Funeral of HARVEY A. EMOBY Charge to..... Account No. 768
 Ordered by LORENA EMOBY Guaranteed by..... Serial No. 505
 Funeral at..... Residence..... Mortuary BAPTIST Church Date 2-10-64 Hour 2 pm Annual No. 3
 Clergyman Wm Twombly 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.....	627 00	2-24-64		739 53
	Embalming.....				
	Outer Case or Vault..... <u>Sec</u>	60 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing <u>Tie, shirt, sock undergarment</u>	6 60			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>+ TAX</u>	25 63			
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales TAX</u>	10 91			
		750 14			
	<u>COPT Copied</u>	10 00			
	<u>Disc.</u>	20 61			
	To Funeral Complete	739 53			

NAME OF DECEASED HARVEY A EMOBY RESIDENCE TBOY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Baptist DATE 2-10-64 HOUR 2pm CLERGYMAN Twombly
 SINGERS James Campbell - Joyce Bennett LODGE AFFILIATIONS _____
Pianist

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		
Casket No. _____ Style <u>1/2 c metal</u>		
Interior <u>Rose Tan</u> covering <u>Copper Tan</u>		
Manufacturer <u>Major</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
SS no 514-03-9093		
03 2		
514 03 9092		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

Place of Death Fanning Kansas
 Date of Death Feb 7 1964
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy No
 Sex MALE Color or Race White
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth June 20 1908 Age, Years 55 Months _____ Days _____
 Occupation Heavy Equipment OPERATOR
 How Long at Place of Death _____
 Birthplace—City or County St Joseph State or Country Mo
 Name of Father Wm A Emory
 Birthplace of Father _____
 Maiden Name of Mother SALLY JETT
 Birthplace of Mother _____
 Signed Robt Cordee M.D. _____ Coroner _____
 Address Highland 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 _____

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





Funeral of Susannah B OSborn Charge to..... Account No. 769
 Ordered by..... Guaranteed by..... Serial No. 506
 Funeral at..... Residence..... Mortuary Church..... Date 2-29-64 Hour 2:30 pm Annual No. 4
 Clergyman Wm Landis Lodge Affiliations..... Body Shipped to or from.....

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Leon EADLEY de
 John Peters
 Lloyd BLANTON
 John Libal
 Midge COVATIN
 Leo ZELTNER

Singers

MR + MRS
 Donald ELDON

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	325 00	2-28-64		84 65
	Embalming.....		2-28-64		84 65
	Outer Case or Vault..... wood	25 00	2-28-64		84 65
	Washing and Dressing.....		2-28-64		84 65
	Shaving.....		4-10-64		84 65
	Slumber Robe.....				
	Suit or Dress.....	29 50			
	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.....				
	Sales Tax	8 74			
To Funeral Complete		423 24			

Funeral of John M Dannerik Charge to _____ Account No. 771
 Ordered by Blanche Dannerik Guaranteed by _____ Serial No. 508
 Funeral at _____ Residence _____ Mortuary St Charles Church _____ Date 3-13-64 Hour 9:30 am Annual No. 6
 Clergyman Fr. Egbert Hall Lodge Affiliations _____ Body Shipped to or from _____

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

Martin Boersting
 Jimmy Ruddy
 Francis Folby
 Edgar Turpin
 Helen Rush
 Kenneth Goss

Singers
 Church choir

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	627 00	3-27		413 16
	Embalming.....				
	Outer Case or Vault..... <u>con sec</u>	60 00	5-8 44		277 40
	Washing and Dressing.....		5-18		250 00
	Shaving.....				120 00
	Slumber Robe.....				783 66
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	25 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>+ TAX</u>	10 25			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	..... <u>SALES TAX</u>	10 91			
	..... <u>Military Service in Lawrenceville</u>	50 00			
	..... <u>to burial</u>	27 40			
	..... <u>VA + SS</u>	370 00			
To Funeral Complete		783 16			

