

Amway, Charles H.	3
Atwood, Racine Dwight	6
Anderson, John Ephraim	27
Anderson, Richard Carroll	30
Argabright, Love Ann	83
Allen, Leland Judson	99
Allen, Thomas L.	120
Allen, Geo. Henry	123
Akers, Evelyn M.	144
Anderson, Andrew	183
Adams, Hollie L.	232
Anderson, Mary	253

Bass, Mary Catherine	9
Brewster, Sarah	13
Boque - Cora May	16
Bruniger, Oliver Cromwell	70
Baths, Irwin L.	38
Baggerly, Frances	58
Baths, Martha H.	60
Bootman, Max	63
Bell, Jancy Ann.	68
Brown, Geo. V.	94
Bruniger, Dr. Theo.	105
Box, Gorah	109
Brady, Joseph	110
Blair, Fred B.	113
Blakesley, Anne Elizabeth	114
Bell, Thomas Jefferson	121
Bell, Laura E.	124
Bartholomew, Emeline	131
Bipkin, Samuel	142
Butler, Sarah Emma	159
Dates, Alongo Nathan	171
Bassett, Nathan E.	186
Brown, George M.	207
Garth, Joseph E.	237
Blakesley, Emma	247
Doswell, Elvira Viola	252
Bruniger, Walter May	257
Bartlett, Rachel	259
Dass, Byron O.	262
Brown, Oscar O.	277
Brown, Mary Jane	281
Buckingham, Sarah Jane	283
Bolon, Robert Charles	284
Bolon, Mary Ellen	289
Blair, George H.	292
Brown, Benjamin F.	293
Bandy, Laura E.	296
Blair, Jeannette H.	298

London, Loretta Jane	10
Campbell, Jessie May	33
Cole, Donald Ray	36
Campbell, Isabel	59
Christensen, Mary	61
Cracraft, Emma	95
Cave, Lucina Martha	98
Collins, Wm Curtley	103
Closson, Almada Jane	153
Crudis, Annie Jane	154
Cave, Sarah Archibald	179
Cantrell, Alice Frances	202
Coydon, Marian Elvira	214
Chapman, Lois Pearl	265

Davis, Mary Jane	32
Downy, James, C. Sr.	66
Driskill, Albert George	92
Dillon, Roy C.	172
Demig, Henry Albert	184
De Sark, Clarence Milton	203
Driskill, Malona Adelaide	240
Dixon, Samuel	275
Drier, Ferdinand	288

E
F

Edwick, Magilla	5
Edwick, Susie	75
Edmunds, Fannie Annette	65
Erwin, George Calvin	162
Elson, Leslie E.	217
Ellwick, Pearl May	235
Erwin, Arthur L.	267
Evans, John M.	270
Elliott, Emma	274

Fowler, Mary Ellen	12
Fisher, Edgar O.	37
France, William Albert	76
Farmer, Oliver Miller	86
Foreman, Joseph M.	112
Fowler, George	145
Farmer, Mary A.	166
Franks, Esther	173

G
H

Green, Rogene Isabelle	2
Harrison, Francis Marion	4
Harver, Edgar C.	14
Heiseman, Lucretia Jane	74
Hunsolby, Alice Leadora	119
Hilliland, Opal Leora	163
Hilliland, John Edgar	167
Grant, Cyrus	198
Green, Mary N.	206
Grenawalt, John Luther	208
Hilliland, Evelyn Linda	215
Gray, John Joyce	223
Guilliams, Infants of Marie	225
Gordon, Herman Berch	236
Gibson, May	230
Hunsolby, James C.	256
Gaulter, Lewis B.	290

Haberhorn, Ida	1
Hill, Jeanette	8
Hall, Geo. B.	35
Hopkins, Betty	50
Hayer, Alvin T.	62
Hutton, Infant of Joel	70
Hayer, Ellen Lovina	89
Hurst, Franklin Allen	96
Hall, Robert	107
Hyde, Alice Hortense	108
Holloway, Travers Lydia	122
Hopkins, W. A.	139
Hayer, Oliver	140
Hartman, Fred	143
Harmon, Mary Ann	150
Hinderks, Martha Ann	165
Hutchcroft, Robert, Jr.	187
Hurst, Ellis Ora	201
Hammer, Louis Franklin	218
Hoffman, Alma C.	231
Hayer, Margaret Jane	234
Hutchcroft, Wayne Jr.	249
Hembry, Donna Dee	260
Huntman, George A.	261
Hughes, Mattie	269
Hicks, Jacob Isaiah	278
Hopkins, Rosa (Hobbs)	286
Hynden, Bertha	295

G
H

Jones, Fred Wallace	34
Johnson, Robert James	40
Jessup, Sarah Jane	44
Jackson, Kathleen Laura	64
Johnson, Caroline	69
Jones, Guide Tony	101
Johnson, Floyd Cleo	111
Jennings, Carl	160
Johnson, George H.	216
Johnson, Arlene Florence	221
Jackson, Jesse Owen	258
Jagers, Mary Ellen	271

NO I's

I
J

Keown, Sarah Ann	17
Kinder, Pete	26
King, Dr. J. W.	55
Kedon, David	77
King, Vernice LeRoy	117
Kinder, Geo. E.	130
Kelley, Ardith Marie	164
Kestner, Hiram	170
Kelley, Pearl May	199
Krucker, Rebecca	209
Kelley, John William	212
Krucker, Clara Viola	272

K
L

Lovell, Sarah Ann	7
La France, Emma Phoebe	23
Lacey, Emma Araminta	39
Lawnorn, Norman W	43
Lysinger, Smith De Walth	54
Landphair, Viola	104
Lysinger, Jesse M.	149
Lank, Infant of Bert	157
Leonard, Alfred E.	169
La France, Joseph	176
Leverson, Otto Daylord	188
Leonard, Susan Elizabeth	195
Lank, Donna May	210
Lutz, Jacob Levi	219
Lewis, Gerald Allen	251
Lank, Joseph W.	255
Lank, Edith Elvira	276
Lewis, Charles George	291
Lamson, Mary	297

K
L

Meyers, William Washington	19
Melia, James Henry	27
Mucens, John Olsen	45
Merritt, Deborah Clark	48
Martin, Ora May	51
Moore, John Justice	78
Miller, Martha Malita	87
Mourse, Isaac A.	116
Morrod, Emily	118
Midgorden, Mary	151
McMahon, Virginia Mae	196
Midgorden, Ole H.	200
May, Sarah E.	205
Mayhew, Elisha Chandler	236
Miller, Harriet Duane	268

M
Mc

Mc Dowell - Dorcas E. 15
Mc Ball, James William 67
Mc Dowell, Elizabeth Elsie 71

M
Mc

Nottsgen, Erlita	11
Nottsgen, Nelda Jean	71
Nicholson, Carl Barr	141
Nixon, Emma L.	168
Nottsgen, Irene Duger	197
Norman, Wm Lincoln	241
Needham, Julia	285

P

Propst, Infant of Harry & Dorothy	31
Rush, Mary N.	42
Peters, Mary Emily	57
Patrick, Louis E.	91
Perrell, Infant of Carl	134
Pool, Clara B.	161
Rayton, Edwin Neal	181
Pfeun, Geo. Francis	189
Petersen, Mary Ann	220
Perrell, Martha L.	224
Perrell, James Albert	243
Sarkhush, Gary Dwayne	248
Sarkhush, Dixie Dea	280

Q

Quick, Everett Jasper 182

P
Q

Robinson, Alice Laura	18
Roberts, Charlotte	46
Reneau, Lillie	49
Rauch, Ferdinand William	85
Roberts, Byron Joseph	90
Rew, Beverly	152
Roberts, Jessie	155
Richardson, Jimmie Robert	190
Rew, Chas Myron	191
Roth, Lydia Arminius	213
Roberts, Infant son of Clair	238
Royal, Lulu May	263
Rardin, Stephen Decatur	279

R
S

Stanley, Mary Ann	74
Stead, Sarah Ellen	78
Stevenson, John A.	79
Stedman, Adelia Loretta	47
Swigart, Infant of John & Oliver	52
Springer, Mamie A.	73
Shippy, Saleda David	80
Shiff, Mary Jane	81
Stanley, Kathleen	84
Swigart, Helen Lee	102
Sullivan, Jessie Alice	126
Stanley, Simeon	133
Spaulding, Estella Lynn	135
Spaulding, Howard Steven	137
Stead, Jonas D.	138
Snyder, James Calvin	146
Strong, Catherine	148
Straight, Goretta Lucille	158
Spurrer, Harry B.	174
Schroder, Stephen Chester	175
Shroade, Laura B.	177
Smith, Alva Dale	180
Stanley, Simeon W.	192
Sitz, Louis Frederick	204
Springer, James Greer	222
Sprague, Charles, M.	227
Shields, Infant Girl	228
Swigart, Infant Girl	239
Summers, Ella Baker	245
Stanley, Rolland James	246
Scott, Paul E.	299

T
Thompson, Florence
Tubb, Elizabeth

56
194

u
(none)

Thompson, Betty Ann.
Turner, Robert
Teale, Oma E.
True, Annie L.

82
125
132
211

T
U

Vennard, James	147
Vaudel, John Sheridan	250
Vanderflute, James H.	264

V
W

Wark, Orlando	53
Webster, Helen	72
Wood, Lucretia Jane	74
Woods, Kate Mabel	75
Wiley, Hugh T.	79
Weld, Oscar Lane	93
Winters, Marie	97
Wood, W. M.	100
Willis, Carrie B.	106
Wooden, Myron J.	115
David Whetley	128
Woods, Andrew Nelson	129
Weedmark, Mary E.	156
Wilson, Christian	178
White, Infants of Warren & Maude	185
Weld, Frances Marion	229
Wahlstrom, Laura Vede	233
Williams, Elizabeth	242
Wheeler, Loretta	244
Woods, Melissa B.	266
Wiley, Rufus J.	273
Dora Alice Wark	287
White, David Curtis	294

none

Y

Young, Edwin D.