Wiley

NAME OF DECEASED John Minor Dannerik RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH ST CHARLES DATE 3-13-64 HOUR 9:30 A CLERGYMAN FR EGBERT HALL
 SINGERS Church Choir LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Wadsworth Veterans Hospital</u>
Casket No. _____ Style <u>Silver metal 1/2 cover</u>			Date of Death <u>MARCH 10 1964</u>
Interior <u>ivory</u> ^{Taffeta} Repe Covering			Cause of Death <u>Hepatic Coma Contributory</u>
Manufacturer <u>MAJOR</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 <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>4-30-1891</u> Age, Years <u>72</u> Months _____ Days _____
Embalming _____			Occupation <u>Retired FARMER</u>
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County <u>Doriphan Co</u> State or Country <u>KANSAS</u>
			Name of Father <u>Wm Dannerik</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Louisa Hoverson</u>
			Birthplace of Mother <u>wife - Blanche Devereau</u>
Total Cash Advances _____			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>ST CHARLES 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.

Wright

Funeral of Emmett E Liefkring Charge to _____ Account No. 772
 Ordered by FRANK Liefkring Guaranteed by _____ Serial No. 509
 Funeral at _____ Residence _____ Mortuary Church _____ Date 3-31-64 Hour 2pm Annual No. 7
 Clergyman Wm Twombly Lodge Affiliations _____ Body Shipped to or from _____

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

*John Meister
 Robt " "
 Leon Jones
 Gordon Liefkring
 Aubrey Benefield
 Conrad Young*

Singers

*Rev Ted
 Chrystie*

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	650 00	4-7-64		500 00
	Embalming.....	285 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....	23 00			
	Suit or Dress.....	2 50			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	30 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	25 63			
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<i>SALES TAX</i>	15 01			
	<i>Disc 25.82</i>	1051 14			
	To Funeral Complete				

NAME OF DECEASED Emmett EARL LIEFFRING RESIDENCE Elwood Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE 3-31-64 HOUR 2pm CLERGYMAN Wm Twombly
 SINGERS Rev Ted Chastice - Joyce Bennett LODGE AFFILIATIONS AGMist

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____

Casket No. _____ Style Copper Tone METAL

Interior Rose tan Covering 1/2 evel

Manufacturer Roll Around Panel MAJOR

Total Net Cost of Casket _____

Outer Case _____

Vault _____

Embalming _____

Clothing _____

Total Cash Advances _____

S.S. no 509-142-103
509-14-2103

Total Net Cost of Funeral _____

Gross Profit on Funeral _____

*Less Overhead Per Funeral _____

Net Profit Apparent _____

REMARKS:

Place of Death Elwood Kansas

Date of Death MARCH 29 1964

Cause of Death _____ Contributory _____

Duration _____ Autopsy NO

Sex MALE Color or Race white

Single Married _____ Widowed _____ Divorced _____ Child _____

Date of Birth 1-28-1901 Age, Years 63 Months _____ Days _____

Occupation Retired Farmer

How Long at Place of Death 4 years

Birthplace—City or County Wathena State or Country Kansas

Name of Father Pete Lieffring

Birthplace of Father _____

Maiden Name of Mother MAY FARRIS

Birthplace of Mother _____

Signed _____ M.D. _____ Coroner _____

Address _____ Date _____

Interment at Fanning Cemetery

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.

Haupt

Funeral of Amnye G Holzhey Charge to _____ Account No. 773
 Ordered by Mrs Pearl Godfrey Dayle Holzhey Guaranteed by _____ Serial No. 510
 Funeral at _____ Residence _____ Mortuary _____ Church St Johns Date 4-10-64 Hour 2 pm Annual No. 8
 Clergyman CARL Nuebel Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
GARY Godfrey
Danny "
Ronald "
John Holzhey
Kenneth Sutton
OTIS Overmiller
 Singers
Donald Eldon
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	427 00	5-7 64		
	Embalming <u>in KC</u>	50 00			
	Outer Case or Vault <u>Sectional</u>	60 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	30 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman <u>Salestaf</u>	10 95			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>ambulance service to K.U.</u>	30 00			
		807 95			
	<u>Deerly 5-10-64 #2061</u>	25 00			
	<u>mini</u>	10 00			
		842 95			
	To Funeral Complete				
		20 61			
		822 34			

*my
John*

Funeral of Melvina McDowell Charge to _____ Account No. 774
 Ordered by HARRY PIERCE SR. Guaranteed by _____ Serial No. 511
 Funeral at TRoy BAPTIST 10 AM Church _____ Date 4-23-64 Hour 10 & 3 Annual No. 9
 Residence CAINSVILLE BAPTIST 3PM Mortuary _____
 Clergyman LEROY DAVIS Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits	
	Casket and Services.....	585 00	5-1 64			580 88
	Embalming.....					
	Outer Case or Vault.....					
	Washing and Dressing.....					
	Shaving.....					
	Slumber Robe.....	19 95				
	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.....	9 27				
	Less ^{TAX} 16 for no GRAVE setup	517 02				
	Disc 5-21-64 18.14					
To Funeral Complete		580 88				

NAME OF DECEASED Melvina E McDowell RESIDENCE Troy Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Baptist DATE 4-23-64 HOUR 10:30 CLERGYMAN LoRoy Davis
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Troy Kansas</u>
Casket No. <u>3356</u> Style <u>1/2 C</u>			Date of Death <u>April 21 1964</u>
Interior <u>IVORY SATIN</u> Covering <u>SILVER PLUSH</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Miller</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>1-6-1876</u> Age, Years <u>88</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>8 yrs</u>
Total Cash Advances _____			Birthplace—City or County <u>MERCER Co</u> State or Country <u>MO</u>
			Name of Father <u>Andrew HART</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>JANE CRAIG</u>
			Birthplace of Mother <u>HOSPITAL SAM McDowell</u>
			Signed <u>A. J. BLAIR</u> M.D. _____ Coroner _____
			Address <u>TROY</u> _____ Date _____
			Interment at <u>ZOAR CEMETERY - PAINSVILLE MO</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. _____ Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			Source of Call _____
*Less Overhead Per Funeral _____			Insured in _____ Amount _____
Net Profit Apparent _____			Beneficiary _____

REMARKS:

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

Funeral of FRANK B Kiehnhoff Charge to..... Account No. 775
 Ordered by Louise Kiehnhoff Guaranteed by..... Serial No. 512
 Funeral at..... Residence..... Mortuary Church..... Date 5-8-64 Hour 2 pm Annual No. 10
 Clergyman Bingenheimer Lodge Affiliations..... Body Shipped to or from.....

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

VICTOR CAUL
 Archie Seitzer
 Floyd Ruhnke
 PAUL Ruhnke
 Franklin Kiehnhoff
 Junior "

Singers

CAROL McKittrick
 Beulah Boeh
 OAGANIS

Insurance Policies

ABide With Me
 ASleep In Jesus

Date	Description of Service	Amount		Date		V	Credits
	Casket and Services.....	1690	00	6-7	64		779 | 35
	Embalming.....						
	Outer Case or Vault..... <u>Sec Box</u>	60	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>		11 85				
			801 85				
	<u>Disc 6-6-64</u>		22 50				
			779 35				
To Funeral Complete							

NAME OF DECEASED FRANK B Kiehnhoff RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 5-8-64 HOUR 2pm CLERGYMAN Ray Bingenheimer
 SINGERS CAROL McKittrick - Beulah Boeh LODGE AFFILIATIONS ORCM