88

Z

Zimmermann, Anna 193

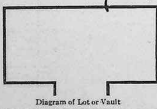
Y
Z

RECORD OF FUNERAL

Total No. 1864 Yearly No. 7 Date January 10, 1933
 Name of Deceased Ida H. Abernethy Widow (What Race) Illinois (Where Born)
 Husband—Wife—Widow—
 or Mother of Edd Mitchell

Vocation.....
 Name of Employer.....
 Charge to DeCATUR County
 Address Leon, Iowa
 Connection.....
 Order given by Art. Hoftger - Supervisor of Cor.
 How Secured.....
 Date of Funeral 1/10/33 10:30 1 P. M.
(Date) (Day of Week) (Hour)
 Services at White Funeral Home
 Clergyman W. L. L. L. ; J. D. Stead
 His Address.....
 Certifying Physician G. C. Sixbury
(or Coroner)
 His Address Leon
 Cause of Death Arteriosclerosis, Venous thrombosis, Myocarditis
 Contributory Causes.....
 Remarks.....
 Date of Death Jan. 8, 1933
 Place of Death Leon, Iowa
 Religion.....
 Resided in the State 30-50 years
(Years) (Months)
 Date of Birth.....
 Age 78 Years Month Days
 Name of Father Wenden Richards
 His Birthplace Unknown
 Maiden Name of Mother Elizabeth O. Lda.
 Her Birthplace Unknown
 Motor Ship } Body to
 Size and Style of Casket Pauper burials - Imp.
 Manufactured by J. M. Oodridge
 Interment at Rose Hill { Cemetery
 Crematory

Complete Funeral	\$ <u>40.00</u>
Casket	<u>✓</u>
Metallic Lining	<u>✓</u>
Outside Box	<u>✓</u>
Burial Vault	<u>✓</u>
Embalming Body with <u>Cary</u> Fluid	<u>✓</u>
Barber, \$ Hair Dressing, \$	<u>✓</u>
Dressing Body	<u>✓</u>
Suit or Dress, \$ Hose, \$	<u>✓</u>
Underwear, \$ Slippers, \$	<u>✓</u>
Folding Chairs, \$ Tarpaulin, \$	<u>✓</u>
Candelabrum, \$ Candles, \$	<u>✓</u>
Door Badge, \$ Gloves, \$	<u>✓</u>
Hearse, \$ Ambulance, \$	<u>✓</u>
Limousines to Cemetery <u>3 @ \$</u>	<u>✓</u>
Autos to R. R. Station <u>2 @ \$</u>	<u>✓</u>
Getting Remains from <u>Real</u>	<u>✓</u>
Taking Body to	<u>✓</u>
Delivering Box to	<u>✓</u>
Flower Wagons	<u>✓</u>
Removal Charges	<u>✓</u>
Getting Burial Permit	<u>✓</u>
Certified Copies of Death Certificates	<u>✓</u>
Personal Charges	<u>✓</u>
Pall Bearer Service	<u>✓</u>
Outlay for Lot	<u>✓</u>
Death Notices in Newspapers	<u>✓</u>
Flowers, \$ Rental of Palms, \$	<u>3.00</u>
Rental of Tent, \$ of Temporary Tomb, \$	<u>8.00</u>
Lowering Device, \$ Cremation, \$	<u>8.00</u>
Opening of Grave or Tomb	<u>8.00</u>
Lining Grave, \$ Matting, \$	<u>8.00</u>
Outlay for Shipping Charges	<u>8.00</u>
Minister, \$ Singers, \$ Organist, \$	<u>8.00</u>
Railroad Tickets, \$ Aeroplane Service, \$	<u>8.00</u>
Telegr. Phone, Cable or Radio Charges	<u>8.00</u>
Cash Advanced	<u>8.00</u>
Total Footing of Bill	\$ <u>57.00</u>
Less <u>cash advanced</u>	\$ <u>8.00</u>
Balance	\$ <u>49.00</u>
Owner <u>Wenden Richards</u>	Entered into Ledger, page..... or below \$



To Funeral Charges... Total, \$	By Cash... \$
<u>P. B. - Notak, Leg & Roy Mitchell, Ireland, Orman & Archie Ingram</u>	
<u>SIX WEEKS - Mrs. H. A. Davis; W. W. W. W. W.</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Funeral Director Wenden Richards
 Witness Mrs. B. O. State
 Signed.....

RECORD OF FUNERAL

Total No. 1465 Yearly No. 2 Date February 12 1933

Name of Deceased Rogene Isabelle Green, - Married, White, Hatfield, Mo.
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow } Lloyd Vernon Green
 or of

Vocation Housewife

Name of Employer

Charge to Colmer Green

Address Sutton in Law

Connection Colmer Green

Order given by Colmer Green

How Secured Note

Date of Funeral Feb. 12, Sunday 2 P. M.
(Day) (Day of Week) (Hour)

Services at White Home

Clergyman W. E. Ball, W. E. Hager

His Address

Certifying Physician L. C. Sixbury
(or Coroner)

His Address

Cause of Death Wild Disease

Contributory Causes

Remarks

Date of Death Feb. 10, 1933

Place of Death Residence, Lamoni

Religion W. D.

Resided in the State 18 years
(Years) (Months)

Date of Birth March 5, 1914

Age 18 Years 10 Month 25 Days

Name of Father David Alexander Johnston

His Birthplace Warren, Mo.

Maiden Name of Mother Ethel Smith

Her Birthplace Rape, Ind. Co. Waver, Indiana

Motor Ship } Body to

Size and Style of Casket Ord. W. C. - D. Plush

Manufactured by Dexter's Casket Co.

Interment at East Hill Cemetery Crematory

Lot No. 1536

Grave No. 1

Section No.

Owner Lloyd Green

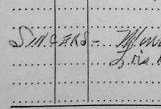


Diagram of Lot or Vault

Complete Funeral	\$ 210.00
Casket	✓
Metallic Lining	✓
Outside Box <u>Pine</u> <small>(State Kind)</small>	✓
Burial Vault	✓
Embalming Body <u>with Duo Process Fluid</u> <small>(State Kind)</small>	✓
Barber, \$	✓
Hair Dressing, \$ <u>1.00</u>	✓
Dressing Body	✓
Suit or Dress, \$ <u>5.00</u>	✓
Hose, \$ <u>4.00</u>	✓
Slippers, \$	✓
Underwear, \$	✓
Folding Chairs, \$ <u>1.00</u>	✓
Tarpaulin, \$	✓
Candelabrum, \$	✓
Candles, \$	✓
Door Badge, \$	✓
Gloves, \$	✓
Hearse, \$	✓
Ambulance, \$	✓
Limousines to Cemetery @ \$	✓
Autos to R. R. Station @ \$	✓
Getting Remains from <u>Wardwick</u>	N.C.
Taking Body to	✓
Delivering Box to <u>Crematory</u>	✓
Flower Wagons	✓
Removal Charges	✓
Getting Burial Permit	✓
Certified Copies of Death Certificates <small>(State Number and District)</small>	✓
Personal Charges	✓
Pall Bearer Service	✓
Outlay for Lot <u>No. 1536</u>	40.00
Death Notices in <u>Newspapers</u>	✓
Flowers, \$ <small>(Names of Newspapers)</small>	10.00
Rental of Palms, \$	✓
Rental of Tent, \$ of Temporary Tomb, \$	✓
Lowering Device, \$ Cremation, \$	✓
Opening of Grave or Tomb	8.00
Lining Grave, \$	✓
Matting, \$	✓
Outlay for Shipping Charges	✓
Minister, \$ Singers, \$ Organist, \$	✓
Railroad Tickets, \$	✓
Aeroplane Service, \$	✓
Telegr., Phone, Cable or Radio Charges	✓
Cash Advanced	✓
<u>Lace collar for Dress</u>	50.
Total Footing of Bill	\$ 272.00
Less <u>Cash advanced</u>	\$ 48.50
Balance	\$ 223.50
Entered into Ledger, page _____ or below \$	

	To Funeral Charges... Total, \$	By Cash	\$
P. B.	<u>Mrs. H. H. Hill, Jim Hadden, Claude H. Hill, J. H. Hufferman, Harry F. Humphreys, J. H. Johnson</u>		
S. M. C. A. K. O.	<u>Mrs. H. H. Hill, George H. Hufferman, Mrs. C. W. Hill, Beulah Hufferman, J. H. Johnson, L. C. Hill, Daniel</u>		

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Funeral Director R. White, Dr. T. McKim Signed _____
 Witness _____ Signed _____

RECORD OF FUNERAL

Total No. 1466 Yearly No. 3 Date February 24, 1933
 Name of Deceased Charles Henry Conway Married White Cambridge, Iowa
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - or of Father, Ada Conway

Vocation Public School Teacher
 Name of Employer Board of Education
 Charge to A. S. S. Co.
 Address George, Paul, Joseph, Harold
 Connection
 Order given by Paul Conway
 How Secured Cash + Notes
 Date of Funeral Feb 23 Sunday 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Coliseum
 Clergyman W. C. Prall; S. D. Williams

His Address
 Certifying Physician Chas. L. Drake
(by Coroner)
 His Address Independence, Mo.
 Cause of Death Epileptiform of Face
 Contributory Causes

Remarks
 Date of Death Feb. 21, 1933
 Place of Death Independence, Mo.
 Religion A. D.
 Resided in the State (Indy) (Years) (Months) (Days)
 Date of Birth Oct. 6, 1873
 Age 59 Years 4 Month 15 Days
 Name of Father Orastus Conway
 His Birthplace Ohio
 Maiden Name of Mother Scott
 Her Birthplace Arkansas
 Motor Body to Independence to Laman
Size and Style of Casket #3450 Prof. Shime
 Manufactured by W. C. Casket Co.
 Interment at West Hill (Cemetery) (Crematory)

Complete Funeral	\$ 175.00
Casket #3450 - <u>Lib. O. Int.</u>	✓
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Burial Vault <u>Royal Oak Seal</u>	9.00
Embalming Body <u>with One Raco Fluid</u>	✓
Barber, \$	Hair Dressing, \$
Dressing Body	✓
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousine to Cemetery @ \$	15.00
Autos to R. R. Station @ \$	✓
Getting Remains from <u>Independence</u>	70.00
Taking Body to	✓
Delivering Box to	✓
Flower Wagons	✓
Removal Charges	✓
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	✓
Personal Charges	✓
Pall Bearer Service	✓
Outlay for Lot	✓
Death Notices in Newspapers	(Names of Newspapers)
Flowers, \$	36.75
Rental of Palms, \$	✓
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	of Cremation, \$
Opening of Grave or Tomb	10.00
Lining Grave, \$	of Matting, \$
Outlay for Shipping Charges	✓
Minister, \$	of Singers, \$
Organist, \$	✓
Railroad Tickets, \$	of Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	✓
Cash Advanced	5.00
<u>Coliseum Rental</u>	5.00
Total Footing of Bill	\$ 331.75
Less <u>Cash advanced</u>	15.00
Balance	316.75
Entered into Ledger, page	or below \$

Diagram of Lot or Vault

Lot No. 879
 Grave No. 1
 Section No. De Long
 Owner Chas. Conway

To Funeral Charges... Total, \$	By Cash... \$
<u>P. B. D. M. Vandenberg, W. D. Quatta, F. S. Parker, Ed. Kelley, Harry Meier, Merna M. Smith</u>	
<u>Musical by A. Capella Chorus</u>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Funeral Director M. S. White, Mrs. N. Madara Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

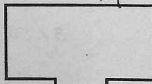
RECORD OF FUNERAL

Total No. 1467 Yearly No. 7 Date Feb. 7, 1933
 Name of Deceased Francis Marion Jensen Single White Dakota
(Single - Married - Divorced) (What Race) (Where Born)

Husband—Wife—Widow—
 or of }
 Vocation
 Name of Employer
 Charge to Decorative County
 Address
 Connection
 Order given by Sam Jensen
 How Secured
 Date of Funeral Feb 7, 1933 Sunday 7 P. M.
(Day of Week) (Hour)
 Services at White Horse
 Clergyman Rev. Dr. Hall; Mr. Hayes
 His Address
 Certifying Physician M. H. Rogers, Doctor
(Physician)
 His Address Legion, Iowa
 Cause of Death Suicide by Carboic Acid
due to health - & marital
 Contributory Causes

Complete Funeral	\$ <u>40.00</u>
Casket	
Metallic Lining	<small>(State Kind)</small>
Outside Box	<small>(State Kind)</small>
Burial Vault	
Embalming Body	with <u>Carby</u> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$ <u>60¢</u>	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousine to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	@ \$
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	<small>(State Number and District)</small>
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	<u>10.00</u>
Death Notices in	Newspapers
Flowers, \$	<small>(Names of Newspapers)</small>
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	<u>5.00</u>
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>55.00</u>
Less <u>Cash advanced</u>	\$ <u>15.00</u>
Balance	<u>40.00</u>
Entered into Ledger, page	or below \$

Remarks
 Date of Death Feb 7, 1933
 Place of Death Res.
 Religion
 Resided in the State 40 (Years) (Months)
 Date of Birth March 13, 1897
 Age 73 Years 11 Month 14 Days
 Name of Father Marshall Jensen
 His Birthplace Dakota
 Maiden Name of Mother Henrietta Jensen
 Her Birthplace Dakota
 Motor } Body to
 Ship }
 Size and Style of Casket Double, Crps.
 Manufactured by J. W. Dornhage
 Interment at Apr 27, 1933 Cemetery
Crematory

Diagram of Lot or Vault 
 Lot No. 623 S.
 Grave No. SECTION No. De Long
 Owner

To Funeral Charges... Total, \$		By Cash	\$
<u>C. B. Cliff & M. W. Muntz, Roy L. Sab, Chas. Hoffinger, H. H. Wolf, Lem Anthony</u>			
Insurance, \$		Names of Lodges	
Names of Insurance Companies			

We hereby authorize the above funeral and agree to pay the expenses thereof
 Funeral Director R. D. White Feb 7, 1933
 Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

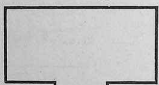
Total No. 1468 Yearly No. 5 Date March 6, 1933
 Name of Deceased Marilla Elward, Widow White Delaware Co., Indiana
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or - Mother of Ernest, Roy & Anna Elward, Mrs. Hangan, Mrs. Fudge

Vocation.....
 Name of Employer.....
 Charge to estate
 Address.....
 Connection.....
 Order given by children
 How Secured.....
 Date of Funeral 3/4/33 Sun. 10 a. M.
(Day) (Day of Week) (Hour)
 Services at Rev.
 Clergyman Roy Elward
 His Address.....
 Certifying Physician D. O. Taff O. G.
(or Coroner)
 His Address Lamon, Ia.
 Cause of Death Myocarditis

Complete Funeral \$ 365.00
 Casket.....
 Metallic Lining.....
 Outside Box.....
 Burial Vault Galion Cryptolym 9.00
(State Kind) (State Kind)
 Embalming Body with Blue Kaco Fluid
 Barber, \$..... Hair Dressing, \$.....
 Dressing Body.....
 Suit or Dress, \$..... Hose, \$.....
 Underwear, \$..... Slippers, \$.....
 Folding Chairs, \$..... Tarpaulin, \$.....
 Candelabrum, \$..... Candles, \$.....
 Door Badge, \$..... Gloves, \$.....
 Hearse, \$..... Ambulance, \$.....
 Limousines to Cemetery @ \$.....
 Autos to R. R. Station @ \$.....
 Getting Remains from Rev.
 Taking Body to Caron Ia, 300 Mi. @ 10 30.00
 Delivering Box to.....
 Flower Wagons.....
 Removal Charges.....
 Getting Burial Permit.....
 Certified Copies of Death Certificates (State Number and District).....
 Personal Charges.....
 Pall Bearer Service.....

Contributory Causes Asphyxia
 Remarks.....
 Date of Death 3/2/33
 Place of Death L. O. Rye
 Religion L. O. Rye
 Resided in the State.....
 Date of Birth May 19, 1860 (Years) (Month) (Days)
 Age 72 Years 9 Month 19 Days
 Name of Father Adrian T. Elward
 His Birthplace 7th. Carolina
 Maiden Name of Mother Haney (T. Elward)
 Her Birthplace Ohio
 Motor Ship Body to Caron, Ia.
 Size and Style of Casket Metallic, 12, Cond. State
 Manufactured by Wash. Casket Co.
 Interment at Caron, Ia. (Cemetery) (Crematory)

Outlay for Lot.....
 Death Notices in..... Newspapers.....
(Names of Newspapers)
 Flowers, \$..... Rental of Palms, \$.....
 Rental of Tent, \$..... of Temporary Tomb, \$.....
 Lowering Device, \$..... Cremation, \$.....
 Opening of Grave or Tomb.....
 Lining Grave, \$..... Matting, \$.....
 Outlay for Shipping Charges.....
 Minister, \$..... Singers, \$..... Organist, \$.....
 Railroad Tickets, \$..... Aeroplane Service, \$.....
 Telegr., Phone, Cable or Radio Charges.....
 Cash Advanced.....
Crem. Equip. 2.50 Ia.
M. V. Divers - Caron, Ia.



Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Total Footing of Bill \$ 485.00
 Less..... \$.....
 Balance 485.00
 Entered into Ledger, page..... or below \$.....

To Funeral Charges... Total, \$..... By Cash..... \$.....
Invoice at Lamon, Indiana 10 a. M. Sunday 3/5/33.
Motor to Caron, Ia, Sunday P. M.
Second Invoice at L. O. S. Church Monday 3/6/33 - 2 P. M.
Mr. Hangan Min., add. Mr. Hangan.

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....

Funeral Director R. P. White
 Witness.....

Signed.....
 Signed.....

RECORD OF FUNERAL

Total No. 1769 Yearly No. 6 Date March 19 1933
 Name of Deceased Racina Wright Shree White Burial Sup., Decatur Co., Ia.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - Thomas Wiley and Elizabeth M. Shree
 or Son of

Vocation _____
 Name of Employer _____
 Charge to T. Wiley Shree
 Address Decatur City, Iowa
 Connection Sattou
 Order given by T. Wiley Shree
 How Secured Note (6 mo.)
 Date of Funeral 3/19/33 Sunday 3:00 P.M.
(Day of Week) (Hour)
 Services at Elk Chapel Chm.
 Clergyman J. S. Williams
 His Address _____
 Certifying Physician J. H. Mahoy
(No. License)
 His Address Paris, Ia.
 Cause of Death any kind of pneumonia
 Contributory Causes _____
 Remarks _____
 Date of Death 3/18/33
 Place of Death Res. (Iowa Haute)
 Religion _____
 Resided in the State _____ 5 6
(Years) (Months)
 Date of Birth August 21, 1927
 Age 5 Years 6 Month 17 Days
 Name of Father Thomas W. Shree
 His Birthplace Grand River Twp., Decatur Co.
 Maiden Name of Mother Emily M. Collins
 Her Birthplace Burial Sup., Decatur Co.
 Motor Ship } Body to _____
 Size and Style of Casket No. Hampton First Class
 Manufactured by Georgia Casket Co. (Stewart)
 Interment at Elk Chapel { Cemetery
 Crematory

Complete Funeral	\$ <u>35.00</u>
Casket	✓
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	✓ <u>Temp.</u> with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	✓
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	✓ Ambulance, \$ <u>Sedan</u>
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	✓
Taking Body to	✓
Delivering Box to	<u>Elk Chapel</u>
Flower Wagons	✓
Removal Charges	✓
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	✓
Personal Charges	✓
Pal Bearer Service	✓
Outlay for Lot	✓
Death Notices in	<u>2</u> Newspapers @ <u>50</u> \$ <u>1.00</u>
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	✓
Rental of Tent, \$	✓ of Temporary Tomb, \$
Lowering Device, \$	✓ Cremation, \$
Opening of Grave or Tomb	✓
Lining Grave, \$	✓ Matting, \$
Outlay for Shipping Charges	✓
Minister, \$	✓ Singers, \$
Railroad Tickets, \$	✓ Organist, \$
Telegr., Phone, Cable or Radio Charges	✓ Aeroplane Service, \$
Cash Advanced	✓

Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Total Footing of Bill \$ 35.00
 Less Temp. \$ _____
 Balance \$ _____
 Entered into Ledger, page _____ or below \$ _____

To Funeral Charges... Total, \$	By Cash... \$

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness Rollin S. Shree Geo. T. Madson Signed _____
 _____ Signed _____

RECORD OF FUNERAL

Total No. 1470 Yearly No. 7 Date April 1 1933
 Name of Deceased Sarah Ann Lovell Arison, White, Burlington, Iowa.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—
 or of Alfred Lovell, Dec.

Vocation
 Name of Employer
 Charge to John Jones
 Address 3 Davis City, Iowa
 Connection son-in-law
 Order given by John Jones
 How Secured
 Date of Funeral 4/30 Sunday 7 P.M.
(Date) (Day of Week) (Hour)
 Services at First Funeral Home
 Clergyman W.C. Crall, with W.C. Hayes
 His Address
 Certifying Physician J.A. King
(or Coroner)
 His Address
 Cause of Death Arteriosclerosis

Contributory Causes
 Remarks
 Date of Death 3/30/33
 Place of Death Ria
 Religion
 Resided in the State 60
(Years) (Months)
 Date of Birth 7/10/73 1847
 Age 85 Years 4 Month 3 Days
 Name of Father Wenich
 His Birthplace Unknown
 Maiden Name of Mother
 Her Birthplace
 Motor } Body to
 Ship }
 Size and Style of Casket #3450 Cashmere, Pl.
 Manufactured by Wash. Casket Co.
 Interment at East Hill { Cemetery
 Crematory

Complete Funeral	\$ 175.00
Casket	-
Metallic Lining	-
Outside Box	Pine ✓
Burial Vault	(State Kind)
Embalming Body	with <u>Supplement</u> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	-
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery, \$	@ \$
Autos to R. R. Station, \$	@ \$
Getting Remains from	
Taking Body to	
Delivering Box to	-
Flower Wagons	
Removal Charges	
Getting Burial Permit	-
Certified Copies of Death Certificates	
Personal Charges	-
Pall Bearer Service	-
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	4.00
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	during
Lining Grave, \$	6.00
Matting, \$	
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 180.00
Less <u>Cash advanced</u>	6.00
Balance	\$ 174.00
Entered into Ledger, page	or below \$

Diagram of Lot or Vault
 Lot No. 369
 Grave No. 1
 Section No. 5470 - Living
 OWNER

To Funeral Charges... Total, \$	By Cash	\$
<u>O.B. - Jen Schepfield, Dan Hare, W.C. Stearn, Ed Will, Ford Rauch, Ark Lane</u>		
<u>S.I.R.E.S. - Alice Hare, Sandra Denny, Pearl M. E. Swain</u>		
<u>O.A.S. - Ark Schepfield, Susan Stearn, Ark Lane, W.C. Prill</u>		

Insurance, \$
 Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed Alfred S. White; Geo. J. Maden
 Witness Alfred S. White; Geo. J. Maden
 Signed

RECORD OF FUNERAL

Total No. 1471 Yearly No. 8 Date April 6, 1933
 Name of Deceased Jeanette Hill Married White Harrison Co., W. Va.
(Single—Married—Divorced) (What Race) (Where Born)
 Husband—Wife—Widow Landon D. Hill
er..... of

Vocation Housewife
 Name of Employer.....
 Charge to L. D. Hill
 Address Andover, Mo.
 Connection.....
 Order given by L. D. Hill
 How Secured Insurance Assignment
 Date of Funeral Thurs. 7-6-33 7 P. M.
(Day of Week) (Hour)
 Services at L. O. S. Church - Andover
 Clergyman J. J. Bell; Rev. De. Long
 His Address.....
 Certifying Physician V. A. Boyles
(or Doctor)
 His Address Coffeyville, Mo.
 Cause of Death Chronic Myocarditis
 Contributory Causes Arteriosclerosis
 Remarks.....