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY KANSAS</u>
Casket No. _____ Style <u>1/2 C METAL</u>		Date of Death <u>MAY 5 1964</u>
Interior <u>ROSE TAN Crepe</u> Covering <u>SUNSET COPPER LUSTRE</u>		Cause of Death _____ Contributory _____
Manufacturer <u>SPRINGFIELD METALLIC</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>12-29-1878</u> Age, Years <u>85</u> Months <u>4</u> Days <u>6</u>
Embalming _____		Occupation <u>RETIRED FARMER</u>
Clothing _____		How Long at Place of Death <u>18 YEARS</u>
_____		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>AUGUST KIEHNHOFF</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother _____
<u>Sec. 1 Security</u>		Birthplace of Mother <u>Wife - Louise Ruhnke</u>
<u>513-36-9848</u>		Signed <u>A. J. BLAIR</u> M.D. _____ Coroner _____
_____		Address <u>TROY 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.





Funeral of KAREN Ann SHARP Charge to..... Account No. 776
 Ordered by LEONARD SHARP Guaranteed by..... Serial No. 513
MT Olive
 Funeral at..... Residence..... Mortuary..... Church..... Date 5-12-64 Hour 3 pm Annual No. 11
 Clergyman..... Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services <u>+ Box</u>	<u>40 00</u>	<u>5-13-64</u>		<u>81 00</u>
	Embalming..... <u>(CLARK)</u>	<u>25 00</u>			
Place of Burial	Outer Case or Vault.....				
Cemetery	Washing and Dressing.....				
Grave No.	Shaving.....				
Lot No.	Slumber Robe.....				
Block No.	Suit or Dress.....				
Section	Other Articles of Clothing.....	<u>15 00</u>			
Pall Bearers	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
Singers	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
Insurance Policies	<u>SALOS TAX</u>	<u>1 00</u>			
To Funeral Complete		<u>\$ 11 00</u>			

PAID in FULL

NAME OF DECEASED KAREN Ann SHARP RESIDENCE ST Joseph Mo
 FUNERAL AT RESIDENCE MORTUARY CHURCH MT Olive DATE 5-12-64 HOUR 3pm CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Methodist Hospital - ST Joseph</u>
Casket No. _____ Style _____		Date of Death <u>MAY 10 1964</u>
Interior _____ Covering _____		Cause of Death <u>STILLBORN</u> Contributory _____
Manufacturer _____	DEBITS	Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket		Sex <u>FEMALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____		Date of Birth <u>MAY 10 1964</u> Age, Years <u>0</u> Months _____ Days _____
Embalming _____		Occupation <u>child</u>
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <u>ST Joseph</u> State or Country <u>Mo</u>
_____		Name of Father <u>Leonard SHARP</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Ruth Ann HOWARD</u>
_____		Birthplace of Mother _____
_____		Signed <u>Kelly</u> M.D. _____ Coroner _____
_____		Address <u>SAVANNAH</u> Date _____
_____		Interment at <u>MT Olive</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____

REMARKS:

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



Funeral of ELIZABETH E HART Charge to _____ Account No. 777
 Ordered by Kenneth HART Guaranteed by _____ Serial No. 514
 Funeral at _____ Residence _____ Mortuary Christ. Church Date 5-29-64 Hour 2 pm Annual No. 12
 Clergyman Chaystic Cain Lodge Affiliations _____ Body Shipped to or from _____

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

Pall Bearers
PAUL Keller
WALT Meugniot
JACK CARRAY
Ed Howland
Goo PRidgeon
Paul D. Remar

Singers
CAROL Chaystic
VERA Myers

Joyce Bennett
Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	<u>325 00</u>	<u>6/24/64</u>	<u>Kenneth Hart</u>	<u>355 40</u>
	Embalming.....	<u>25 00</u>			
	Outer Case or Vault..... <u>Ward Box</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>5 40</u>			
				
				
				
	To Funeral Complete	<u>355 40</u>			

Funeral of Anna Jane Worman Charge to Account No. 778
 Ordered by MRS. ORVILLE KENT Guaranteed by Serial No. 515
 Funeral at Residence Mortuary Church Christian Date 6-1-64 Hour 2 pm Annual No. 13
 Clergyman Elliot + Phyllis Lodge Affiliations Body Shipped to or from