Date of Death April 4, 1933
 Place of Death Andover, Mo.
 Religion L. O. S.
 Resided in the State 57 (Years) (Months)
 Date of Birth June 21, 1877
 Age 55 Years 9 Month 13 Days
 Name of Father Lodwick
 His Birthplace.....
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor Ship } Body to.....
 Size and Style of Casket #3450 Prof. Shrine
 Manufactured by North Carolina Co.
 Interment at Andover { Cemetery
Crematory

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Owner.....

Complete Funeral	\$ 175.00
Casket	✓
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Burial Vault <u>Inva. Hill Seal</u>	90.00
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	✓
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	1 @ 2.00 2.00
Autos to R. R. Station	@ \$
Getting Remains from	@ \$
Taking Body to	✓
Delivering Box to <u>Andover</u>	✓
Flower Wagons	✓
Removal Charges	✓
Getting Burial Permit	(State Number and District) ✓
Certified Copies of Death Certificates	✓
Personal Charges	✓
Pal Bearer Service	✓
Outlay for Lot	✓
Death Notices in Newspapers	✓
Flowers, \$	(Name of Newspaper) Rental of Palms, \$ 4.00
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	✓
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	✓
Minister, \$	Singers, \$ Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	✓
Cash Advanced	✓

Total Footing of Bill \$277.00
 Less..... \$
 Balance..... \$
 Entered into Ledger, page..... or below \$

To Funeral Charges... Total, \$ <u>P. B. Hays, Lloyd Burmister, Ed. & Bryan Stash, Jude Crist, Leo Harris</u> DUNCANS - <u>Alice Lane, Mrs. Mitchell Carter, Mark Conway</u>	By Cash..... \$ _____ \$ _____ \$ _____ \$
--	---

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Funeral Director R. John S. White; Leo W. Nelson Signed.....
 Witness..... Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1472 Yearly No. 7 Date April 7, 1933
 Name of Deceased Mary Catherine Bass, Married, Mts. Hannasburg, Pa.
 Husband—Wife—Widow—
 or of Byron O. Bass (Single—Married—Divorced) (What Race) (Where Born)

Vocation.....
 Name of Employer.....
 Charge to Byron O. & Ruth O. Bass
 Address... Salements, Kansas
 Connection. Sather & Son
 Order given by Byron O. & Ruth O. Bass
 How Secured Note & Contract
 Date of Funeral Apr 7, 1933 Saturday 2 P. M.
 Services at White Home
 Clergyman W. G. Pull, S. J. Bell
 His Address.....
 Certifying Physician S. A. King
 His Address Lamoni, Ia.
 Cause of Death Coronary Cap. Infarction
Paralysis, Old Age
 Contributory Causes.....

Remarks.....
 Date of Death Apr. 7, 1933
 Place of Death Byron
 Religion S. O. S.
 Resided in the State 7 (Years) (Months)
 Date of Birth March 13, 1853
 Age 80 Years 0 Month 15 Days
 Name of Father Chas. Litzner
 His Birthplace Germany
 Maiden Name of Mother Sarah Fusterman
 Her Birthplace Germany
 Motor Ship } Body to
 Size and Style of Casket 121 Steel large
 Manufactured by Death Care Co.
 Interment at Rock Hill { Cemetery
 Crematory

Complete Funeral.....	\$ <u>128.00</u>
Casket.....	5.00
Metallic Lining.....	.00
Outside Box.....	.00
Burial Vault.....	.00
Embalming Body..... with..... Fluid	.00
Barber, \$..... Hair Dressing, \$.....	.00
Dressing Body.....	.00
Suit or Dress, \$..... Hose, \$.....	.00
Underwear, \$..... Slippers, \$.....	.00
Folding Chairs, \$..... Tarpsaulin, \$.....	.00
Candelabrum, \$..... Candles, \$.....	.00
Door Badge, \$..... Gloves, \$.....	.00
Hearse, \$..... Ambulance, \$.....	.00
Limousines to Cemetery <u>1</u> @ \$.....	.00
Autos to R. R. Station <u>2</u> @ \$.....	.00
Getting Remains from.....	.00
Taking Body to.....	.00
Delivering Box to.....	.00
Flower Wagons.....	.00
Removal Charges.....	.00
Getting Burial Permit.....	.00
Certified Copies of Death Certificates.....	.00
Personal Charges.....	.00
Pall Bearer Service.....	.00
Outlay for Lot # <u>1097</u>	20.00
Death Notices in..... Newspapers.....	.00
Flowers, \$..... (Names of Newspapers)	3.60
Rental of Palms, \$.....	.00
Rental of Tent, \$..... of Temporary Tomb, \$.....	.00
Lowering Device, \$..... Cremation, \$.....	.00
Opening of Grave or Tomb.....	6.00
Lining Grave, \$..... Matting, \$.....	.00
Outlay for Shipping Charges.....	.00
Minister, \$..... Singers, \$..... Organist, \$.....	.00
Railroad Tickets, \$..... Aeroplane Service, \$.....	.00
Telegr., Phone, Cable or Radio Charges.....	.00
Cash Advanced.....	.00
Total Footing of Bill.....	\$ <u>157.50</u>
Less <u>Cash advanced</u>	\$ <u>26.00</u>
Balance.....	\$ <u>128.50</u>
Entered into Ledger, page..... or below \$.....	.00

Diagram of Lot or Vault
 Lot No. 1097
 Grave No. 1
 Section No. 00
 S. E. T. O. Spring

To Funeral Charges... Total, \$	By Cash... \$
<u>P. B. Jess, Springer, L. D. Kelley, Harry Lounce, J. D. Boyman, Andrew Anderson, J. F. Anthony</u>	
<u>S. M. G. H. S. - Pearl M. E. Swain, Leslie Coleman</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....
 Funeral Director R. W. S. White, Geo. W. Nelson Signed.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1473 Yearly No. 10 Date April 9, 1933
 Name of Deceased Ortella Jane Carlson, Spinster (Single - Married - Divorced) White (What Race) Bloom Co., Indiana (Where Born)
 Husband - Wife - Widow or of Joseph Carlson, Dec.

Vocation
 Name of Employer
 Charge to Ortella Jane Carlson Estate
 Address
 Connection
 Order given by Chap. of Lewis Carlson
 How Secured Funeral Home
 Date of Funeral 4/9/33 Sunday 2 P. M.
 Services at St. Joe Rock Church
 Clergyman Rev. G. Gager
 His Address Hartfield
 Certifying Physician Dr. Sec.
 His Address Blytheville, Mo.
 Cause of Death

Complete Funeral	\$ <u>150.00</u>
Casket #345 Prof. Shiras D. Pl.	
Metallic Lining (State Kind) <u>Paint</u>	
Outside Box (State Kind)	
Burial Vault	
Embalming Body with <u>None</u> Fluid	
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ Hose, \$	6.50
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Body to <u>Church</u>	
Delivering Box to <u>Army</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit (State Number and District)	
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ Rental of Palms, \$	1.75
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Minister, \$ Singers, \$ Organist, \$	
Railroad Tickets, \$ Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Contributory Causes
 Remarks
 Date of Death April 8, 1933
 Place of Death Hamilton Sup. Union Co., Mo.
 Religion
 Resided in the State 7 1/2 (Years) (Months)
 Date of Birth April 10, 1855
 Age 77 Years 11 Month 19 Days
 Name of Father John Lull
 His Birthplace Indiana
 Maiden Name of Mother Elizabeth Smith
 Her Birthplace Indiana
 Motor Ship } Body to
 Size and Style of Casket #345 Prof. Shiras
 Manufactured by Prof. Shiras D. Pl.
 Interment at St. Joe Rock { Cemetery
 Crematory

Diagram of Lot or Vault

	Lot No.
	Grave No.
	Section No.
	Owner

Total Footing of Bill	\$ <u>157.75</u>
Less	\$
Balance	\$
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$		By Cash	
<u>J. B. - David Cummings, Geo. Allen, Henry Barnett, S. A. Clark,</u>			
<u>H. W. M. advice, Mrs. Marshall</u>			

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Funeral Director Prof. Shiras D. Pl. Signed
 Witness Geo. W. Madison Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

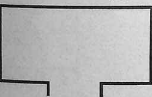
RECORD OF FUNERAL

Total No. 1474 Yearly No. 11 Date April 11, 1933
 Name of Deceased E. Mita Tottger, Infant White, Decatur Co., Iowa
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow } A. M. Tottger
 or Daughters... of

Vocation.....
 Name of Employer.....
 Charge to Decatur County
 Address.....
 Connection.....
 Order given by Dr. M. Wood, Supervisor
 How Secured.....
 Date of Funeral 4/11/33 Wed. 2:30 P.M.
(Date) (Day of Week) (Hour)
 Services at E. M. Tottger Church
 Clergyman Blair Jensen
 His Address.....
 Certifying Physician M. E. Lick
(or Coroner)
 His Address Iowa City, Ia.
 Cause of Death Encephalitis
B. Inf. D. t. M. e. d. i. a.
 Contributory Causes.....
 Remarks.....
 Date of Death 4/11/33
 Place of Death University Hospital, Ia. City
 Religion.....
 Resided in the State.....
(Years) (Months)
 Date of Birth Oct. 19, 1921
(Years) (Months)
 Age 0 Years 5 Month 7 Days
 Name of Father Alfred Marion Tottger
 His Birthplace Decatur Co., Iowa
 Maiden Name of Mother Fella Selora Smith
 Her Birthplace Decatur Co., Iowa
 Motor Ship } Body to.....
 Size and Style of Casket 11.25 x 7.6 - Lambdin
 Manufactured by Northwestern Casket Co.
 Interment at E. M. Chapel { Cemetery
 Crematory

Complete Funeral	\$ 30.00
Casket	✓
Metallic Lining	✓
Outside Box <small>(State Kind)</small>	✓
Burial Vault	✓
Embalming Body <small>(State Kind)</small> with Fluid	✓
Barber, \$ Hair Dressing, \$	✓
Dressing Body	✓
Suit or Dress, \$ 5.00 Hose, \$	✓
Underwear, \$ Slippers, \$	✓
Folding Chairs, \$ Tarpaulin, \$	✓
Candelabrum, \$ Candles, \$	✓
Door Badge, \$ Gloves, \$	✓
Hearse, \$ Ambulance, \$	✓
Limousines to Cemetery, @ \$	✓
Autos to R. R. Station	✓
Getting Remains from <u>Ia. City</u>	20.00
Taking Body to <u>E. M. Chapel</u>	✓
Delivering Box to	✓
Flower Wagons	✓
Removal Charges	✓
Getting Burial Permit <small>(State Number and District)</small>	✓
Certified Copies of Death Certificates	✓
Personal Charges	✓
Pall Bearer Service	✓
Outlay for Lot	✓
Death Notices in Newspapers	✓
Flowers, \$ <small>(Names of Newspapers)</small>	✓
Rental of Palms, \$	✓
Rental of Tent, \$ of Temporary Tomb, \$	✓
Lowering Device, \$ Cremation, \$	✓
Opening of Grave or Tomb	✓
Lining Grave, \$ Matting, \$	✓
Outlay for Shipping Charges	✓
Minister, \$ Singers, \$ Organist, \$	✓
Railroad Tickets, \$ Aeroplane Service, \$	✓
Telegr., Phone, Cable or Radio Charges	✓
Cash Advanced	✓
<u>Telephone to Ia. City Hosp</u>	1.30

Total Footing of Bill	\$ 51.30
Less <u>Cash Advanced</u>	\$ 1.00
Balance	\$ 50.00
Entered into Ledger, page.....	or below \$.....