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Ernie Myers
 James Huss
 CARL Bolin
 CARL HAUBER
 Lou Thacker
 Cliff A Cree

Singers

Connie McConaughy
 Judy Caudle

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	736 00	6-26-64		874 66
	Embalming <i>in K.C.</i>	50 00			
	Outer Case or Vault <i>cone Sec</i>	60 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				
	<i>TAX</i>	12 54			
	<i>23 88</i>	998 54			
	<i>17 23 11</i>				
	To Funeral Complete				

NAME OF DECEASED Anna Jane Worman RESIDENCE Independence Mo
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE 6-1-64 HOUR 2pm CLERGYMAN Elliot + Chrystie
 SINGERS C. McConaughy - J. Caudle LODGE AFFILIATIONS OAGs Joyce Bennett

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		
Casket No. _____ Style <u>Decorative</u>		
Interior <u>Slur eye</u> Covering <u>Blue velvet</u>		
Manufacturer <u>Sigma</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
<u>SS. no 497-40-0274</u>		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

Handwritten notes:
 3421 W. 10847
 M. Phillips at
 Anderson Mo Co

Place of Death Independence Mo
 Date of Death MAY 28 1964
 Cause of Death Myocardial Contributory insufficiency
 Duration _____ Autopsy NO
 Sex FEMALE Color or Race white
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth 12-16-1885 Age, Years 78 Months _____ Days _____
 Occupation Housewife
 How Long at Place of Death _____
 Birthplace—City or County CARLYLE State or Country PA
 Name of Father _____
 Birthplace of Father _____
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed Bruce Geans M.D. Subsidiary Corp. Coroner
 Address K.C. Mo Date _____
 Interment at MT olive
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

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





Funeral of Hettie Lane Thomas Charge to _____ Account No. 779
 Ordered by Raymond Thomas Guaranteed by _____ Serial No. 516
 Funeral at _____ Residence _____ Mortuary _____ Church RDS Date 6-15-64 Hour 2 pm Annual No. 14
 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	6-15-64		25 00
	Embalming.....	25 00	6-19-64		25 00
	Outer Case or Vault.....				
	Washing and Dressing.....		5-22-65		10 00
	Shaving.....	6 40			
	Slumber Robe.....	416 40			
	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

Funeral of Anna L Bembrick Charge to _____ Account No. 780
 Ordered by W A Ben Bembrick Guaranteed by _____ Serial No. 517
 Funeral at _____ Residence _____ Mortuary Church _____ Date 6-16-64 Hour 2:30 pm Annual No. 15
 Clergyman Campbell Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	427 00	7-1-64		406 09
	Embalming		7-1-64		369 53
	Outer Case or Vault <u>Corent</u>	60 00			
	Washing and Dressing				775 62
	Shaving				
	Slumber Robe	33 50			
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	30 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman	20 00			
	Singers	10 00			
	Casket Coach <u>Corent</u>	5 00			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision <u>TY</u>	11 74			
		797 24			

Paid in Full

*check 210 2
 by 7-15-64*

Insurance Policies

To Funeral Complete



Funeral of CLAUDE BRASEL Charge to _____ Account No. 781
 Ordered by MRS Emil SIGRIST Guaranteed by _____ Serial No. 518
 Funeral at _____ Residence Christian Church Date 6-25-64 Hour 2 pm Annual No. 16
 Clergyman Ted Chaystie Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

ROBERT GOSS
 O. O. FULK
 FRANK WYKEET
 AMOR SCHAUFFLER
 CHAS MOSKAU
 CHAS RAMSEL

Singers

Rev James
 Campbell

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	762 00			
	Embalming.....		6/27/64		885 91
	Outer Case or Vault <u>Secluded</u>	60 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..... <u>+ TAX</u>	25 63			
	Clergyman.....				
	Singers <u>45 each</u>	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars..... <u>TW</u>	12 94			
	Professional Supervision.....				
		910 87			
		24 66			
	<u>\$ 24.66 discount</u>	<u># 885 91</u>			
	To Funeral Complete				

NAME OF DECEASED CLAUDE BRASEL RESIDENCE TBOY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH CHRISTIAN DATE 6-25-64 HOUR 2 pm CLERGYMAN CHRYSSTIC
 SINGERS Rev James Campbell LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Methodist Hospital - St. Joe</u>
Casket No. <u>2192C</u> Style <u>1/2 C ACCOSEAL</u>			Date of Death <u>June 23 1964</u>
Interior <u>Dusty Rose</u> Covering <u>oxidized BRONZE/SR</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Bellaire Corp AUBORA</u>	DEBITS		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket			Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault			Date of Birth <u>10-26-1881</u> Age, Years <u>83</u> Months _____ Days _____
Embalming			Occupation <u>RETIRED FARMER</u>
Clothing			How Long at Place of Death <u>11 days</u>
			Birthplace—City or County <u>FARREST CITY</u> State or Country <u>Mo</u>
			Name of Father <u>SAMUEL BRASEL</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Ann Shirley HARGIS</u>
			Birthplace of Mother <u>wife GERTAUDE</u>
Total Cash Advances			Signed <u>E. Yoder</u> M.D. _____ Coroner _____
<u>S.S. No. 510-32-8016-A</u>			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 _____
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.



CR Hart

Funeral of Lawrence Kirby Charge to _____ Account No. 782
 Ordered by MRS A. E. Cordonick Guaranteed by _____ Serial No. 519
 Funeral at _____ Residence _____ Mortuary Christia Church _____ Date 7-6-64 Hour 2 pm Annual No. 17
 Clergyman Ted Christia Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
RAY Weinberg
Geo Wasson
Ernie Myers
Joe Culp
Geo McInnamon
JACK GARPY

Singers
MRS E Myers
MRS T Christia
 Abide With Me
 Beyond The Sunset
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	636 00	7-15-64		919 57
	Embalming				
	Outer Case or Vault <u>walnut</u>	180 00			
	Washing and Dressing				
	Shaving <u>Safety</u>	14 60			
	Slumber Robe				
	Suit or Dress	20 00			
	Other Articles of Clothing	2 50			
	Transferring Body				
	Door Badge				
	Opening Grave	40 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>4 T4</u>	25 63			
	Clergyman				
	Singers <u>2 quart 5, 10</u>	15 00			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Car <u>gran casket</u>	11 00			
	Professional Supervision	944 73			
	<u>Rec 825.16</u>				
	<u>4 pd by 8-6-64</u>				
To Funeral Complete		119 57			

Ray G. ...

Funeral of OTTO A GAUL Charge to _____ Account No. 783
 Ordered by MRS LENA GAUL Guaranteed by _____ Serial No. 520
 Funeral at _____ Residence CHRIST Lutheran Mortuary _____ Church _____ Date 7-17-64 Hour 2pm Annual No. 18
 Clergyman Bingenheimer Lodge Affiliations _____ Body Shipped to or from _____

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

Leonard Gaul
 Edgar Gaul
 Floyd Ruhnke
 Archie Seitzer
 Roy Kichnhoff
 Riley Franklin

Singers
 CAROL McKITTRICK

Beulah Boeh
 ORGANIST

Insurance Policies
 ABide With me
 I'm BUT A STRANGER
 HERE

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	849.00	8-17-64		1092.00
	Embalming				
	Outer Case or Vault <u>Wilbert</u>	180.00			
	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 <u>+ TAX</u>	25.63			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>GRAVE equipment RENTAL</u>	11.00			
	<u>SALES TAX</u>	17.24			
		<u>1123.87</u>			
	<u>Disc By 8-15</u>	<u>30.87</u>			
	To Funeral Complete	1092.00			