Lot No.....
 Grave No.....
 Section No.....
 Owner.....

To Funeral Charges... Total, \$	\$
By Cash	\$
SINGERS - <u>Mr. Randall Robinson, Mrs. Clarence Peter</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Funeral Director A. R. White, Geo. J. Walker
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1475 Yearly No. 17 Date May 3 1933

Name of Deceased Mary E. Elm Sawyer, Married (Single - Married - Divorced) White (What Race) Iowa (Where Born)

Husband - Wife - Widow - The Sawyer or of }

Vocation

Name of Employer

Charge to Decorative County

Address

Connection

Order given by St. A. Nord - Supervisor

How Secured

Date of Funeral 5/9/33 Wed 2 P. M. (Date) (Day of Week) (Hour)

Services at East side Church

Clergyman Paul Gallagher; Grand Relief

His Address St. A. Nord

Certifying Physician Paul Sobott (By Coroner)

His Address Iowa City

Cause of Death Strangulated Hernia

Contributory Causes Hypertension

Remarks

Date of Death 1-23

Place of Death University Hospital, Ia. City

Religion W. M. S.

Resided in the State (Years) (Months)

Date of Birth March 6, 1867

Age 71 Years 25 Month 25 Days

Name of Father Andrew J. Sawyer

His Birthplace Ohio

Maiden Name of Mother Julia Gordon

Her Birthplace Illinois

Motor Strip Body to Iron Ia. City

Size and Style of Casket # 88 County Coffin

Manufactured by J. M. Woodruff & Sons

Interment at Ross Hill (Cemetery Crematory)

Complete Funeral	\$ <u>40.00</u>
Casket	✓
Metallic Lining	✓
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	✓
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from <u>Iowa City</u>	<u>25.00</u>
Taking Body to	
Delivering Box to	✓
Flower Wagons	
Removal Charges	
Getting Burial Permit	✓
Certified Copies of Death Certificates	
Personal Charges	✓
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	(Name of Newspaper)
Rental of Tent, \$	Rental of Palms, \$
Lowering Device, \$	of Temporary Tomb, \$
Opening of Grave or Tomb	Cremation, \$
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Organist, \$
Telegr., Phone, Cable or Radio Charges	Aeroplane Service, \$
Cash Advanced	✓
Total Footing of Bill	\$ <u>77.70</u>
Less <u>Op. Saw</u>	\$ <u>6.00</u>
Balance	<u>71.70</u>
Entered into Ledger, page	or below \$

Diagram of Lot or Vault

Lot No. 173

Grave No. 3

Section No.

Owner

P. B.	To Funeral Charges. Total, \$				By Cash	
	<u>Randall Robinson, Clerk</u>	<u>Robt. John Anderson</u>	<u>J. O. Stead</u>	<u>L. M. Moley</u>	<u>Geo. H. Kildersleepe</u>	
S. I. C. B. S.	<u>Catherine Moley</u>	<u>Bertha M. J. J. J.</u>	<u>P. Pauline Butts</u>			

Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Funeral Director R. D. White Signed Geo. H. Kildersleepe

Witness Geo. H. Kildersleepe Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1476 Yearly No. 157 Date May 14, 1933
 Name of Deceased Sarah (Foreman) Brewster - Widow - Divorced - Jefferson Co., La.
 Husband - Wife - Widow - of 1st Husband - Joe Foreman (Divorced) 2nd Husband - Brewster.

Vocation.....
 Name of Employer.....
 Charge to.....
 Address.....
 Connection.....
 Order given by Mrs. O. Dieby
 How Secured.....
 Date of Funeral 5/14/33 Sunday 2 P. M.
(Day) (Day of Week) (Hour)
 Services at White Home
 Clergyman F. J. Bell; Joe Brady
 His Address.....
 Certifying Physician M. Maxwell
(or Coroner)
 His Address Iowa City, Iowa
 Cause of Death Fracture Neck of femur
Septicemia, Arteriosclerosis
 Contributory Causes.....
 Remarks.....
 Date of Death 5/11/33
 Place of Death University Hosp. La. City
 Religion.....
 Resided in the State.....
 Date of Birth March 6, 1860 (Years) (Months)
 Age 73 Years 2 Month 5 Days
 Name of Father William Davis
 His Birthplace Arkness
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor Ship Body to.....
 Size and Style of Casket Silver Crepe 4/2
 Manufactured by.....
 Interment at St. Hill Cemetery
(Cemetery or Crematory)

Complete Funeral	\$ 125.00
Casket	"
Metallic Lining	"
Outside Box	"
Burial Vault	"
Embalming Body with Fluid	"
Barber, \$	"
Hair Dressing, \$	"
Dressing Body	"
Suit or Dress, \$	"
Hose, \$	"
Underwear, \$	"
Slippers, \$	"
Folding Chairs, \$	"
Tarpaulin, \$	"
Candelabrum, \$	"
Candles, \$	"
Door Badge, \$	"
Gloves, \$	"
Hearse, \$	"
Ambulance, \$	"
Limousines to Cemetery @ \$	"
Autos to R. R. Station @ \$	"
Getting Remains from <u>Iowa City</u>	25.00
Taking Body to	"
Delivering Box to	"
Flower Wagons	"
Removal Charges	"
Getting Burial Permit	"
Certified Copies of Death Certificates	"
Personal Charges	"
Pall Bearer Service	"
Outlay for Lot	"
Death Notices in Newspapers	"
Flowers, \$	"
Rental of Palms, \$	"
Rental of Tent, \$ of Temporary Tomb, \$	"
Lowering Device, \$ Cremation, \$	"
Opening of Grave or Tomb	6.00
Lining Grave, \$ Matting, \$	"
Outlay for Shipping Charges	"
Minister, \$ Singers, \$ Organist, \$	"
Railroad Tickets, \$ Aeroplane Service, \$	"
Telegr., Phone, Cable or Radio Charges	"
Cash Advanced	"

Lot No. 510
 Grave No. 1
 Section No.....
 Owner Joe Foreman

Total Footing of Bill	\$ 156.00
Less <u>Cash Adv. Given</u>	\$ 6.00
Balance	150.00
Entered into Ledger, page.....	or below \$

Number of Lots in Vault
1
A. S. Adams

To Funeral Charges.. Total \$	\$
<u>P. B. - Carter, Freeman & Bro. Union, Jim Emms, Island Davis, James Baker</u>	"
<u>SIN CERS - Mrs. Colin Smith, Mrs. Mitchell Carter</u>	"
By Cash	\$

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Signed.....
 Funeral Director A. S. Adams Geo. W. Madison
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1477 Yearly No. 14 Date June 6, 1933

Name of Deceased Edgar E. Harver, Single White Indiana
(Single — Married — Divorced) (What Race) (Where Born)

Husband — Wife — Widow —
 or, Widow of J. S. Harver

Vocation Auto Type Operator

Name of Employer J. S. Harver

Charge to J. S. Harver

Address Barber

Connection Barber

Order given by J. S. Harver

How Secured June 4/33

Date of Funeral June 7, 1933 2 P. M.
(Date) (Day of Week) (Hour)

Services at Home

Clergyman Chas. Jensen, Roy Chertok

His Address Barber

Certifying Physician A. H. Jensen
(Occupation)

His Address Council Bluffs, Iowa

Cause of Death Tubo Motor Block

Contributory Causes Quarantined Alcohol

Remarks June 7, 1933

Date of Death June 7, 1933

Place of Death Edmundson Hosp. Council Bluffs

Religion Methodist

Resided in the State Indiana (Years) (Months)

Date of Birth March 4, 1891

Age 52 Years 2 Months 29 Days

Name of Father Albert B. Harver

His Birthplace Indiana

Maiden Name of Mother Lillian M. Harver

Her Birthplace Indiana

Motor } Body to Fun. Council Bluffs
 Ship }

Size and Style of Casket Fun. Council Bluffs

Manufactured by Fun. Council Bluffs

Interment at Rose Hill { Cemetery
 Crematory

Lot No. 1535

Grave No. 2

Section No. Fun. Council Bluffs

Owner J. S. Harver

Entered into Ledger, page _____ or below \$ _____

Complete Funeral Service	\$ 25.00
Casket	
Metallic Lining	<small>(State Kind)</small>
Outside Box	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body	with _____ Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from _____	
Taking Body to _____	
Delivering Box to _____	
Flower Wagons	
Removal Charges	
Getting Burial Permit	<small>(State Number and District)</small>
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	

Outlay for Lot #1535 (5 1/2)	7.00
Death Notices in Newspapers	
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Grave, \$	Cremation, \$
Opening of Grave or Tomb	6.00
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Total Footing of Bill	\$ 36.00
Less <u>Op. Co. V. det.</u>	\$ 26
Balance	\$ 25.00

To Funeral Charges... Total, \$	By Cash... \$
<u>Body buried on 6:50 P.M. train 6/7/33</u>	
<u>Fun. L. C. Utter & Son Co., Council Bluffs, Ia.</u>	
<u>P. B.: J. H. Anthony, L. T. Kelley, H. A. Denis, T. D. Williams,</u>	
<u>J. W. Ray, Chas. Michael, Santa R. Jensen.</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Funeral Director Rollin S. White, Geo. W. Madison Signed _____
 Witness _____ Signed _____
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1478 Yearly No. 15 Date June 21 1933
 Name of Deceased Darcas E. McDowell
(Single - Married - Divorced)
 Husband - Wife - Widow Elisha M. McDowell
(What Race) (Where Born)
White Illinois

Vocation Housewife
 Name of Employer _____
 Charge to Russel Norman
 Address _____
 Connection Son-in-Law
 Order given by _____
 How Secured _____
 Date of Funeral June 23 - Friday 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Luna Haute School
 Clergyman Rev. Lamb
 His Address Leon
 Certifying Physician G. P. Reed
(of Coroner)
 His Address Davis City
 Cause of Death Cancer of the Turbinates
 Contributory Causes Polyps
 Remarks _____
 Date of Death June 21 - 1933
 Place of Death Home
 Religion _____
 Resided in the State _____ 54 (Years) (Months)
 Date of Birth July 27 - 1854
 Age 78 Years 10 Month 24 Days
 Name of Father Wm. Upton
 His Birthplace _____
 Maiden Name of Mother Elizabeth Thompson
 Her Birthplace _____
 Motor Ship } Body to _____
 Size and Style of Casket 34.50 Perf. Shwin
 Manufactured by Reet
 Internment at Luna Haute { Cemetery
 Crematory

Complete Funeral	\$ 17.50
Casket	
Metallic Lining	
Outside Box <small>(State Kind)</small>	
Burial Vault <small>(State Kind)</small>	
Embalming Body <small>(State Kind)</small>	
Barber, \$ _____ with _____	Fluid
Dressing Body	
Suit or Dress, \$ 10.00	Hose, \$ 10.00
Underwear, \$ _____	Slippers, \$ _____
Folding Chairs, \$ _____	Tarpaulin, \$ _____
Candelabrum, \$ _____	Candles, \$ _____
Door Badge, \$ _____	Gloves, \$ _____
Hearse, \$ _____	Ambulance, \$ _____
Limousines to Cemetery @ \$ _____	
Autos to R. R. Station @ \$ _____	
Getting Remains from _____	@ \$ _____
Taking Body to _____	
Delivering Box to _____	
Flower Wagons	
Removal Charges	
Getting Burial Permit <small>(State Number and District)</small>	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in _____	Newspapers
Flowers, \$ 60.00 <small>(Name of Newspaper)</small>	Rental of Palms, \$ 60.00
Rental of Tent, \$ _____	of Temporary Tomb, \$ _____
Lowering Device, \$ _____	Cremation, \$ _____
Opening of Grave or Tomb	
Lining Grave, \$ _____	Matting, \$ _____
Outlay for Shipping Charges	
Minister, \$ _____	Singers, \$ _____
Organist, \$ _____	
Railroad Tickets, \$ _____	Aeroplane Service, \$ _____
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Diagram of Lot or Vault

Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Total Footing of Bill	\$ 185.60
Less _____	\$ _____
Balance	\$ _____
Entered into Ledger, page _____	or below \$ _____

To Funeral Charges... Total, \$	By Cash \$
<p><u>P.B. Grand Daughters</u></p>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness Geo. A. Madden Signed _____
May A. White Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1479 Yearly No. 16 Date June 27 1933

Name of Deceased Leora May Bogue - married - Holt Indianian
(Single - Married - Divorced) (What Race) (Where Born)

Husband—Wife—Widow—
 or..... of Joseph Bogue

Vocation Housewife

Name of Employer

Charge to

Address

Connection J. H. Barr

Order given by

How Secured

Date of Funeral June 28 Wed 2:30 P.M.
(Date) (Day of Week) (Hour)

Services at White Home

Clergyman Joseph Lane

His Address

Certifying Physician Dr. H. M. Mills
(or Coroner)

His Address

Cause of Death Hypertension and arteriosclerosis

Contributory Causes

Remarks

Date of Death June 26

Place of Death Home

Religion

Resided in the State

Date of Birth May 23 - 1857
(Years) (Months) (Days)

Age 76 Years 1 Month 3 Days

Name of Father Chas. H. Barr

His Birthplace Lorraine Ohio

Maiden Name of Mother Engina Hendry

Her Birthplace Indiana

Motor Ship } Body to
 Size and Style of Casket 4/2 - 6350 Peach Baltimore

Manufactured by Boat

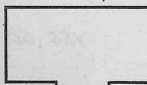
Interment at Rose Hill Cemetery Crematory

Lot No. 298

Grave No. 1

Section No.

Owner

Diagram of Lot or Vault 

Complete Funeral	\$	275	00
Casket			
Metallic Lining			
Outside Box			
Burial Vault .. <u>Royal</u>		90	00
Embalming Body			
Barber, \$			
Dressing Body			
Suit or Dress, \$ <u>10.00</u>		10	00
Underwear, \$			
Folding Chairs, \$			
Candelabrum, \$			
Door Badge, \$			
Hearse, \$			
Limousines to Cemetery			
Autos to R. R. Station			
Getting Remains from			
Taking Body to			
Delivering Box to			
Flower Wagons			
Removal Charges			
Getting Burial Permit			
Certified Copies of Death Certificates			
Personal Charges			
Pall Bearer Service			
Outlay for Lot			
Death Notices in			
Flowers, \$ <u>10.00</u>		10	00
Rental of Tent, \$			
Lowering Device, \$			
Opening of Grave or Tomb		8	00
Lining Grave, \$			
Outlay for Shipping Charges			
Minister, \$			
Railroad Tickets, \$			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Total Footing of Bill	\$	373	00
Less .. <u>Op. B.</u>	\$	8	00
Balance		385	00
Entered into Ledger, page			

	To Funeral Charges... Total, \$				By Cash	\$

Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

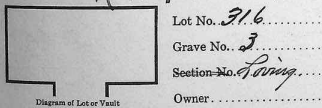
Witness, Geo. H. Madson, Max O. White Signed

RECORD OF FUNERAL

Total No. 1789 Yearly No. 17 Date July 11, 1933
 Name of Deceased Sarah Ann Mason widow
(Single - Married - Divorce)
 Husband - Wife - Widow - of White
(What Race) (Where Born)

Vocation _____
 Name of Employer _____
 Charge to _____
 Address _____
 Connection _____
 Order given by _____
 How Secured _____
 Date of Funeral 7/11/33 Tues. 10 A. M.
(Date) (Day of Week) (Hour)
 Services at White Home
 Clergyman J. F. Sawyer; Blair Jackson
 His Address _____
 Certifying Physician Wm. Krave
(or Coroner)
 His Address Independence, Mo.
 Cause of Death Angina Pectoris
 Contributory Causes _____
 Remarks _____
 Date of Death _____
 Place of Death Independence, Mo.
 Religion _____
 Resided in the State _____
(Years) (Months)
 Date of Birth _____
 Age 75 Years _____ Month _____ Days _____
 Name of Father _____
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor Ship } Body in funerary
 Size and Style of Casket _____
 Manufactured by _____
 Interment at Ross Hill { Cemetery
 Crematory

Complete Funeral	\$ <u>50.00</u>
Casket	
Metallic Lining	
Outside Box <small>(State Kind)</small>	<u>6.50</u>
Burial Vault <small>(State Kind)</small>	
Embalming Body <small>(State Kind)</small> with _____ Fluid	
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Independence, Mo.</u>	XX
Taking Body to <u>Lansum</u>	XX
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit <small>(State Number and District)</small>	
Certified Copies of Death Certificates	
Personal Charges	XX
Pall Bearer Service	
Outlay for Lot	
Death Notices in _____ Newspapers	
Flowers, \$ <u>7</u> <small>(Number of Newspapers)</small> Rental of Palms, \$	
Rental of Tent, \$ _____ of Temporary Tomb, \$	
Lowering Device, \$ _____ Cremation, \$	<u>6.00</u>
Opening of Grave or Tomb	
Lining Grave, \$ _____ Matting, \$	
Outlay for Shipping Charges	
Minister, \$ _____ Singers, \$ _____ Organist, \$	
Railroad Tickets, \$ _____ Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>62.50</u>
Less <u>Op. R.</u>	\$ <u>6.00</u>
Balance	<u>56.50</u>
Entered into Ledger, page _____ or below \$	



To Funeral Charges - Total, \$ _____ By Cash _____
 Service at 2 P.M. Mon. 7/10 at J. L. Lottor Funeral Home, Independence.
 We drove funeral coach to Independence to receive body & return same to
Lansum for service 7/11 - 10 A.M. Family escorted body
P.O. A. M. S. Co., S. W. Springs We Pull Land Castle, Red Bank, S. W. Mo.
 SINCERS - Emily Anthony, Mrs. J. P. Crotch, Mary White, & Miss Williams
 Insurance, \$ _____ Names of Lodges _____

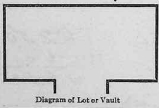
Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Signed Mrs. White, Mrs. A. O. White
 Witness Dr. W. H. Miller, Geo. V. Mullen
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1481 Yearly No. 18 Date August 1, 1933
 Name of Deceased Mrs. Laura Peterson - Single - White - California
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—
 or Widow of Mrs. Will Roberts

Vocation.....
 Name of Employer.....
 Charge to estate - Will of Will Roberts, Executor
 Address.....
 Connection.....
 Order given by Mrs. Will Roberts
 How Secured.....
 Date of Funeral Aug 3 Thu 7:30 P. M.
(Date) (Day of Week) (Hour)
 Services at Fredericks
 Clergyman J. Bell, A. L. Spring
 His Address.....
 Certifying Physician D. H. P. Reed
(M.D. or Surgeon)
 His Address Davis City, Mo.
 Cause of Death Carcinoma of Breast
 Contributory Causes.....

Remarks.....
 Date of Death Aug 2, 1933
 Place of Death Res.
 Religion.....
 Resided in the State Mo.
(Years) (Months)
 Date of Birth Nov. 14, 1868
 Age 64 Years 8 Month 18 Days
 Name of Father Carlson J. Peterson
 His Birthplace Quincy, Mo.
 Maiden Name of Mother Anna Sophia Spring
 Her Birthplace Franklin, Mo.
 Motor } Body to
 Ship }
 Size and Style of Casket No. 350, See Back Sheet
 Manufactured by W. G. Campbell Co.
 Interment at West Hill Cemetery
Cemetery Crematory



Lot No. 526
 Grave No. 127
 Section No.....
 Owner L. J. Peterson

Complete Funeral	\$ <u>275.00</u>
Casket	X X
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Burial Vault	<u>Bona Vista (Ottumwa)</u> 70.00
Embalming Body	with Fluid X X
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	X Tarpaulin, \$ X X
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	X Ambulance, \$ X X
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	<u>Res.</u> X X
Taking Body to	X X
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	X X
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	Rental of Palms, \$ 7.50
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	8.00
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$ X Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>545.30</u>
Less <u>Op. 21</u>	\$ <u>8.00</u>
Balance	\$ <u>337.50</u>
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$ <u>P. D. - Weston Hayden, Dan Anderson, Willard Hayden, S. D. Valley, J. C. Davidson, J. C. Engeman</u>	By Cash \$ <u>Mrs. Lutz, Mrs. Paul, Minnie Hill, Blaine Williams</u>

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Funeral Director J. H. White Signed.....
 Witness Geo. T. Madson Signed.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1482 Yearly No. 19 Date August 20, 1933
 Name of Deceased William Washington Meyers; Married; White; Clinton Co., Iowa
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - } Harris E. Meyers
 or of }

Vocation
 Name of Employer
 Charge to Harris E. Meyers
 Address
 Connection
 Order given by
 How Secured
 Date of Funeral
(Date) (Day of Week) (Hour) M.
 Services at DeLoe, Iowa
 Clergyman
 His Address
 Certifying Physician H. M. Hill
(or Officer)
 His Address Samon, Iowa
 Cause of Death Tuberculosis of the Kidney
 Contributory Causes
 Remarks
 Date of Death Aug. 20, 1933
 Place of Death Samon, Ia.
 Religion
 Resided in the State 70
(Years) (Months)
 Date of Birth April 7, 1857
 Age 76 Years 4 Month 13 Days
 Name of Father William Henry Meyers
 His Birthplace New York
 Maiden Name of Mother Melinda Donelson
 Her Birthplace Ohio
 Motor } Body to Donelson, Iowa
 Sump }

Complete Funeral	\$	
Casket		
Metallic Lining		
Outside Box		
Burial Vault		
Embalming Body	with <u>DeLoe's</u> Co Fluid	<u>25.00</u>
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates		
Personal Charges		
Phil Bearer Service		
<u>Securing French Papers</u>		<u>No. Clp.</u>
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$	<small>(Names of Newspapers)</small>	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	<u>25.00</u>
Less	\$	
Balance		
Entered into Ledger, page		or below \$

Interment at { Cemetery
 Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

To Funeral Charges... Total, \$		By Cash... \$	
<u>Embalming Only</u>			
<u>Body called for by Mr. Snow, Solon Town Co. Donelson, Ia.</u>			
<u>Body Embalmed by R. White</u>			

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof

Signed
 Signed
 Funeral Director
 Witness
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

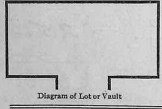
Total No. 1483 Yearly No. 29 Date August 24, 1933
 Name of Deceased Oliver Cornwall Brueger; Marie; White; Harrisburg, Pa.
(Single) - Married - Divorced (What Race) (Where Born)
 Husband - Wife - Widow - or of Emily Brueger