PAID in FULL

W.T. #1093.00

NAME OF DECEASED OTTO Adolph GAUL RESIDENCE TROY Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Lutheran DATE 7-17-64 HOUR 2pm CLERGYMAN Bingenheim
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Topeka Kansas Hospital</u>
Casket No. _____ Style <u>metal 1/2 c</u>		Date of Death <u>July 15 1964</u>
Interior <u>Rosetah Satin</u> Covering <u>white with Gold</u>		Cause of Death <u>Pulmonary Embolism</u>
Manufacturer <u>Rev-ART</u> <u>Blending</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>7-27-1889</u> Age, Years <u>74</u> Months <u>11</u> Days <u>18</u>
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>3 mths</u>
_____		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>CARL GAUL</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>CAROLINE WOLLVICK</u>
Total Cash Advances _____		Birthplace of Mother <u>Wife LENA Ruhnke</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 _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____

REMARKS:

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



Funeral of Leo Herman Libel Charge to _____ Account No. 784
 Ordered by MRS M^cGARRY & MRS Gabriel Guaranteed by _____ Serial No. 521
 Funeral at _____ Residence _____ Mortuary ST BENEDECTI Church _____ Date July 27 1964 Hour 9:30 A Annual No. 19
 Clergyman Ernest Stallkamee Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Chas Libel
JERRY PARKER
Gus Halling
Dick Delaney
Bill Meidinger
Selmer Hansen
 Singers _____
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	798 00			
	Embalming.....		8/20/64		1128 64
	Outer Case or Vault <u>ind. Mausoleum</u>	285 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing <u>TAX - Tie</u>	1 03			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	35 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....	15 00			
	Singers.....				
	Casket Coach <u>COPT. Copies</u>	8 00			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales TAX</u>	19 10			
	<u>Disc 8/25</u>	32.49			
		1161 13			
	<u>- Disc</u>	1128 64			
	To Funeral Complete				

Funeral of EMORY EBEL NOCKS Charge to Account No. 785
 Ordered by Elmer Nocks Guaranteed by Serial No. 522
 Funeral at Residence Mortuary Church Date 8-5-64 Hour 10 AM Annual No. 20
 Clergyman James Campbell Lodge Affiliations Body Shipped to or from

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Amor Schauflika
ALBERT LAME
AAT Zoltwanger
Robt Goss
Geo Priddy
Russell Colp

Singers

Mrs Robt Spary
Mrs Bennie Taylor

Sherry Dishon
ORGM
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services				
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <i>15x10</i>	<i>25 00</i>			
	Door Badge				
	Opening Grave <i>Egypt</i>	<i>30 00</i>			
	Newspaper Notices				
	Telegram and Telephone Calls				
	Use of <u> </u> doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of <u> </u> Funeral Cars				
	Use of Flower Cars				
	Professional Supervision	<i>25 00</i>			
	<i>Net of materials</i>	<i>50 00</i>			
		<i>130 00</i>			
	To Funeral Complete				

Bq Sr

130 00

NAME OF DECEASED Emery Ebin Nocks RESIDENCE Willow Springs Mo
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 8-5-64 HOUR 10 AM CLERGYMAN Campbell
 SINGERS MRS SPARKS - MRS TAYLOR LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Mountain View Mo</u>
Casket No. _____ Style _____			Date of Death <u>Aug 2 1964</u>
Interior _____ Covering _____			Cause of Death <u>NATURAL CAUSES</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 _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth _____ Age, Years <u>80</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
_____			Birthplace—City or County _____ State or Country _____
_____			Name of Father _____
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>Bussick</u>
Total Cash Advances _____		Birthplace of Mother _____	
_____		Signed _____ M.D. _____ Coroner _____	
_____		Address _____ Date _____	
_____		Interment at <u>MT Olive</u>	
_____		Lot or Grave No. _____ Section No. _____	
_____		Shipped to _____	
_____		Arrived from <u>Willow Springs Mo</u>	
_____		Via <u>TRAIN</u> R.R. Date _____	
Total Net Cost of Funeral _____		In Charge of _____	
Gross Profit on Funeral _____		Source of Call _____	
*Less Overhead Per Funeral _____		Insured in _____ Amount _____	
Net Profit Apparent _____		Beneficiary _____	
REMARKS:			