Vocation _____
 Name of Employer _____
 Charge to estate
 Address _____
 Connection _____
 Order given by Son
 How Secured _____
 Date of Funeral Aug 23 Three 1 P. M.
(Day) (Day of Week) (Hour)
 Services at Anderson Mo.
 Clergyman J. V. Gray; W. E. Ball
 His Address _____
 Certifying Physician T. H. King
(or Coroner)
 His Address _____
 Cause of Death Senility
 Contributory Causes _____
 Remarks _____
 Date of Death Aug. 24, 1933
 Place of Death Leavenworth, Iowa
 Religion _____
 Resided in the State _____ 66
(Years) (Months)
 Date of Birth January 16, 1867
 Age 89 Years 7 Month 6 Days
 Name of Father David Brueger
 His Birthplace Anderson
 Maiden Name of Mother Mary Hambly
 Her Birthplace Hakuhon
Motor Ship Body to Anderson, Mo.
 Size and Style of Casket R.C. R.C. State Long Mattress
 Manufactured by A. Remathy, Sum. Co.
 Interment at Anderson, Mo. Cemetery Crematory

Complete Funeral	\$	300.00
Casket		XX
Metallic Lining		XX
Outside Box		
<small>(State Kind)</small>		
Burial Vault	<u>Anderson Life Ins.</u>	100.00
<small>(State Kind)</small>		
Embalming Body	<u>with One her. Co Fluid</u>	XX
Barber, \$	<u>Hair Dressing, \$</u>	
Dressing Body		XX
Suit or Dress, \$	<u>Hose, \$</u>	
Underwear, \$	<u>Slippers, \$</u>	
Folding Chairs, \$	<u>Tarpaulin, \$</u>	
Candelabrum, \$	<u>Candles, \$</u>	
Door Badge, \$	<u>Gloves, \$</u>	
Hearse, \$	<u>Ambulance, \$</u>	XX
Limousines to Cemetery	<u>2 @ \$</u>	<u>10.00</u>
Autos to R. R. Station	<u>@ \$</u>	
Getting Remains from		
Taking Body to		
Delivering Box to	<u>Anderson</u>	XX
Flower Wagons		
Removal Charges		
Getting Burial Permit		XX
<small>(State Number and District)</small>		
Certified Copies of Death Certificates		
Personal Charges		XX
Pall Bearer Service		

Outlay for Lot _____
 Death Notices in _____ Newspapers _____
 Flowers, \$ _____ Rental of Palms, \$ 10.00
 Rental of Tent, \$ _____ of Temporary Tomb, \$ _____
 Lowering Device, \$ _____ Cremation, \$ _____
 Opening of Grave or Tomb W. E. Gray 10.00
 Lining Grave, \$ _____ Matting, \$ _____
 Outlay for Shipping Charges _____
 Minister, \$ _____ Singers, \$ _____ Organist, \$ _____
 Railroad Tickets, \$ _____ Aeroplane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____

Lot No.		
Grave No.		
Section No.		
Owner		
Total Footing of Bill	\$	420.00
Less <u>of hear</u>	\$	10.00
Balance		410.00
Entered into Ledger, page _____	or below \$	



To Funeral Charges... Total, \$					
<u>P. B. Oscar, Chas. Clarence, Melborn, Osa, Harry Brueger</u>					
<u>Singers - Estlin Lewis, Monroe Hills, Eric Butte, Emily Anthony</u>					

By Cash	\$	
<u>Harry Brueger</u>		
<u>Eric Butte</u>		
<u>Emily Anthony</u>		

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Funeral Director R. S. White; Max White Signed _____
 Witness _____ Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1484 Yearly No. 21 Date August 29, 1933
 Name of Deceased Helda Jean Koftiger Single White Lamoni, Iowa
(Single Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or - Daughter of Roy Koftiger

Vocation.....
 Name of Employer.....
 Charge to Roy Koftiger
 Address.....
 Connection.....
 Order given by Carl
 How Secured cash
 Date of Funeral Aug 30 10 a. M.
(Day) (Day of Week) (Hour)
 Services at Residence
 Clergyman W. H. Bullantgas ; S. J. Bell
 His Address.....
 Certifying Physician F. M. Hill
(or Coroner)
 His Address Lamoni
 Cause of Death Stroke
 Contributory Causes.....
 Remarks.....
 Date of Death Aug 27, 1933
 Place of Death Home
 Religion.....
 Resided in the State..... (Years) (Months)
 Date of Birth May 10, 1900
 Age 0 Years 3 Month 12 Days
 Name of Father Roy Koftiger
 His Birthplace Cadwell Co., Iowa
 Maiden Name of Mother Mabel Ellen
 Her Birthplace Lamoni, Iowa
 Motor } Body to
 Ship }
 Size and Style of Casket #7 3/4 1/2 c. M. R.
 Manufactured by Missouri Casket Co.
 Interment at Ross Hill { Cemetery
 Crematory

Complete Funeral	\$ <u>33</u>	<u>50</u>
Casket		<u>xx</u>
Metallic Lining		<u>xx</u>
Outside Box		<u>xx</u>
Burial Vault		<u>xx</u>
Embalming Body	with <u>De Boye</u> Fluid	<u>xx</u>
Barber, \$	Hair Dressing, \$	<u>xx</u>
Dressing Body		<u>xx</u>
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	<u>xx</u>
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	<u>xx</u>
Limousines to Cemetery, \$	@ \$	<u>xx</u>
Autos to R. R. Station, \$	@ \$	
Getting Remains from		
Taking Body to		
Delivering Box to		<u>xx</u>
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	<u>xx</u>
Certified Copies of Death Certificates		
Personal Charges		<u>xx</u>
Pal Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	Rental of Palms, \$	<u>3</u>
Rental of Tent, \$	of Temporary Tomb, \$	<u>50</u>
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		<u>3</u>
Lining Grave, \$	Matting, \$	<u>50</u>
Outlay for Shipping Charges		
Minister, \$	Singers, \$	
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		

Diagram of Lot or Vault

Lot No. 461
 Grave No. 1
 Section No.....
 Owner John Hanger

Total Footing of Bill	\$ <u>70</u>	<u>50</u>
Less <u>Op. H.</u>	\$ <u>3</u>	<u>50</u>
Balance		<u>37</u>
Entered into Ledger, page		<u>00</u>

To Funeral Charges... Total, \$	By Cash \$
<u>P. B. Helen & Francis Midgarden</u>	
<u>Donors Ruth Midgarden, Lore Swanson</u>	

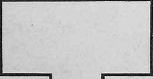
Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Funeral Director P. B. White Signed.....
 Witness Max White Signed.....
 Compiled by P. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1485 Yearly No. 27 Date. Aug. 26 1933
 Name of Deceased. James Henry Martin, Married; (What Place) State; Staffordshire, England
 Husband—Wife—Widow of Emma Martin (Single—Married—Divorced) (Where Born)

Vocation.....
 Name of Employer.....
 Charge to. Estate
 Address.....
 Connection.....
 Order given by. Emma Martin
 How Secured. Real Estate Mfg. - 70 acres
 Date of Funeral. Aug 26/33 Saturday 7 P. M.
 Services at. White Sunned Home
 Clergyman. W. E. Prall; J. J. Dell
 His Address.....
 Certifying Physician. E. P. Hux (If Coroner)
 His Address. Lansom
 Cause of Death. Bronchial Asthma
 Contributory Causes. Old age
 Remarks.....
 Date of Death. Aug. 24, 1933
 Place of Death. Res. Lansom, Iowa
 Religion.....
 Resided in the State 56 (Years) (Months)
 Date of Birth. Feb. 28, 1855
 Age. 78 Years 5 Month 26 Days
 Name of Father. William Martin
 His Birthplace. England
 Maiden Name of Mother. Martin Quaker
 Her Birthplace. England
 Motor Ship } Body to.....
 Size and Style of Casket. #3910 Prof. Sina Lanklin
 Manufactured by. W. A. Cahill Co.
 Interment at. Pros Hill { Cemetery
 Crematory

Complete Funeral	\$ 175.00
Casket	XX
Metallic Lining (State Kind)	XX
Outside Box (State Kind)	XX
Burial Vault (State Kind)	XX
Embalming Body with <u>Am-her. Co.</u> Fluid	XX
Barber, \$ Hair Dressing, \$	XX
Dressing Body	XX
Suit or Dress, \$ Hose, \$	XX
Underwear, \$ Slippers, \$	XX
Folding Chairs, \$ Tarpaulin, \$	XX
Candelabrum, \$ Candles, \$	XX
Door Badge, \$ Gloves, \$	XX
Hearse, \$ Ambulance, \$	XX
Limousines to Cemetery, \$ @ \$	XX
Autos to R. R. Station, \$ @ \$	XX
Getting Remains from. <u>Res.</u>	XX
Taking Body to	XX
Delivering Box to	XX
Flower Wagons	XX
Removal Charges	XX
Getting Burial Permit (State Number and District)	XX
Certified Copies of Death Certificates	XX
Personal Charges	XX
Pall Bearer Service	XX
Outlay for Lot	XX
Death Notices in Newspapers	XX
Flowers, \$ (Name of Newspaper)	XX
Rental of Palms, \$	XX
Rental of Tent, \$ of Temporary Tomb, \$	XX
Lowering Device, \$ Cremation, \$	XX
Opening of Grave or Tomb	6.00
Lining Grave, \$ Matting, \$	XX
Outlay for Shipping Charges	XX
Minister, \$ Singers, \$ Organist, \$	XX
Railroad Tickets, \$ Aeroplane Service, \$	XX
Telegr., Phone, Cable or Radio Charges	XX
Cash Advanced	XX

Diagram of Lot or Vault  Lot No. 308
 Grave No. 1
 Section No.....
 Owner. J. H. Martin

Total Footing of Bill	\$ 187.00
Less. <u>Op. Exp.</u>	\$ 6.00
Balance	\$ 175.00

To Funeral Charges... Total, \$	By Cash..... \$
<u>P. O. - Anna & Russell Kern, Donald & Harry Martin</u>	<u>Max Hammer, Henry Humphrey</u>
<u>S. W. Oakes - Emily Anthony, Alice Lane, M. M. Hill, Edw. Lewis</u>	

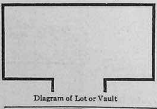
Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Funeral Director. R. P. White; Max White Signed.....
 Witness..... Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1933.