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





Funeral of EVA M Gordon Charge to Account No. 786
 Ordered by Joseph C Gordon Guaranteed by Serial No. 523
 Funeral at Residence Mortuary Christian Church Date 8-6-64 Hour 2 pm Annual No. 21
 Clergyman CHRISTIE Lodge Affiliations EASTERN STAR - REBECCAS Body Shipped ~~to~~ from

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

JACK GARRO
Lyle Yingling
Geo McConaughy
Oliver NITZ
CHESTER TRANT
Roy HORNER

Singers
MRS Middlem
MRS SALLEE

Joyce Bennett
ORGM
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	850 00			
	Embalming.....		8/13/64		1075 35
	Outer Case or Vault..... <u>Wilbert</u>	180 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>Rental Grave equip.</u>	11 00			
	<u>TAX</u>	17 25			
	<u>4 PERT Copies</u>	8 00			
		1106 25			
	<u>Disc #30.90</u>				
	To Funeral Complete				

NAME OF DECEASED EVA Myrtle Coakover RESIDENCE TROY KANSAS
FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH CHRISTIAN DATE 8-6-64 HOUR 2pm CLERGYMAN Ted Chaystic
SINGERS MRS Middleton Mrs Sallee LODGE AFFILIATIONS REBECCA & EASTERN STAR
dece Bennett - OAGM

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>900 G</u> Style <u>1/2 C metal</u>		
Interior <u>Silver Chrome</u> Covering <u>Silver shaded Gunmetal</u>		
Manufacturer <u>Miller</u> <u>PLATED Hardware</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
<u>SS no 512-14-350</u>		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

Place of Death TROY KANSAS (Hoe Hunt)
Date of Death Aug 4 1964
Cause of Death D.O.A. Contributory _____
Duration _____ Autopsy NO
Sex Female Color or Race white
Single _____ Married Widowed _____ Divorced _____ Child _____
Date of Birth 4-10-1897 Age, Years 67 Months _____ Days _____
Occupation Housewife (Former Teacher & bank employe)
How Long at Place of Death 20 years
Birthplace—City or County TROY State or Country KANSAS
Name of Father ELI A ABEL
Birthplace of Father _____
Maiden Name of Mother SARAH J Hunt
Birthplace of Mother _____
Signed A. J. Blair MD _____ 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 _____

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





H.A.C.P.

Funeral of FLOBA STOTLAR Charge to _____ Account No. 787
 Ordered by OLIVER STOTLAR Guaranteed by _____ Serial No. 524
 Funeral at _____ Residence _____ Mortuary Church _____ Date 8-18-64 Hour 2 pm Annual No. 22
 Clergyman Twombly Lodge Affiliations _____ Body Shipped to or from _____

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

NORVAL GUSTIN
SHERLOCK GUSTIN
WILLIE SIMPSON
ALAN SIMPSON
OSCAR SIMPSON
ABE SIMPSON

Singers
CAROL CHAYSTIE
PHYLLIS HOFFMAN
ORGAN
Beyond the Sunset
HE UNDERSTANDS
Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	325 00			
	Embalming (O.S.K.A.W.S.A.)	35 00	8/25/64		454 93
	Outer Case or Vault <u>wood box</u>	25 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <u>+ Under clothing + Hose</u>	15 00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	20 00			
	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>GRAVE equip RENTAL</u>	30 00			
	<u>SALOS TAX</u>	5 88			
		465 88			
	<u>Disc 9-16 10.95</u>	454 93			
	To Funeral Complete				