RECORD OF FUNERAL

Total No. 1426 Yearly No. 73 Date August 28, 1933
 Name of Deceased Emma Block La France; Married; Miss
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—
 or of Joseph La France

Vocation.....
 Name of Employer.....
 Charge to Joseph La France
 Address Boone, Iowa
 Connection.....
 Order given by.....
 How Secured Note
 Date of Funeral 7/28/33 Mon 7 P. M.
(Day of Week) (Hour)
 Services at White Memorial Home
 Clergyman W. E. Prall; T. S. Williams
 His Address.....
 Certifying Physician W. A. Longworth
(or Coroner)
 His Address Boone, Iowa
 Cause of Death Terminal Bronchial Pneumonia
 Contributory Causes.....
 Remarks.....
 Date of Death Aug 26, 1933
 Place of Death Boone, Iowa
 Religion.....
 Resided in the State.....
(Years) (Months)
 Date of Birth.....
 Age 74 Years 5 Month 7 Days
 Name of Father.....
 His Birthplace.....
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor Body from Boone to Linn
Size and Style of Casket #732 Gold Lid - Standard
 Manufactured by High Casket Co.
 Interment at Ross Hill { Cemetery
 Crematory

Complete Funeral	\$ 150.00
Casket	xx
Metallic Lining	xx
Outside Box	xx
Burial Vault	xx
Embalming Body with Fluid	70
Barber, \$	7.50
Hair Dressing, \$	xx
Dressing Body	xx
Suit or Dress, \$	7.50
Hose, \$	xx
Underwear, \$	xx
Slippers, \$	xx
Folding Chairs, \$	xx
Tarpaulin, \$	xx
Candelabrum, \$	xx
Candles, \$	xx
Door Badge, \$	xx
Gloves, \$	xx
Hearse, \$	xx
Ambulance, \$	xx
Limousines to Cemetery 1 @ \$	xx
Autos to R. R. Station 1 @ \$	xx
Getting Remains from <u>Boone, Ia</u>	70.00
Taking Body to	xx
Delivering Box to	xx
Flower Wagons	xx
Removal Charges	xx
Getting Burial Permit	xx
Certified Copies of Death Certificates	xx
Personal Charges	xx
Pall Bearer Service	xx
Outlay for Lot <u>710 1/2 710 1535</u>	70.00
Death Notices in Newspapers	xx
Flowers, \$	xx
Rental of Palms, \$	xx
Rental of Tent, \$ of Temporary Tomb, \$	xx
Lowering Device, \$	xx
Cremation, \$	xx
Opening of Grave or Tomb	6.00
Lining Grave, \$	xx
Matting, \$	xx
Outlay for Shipping Charges	xx
Minister, \$	xx
Singers, \$	xx
Organist, \$	xx
Railroad Tickets, \$	xx
Aeroplane Service, \$	xx
Telegr., Phone, Cable or Radio Charges	xx
Cash Advanced	xx
Total Footing of Bill	\$ 183.50
Less <u>Box 100¢</u>	\$ 26.00
Balance	\$ 157.50
Entered into Ledger, page.....	or below \$.....



Lot No. 1535
 Grave No. 4
 Section No.
 Owner Jr. La France

To Funeral Charges, Total \$.....
 Body embalmed by W. A. Longworth & Son, Boone, Ia.
 Drive to Boone & returned body to Linn 7/27/33
P. B. T. Williams, Jan. DeSfield, C. E. Hartman, Fred Hartman, Killed Man, J. H. Carr
S. W. Carrs - Mrs. Butler, Mrs. Linn, Mrs. Hills, Olin Smith

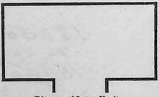
Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Witness J. D. Whit
 Signed.....

RECORD OF FUNERAL

Total No. 1487 Yearly No. 22 Date Sept. 7, 1933 1933
 Name of Deceased Mary Ann Stanley; widow of White Northshire England
(Single—Married—Divorced) (What Race) (Where Born)
 Husband—Wife—Widow of Amos Titus Stanley

Vocation _____
 Name of Employer Stanley; M. O. Hutton
 Charge to Hutton; M. O. Hutton
 Address Hutton; M. O. Hutton
 Connection Son & Son-in-law
 Order given by Stanley
 How Secured _____
 Date of Funeral 9/4/33 Mon 7 P. M.
(Day) (Day of Week) (Hour)
 Services at Andover Church
 Clergyman Fred. De Long; Sub. De Long
 His Address _____
 Certifying Physician H. M. Hills
(or Surgeon)
 His Address Lomani
 Cause of Death Fall due to stroke of Apoplexy
 Contributory Causes Arteriosclerosis
 Remarks _____
 Date of Death Sept. 2, 1933
 Place of Death M. O. Hutton Residence
 Religion _____
 Resided in the State Mo.
(Years) (Months)
 Date of Birth Aug. 3, 1836
 Age 97 Years 0 Month 7 Days 8
 Name of Father John Whitehouse
 His Birthplace England
 Maiden Name of Mother _____
 Her Birthplace Andover
 Motor Ship } Body to _____
 Size and Style of Casket 11x36x5 W. O. State
 Manufactured by M. O. Kan
 Interment at Andover Mo. { Cemetery
 Crematory

Complete Funeral	\$ 245.00
Casket	
Metallic Lining	
Outside Box	Pine XX
Burial Vault	
Embalming Body	with <u>Supper</u> Fluid XX
Barber, \$	Hair Dressing, \$
Dressing Body	XX
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$ <u>Mo. City</u>
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Body to	
Delivering Box to	<u>Andover</u> XX
Flower Wagons	
Removal Charges	
Getting Burial Permit	XX
Certified Copies of Death Certificates	
Personal Charges	XX
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Organist, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 245.00
Less	\$
Balance	\$
Entered into Ledger, page	or below \$



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

To Funeral Charges	Total, \$	By Cash	\$
<u>P. B. Bryan, Edwin Norman & Vernon Stanley, North Garland Hutton</u>			
<u>Sincere Fern Hayden, Emily Anthony, Tom Bell, Marshall White, S. Lawrence James Brown</u>			

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____

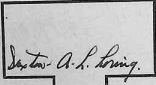
Funeral Director A. D. White Signed Dec. H. Madison Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1488 Yearly No. 75 Date Sept. 17 1933
 Name of Deceased Susie Elvick Married Wife Chickenshire, Iowa
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—
 or of Everett Elvick
(of)

Vocation _____
 Name of Employer _____
 Charge to Everett Elvick
 Address _____
 Connection _____
 Order given by _____
 How Secured Contract Agreement
 Date of Funeral 9/16/33 Sunday 2:30 P. M.
(Date) (Day of Week) (Hour)
 Services at Strom Park Church
 Clergyman John Hane; Carl Ballentine
 His Address _____
 Certifying Physician A. S. Byers
(Physician)
 His Address Kellerton, Ia.
 Cause of Death Cancer of uterus
Operation Oct 1932
 Contributory Causes _____
 Remarks _____
 Date of Death Sept. 10, 1933
 Place of Death Res.
 Religion _____
 Resided in the State _____ 70 (Years) (Months)
 Date of Birth March 17, 1886
 Age 47 Years 5 Month 73 Days
 Name of Father Malcolm M. Kemp's
 His Birthplace Howards Station
 Maiden Name of Mother Jane Kemp
 Her Birthplace Indianapolis
 Motor Ship } Body to _____
 Size and Style of Casket #5550 Oregon Uterus
 Manufactured by Good Cash Co.
 Interment at Forest Hill { Cemetery
 Crematory

Complete Funeral	\$ 76.50
Casket	XX
Metallic Lining	XX
Outside Box	(State Kind) (State Kind)
Burial Vault	<u>Chickenshire Seal</u> 100.00
Embalming Body	with <u>U.S. Fla. Fluid</u> XX
Barber, \$	Hair Dressing, \$
Dressing Body	XX
Suit or Dress, \$	Hose, \$ 12.00
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$ XX
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	<u>Res.</u> XX
Taking Body to	XX
Delivering Box to	XX
Flower Wagons	XX
Removal Charges	XX
Getting Burial Permit	(State Number and District) XX
Certified Copies of Death Certificates	XX
Personal Charges	XX
Pall Bearer Service	XX
Outlay for Lot	Newspapers
Death Notices in	(Name of Newspapers)
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	2.00
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	Minister, \$
Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	Cash Advanced

Diagram of Lot or Vault

 Lot No. 750
 Grave No. 7
 Section No. _____
 Owner E. Elvick

Total Footing of Bill 383.00
 Less Op. Sh. 8.00
 Balance 377.00
 Entered into Ledger, page _____ or below \$ _____

To Funeral Charges... Total, \$ _____ By Cash \$ _____
 P. B.: Med. Lavage; Emory Martin; Phil Seal; Fred Shille; John Bohm; Hi Killikau
 S. I. N. E. A. S.: Mrs. Bunkam Selby, Mrs. Grace Mearns, Alice Hane

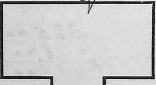
Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Funeral Director R. Rollin S. White; Geo. T. Miller
 Witness _____ Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1489 Yearly No. 76 Date Sept. 13, 1933
 Name of Deceased Peter Kinder; Married; Minn.; Hannion Co., Mo.
 Husband—Wife—Widow—
 or Martha E. Ellen Kinder

Vocation Farmer
 Name of Employer
 Charge to Pete Kinder, Estate
 Address Harfield, Mo.
 Connection
 Order given by G. H. Kinder
 How Secured Contract Note
 Date of Funeral 9/13/33 Wed 11 A. M.
 (Date) (Day of Week) (Hour)
 Services at First Rock Church
 Clergyman S. J. Bell; Paul Campbell
 His Address
 Certifying Physician William H. Pearson
 (or Coroner)
 His Address Des Moines, Ia.
 Cause of Death to identify a heart condition

Contributory Causes Corneal Alen High Eye
 Remarks
 Date of Death Sept. 9, 1933
 Place of Death Mary Hoop, Des Moines
 Religion
 Resided in the State _____ (Years) (Months)
 Date of Birth July 19, 1868
 Age 65 Years 1 Month 21 Days
 Name of Father Peter Kinder
 His Birthplace Arkansas
 Maiden Name of Mother Sarah Hoffman
 Her Birthplace Iowa
 Motor Ship } Body to _____
 Size and Style of Casket Silver Pl. 1 1/2 C.
 Manufactured by Bateville Lathed Co.
 Interment at Bayou (near Rock) Cemetery
 Crematory



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Complete Funeral	\$ 200 00
Casket	XX
Metallic Lining (State Kind)	
Outside Box	XX
Burial Vault (State Kind)	
Embalming Body with <u>Washer Co.</u> Fluid	XX
Barber, \$ Hair Dressing, \$	
Dressing Body	XX
Suit or Dress, \$ 10.00 Hose, \$ 2.50	10 25
Underwear, \$ 75.00 Slippers, \$	75
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ Ambulance, \$	XX
Limousines to Cemetery, @ \$ 21 MARKS	
Autos to R. R. Station, @ \$	
Getting Remains from <u>Des Moines</u>	No Chg.
Taking Body to <u>First Rock</u>	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit (State Number and District)	XX
Certified Copies of Death Certificates	
Personal Charges	XX
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ (Names of Newspapers)	6 00
Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Minister, \$ Singers, \$ Organist, \$	
Railroad Tickets, \$ Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 717 00
Less	\$
Balance	\$
Entered into Ledger, page _____ or below \$	

To Funeral Charges... Total, \$	By Cash \$
<u>P. B. Grandson</u>	
<u>SURETY - Paul M. Ebovin, Clarence Young, Amos Roberts, Max White</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Funeral Director A. D. White; Geo. W. Madden Signed _____
 Witnesses _____ Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1490 Yearly No. 27 Date Sept. 19, 1933
 Name of Deceased John Ephraim Anderson; Married; White; Utah
(Single—Married—Divorced) (What Race) (Where Born)
 Husband—Wife—Widow Helene Margareta Anderson
of

Vocation Farmer; Guard
 Name of Employer Self
 Charge to Wife
 Address Lamoni
 Connection _____
 Order given by Sons & Daughters
 How Secured mtg on Hope & Honor
 Date of Funeral 9/19/33 Tues 7 P. M.
(What Day of Week) (Hour)
 Services at Wife's Home
 Clergyman J. F. Sawyer; Blair Jackson
 His Address _____
 Certifying Physician C. E. Siskney
(or Coroner)
 His Address _____
 Cause of Death Fall from Tree
 Contributory Causes Arterio Sclerosis

Complete Funeral	\$ 7.30	.00
Casket		XX
Metallic Lining		XX
Outside Box	<small>(State Kind)</small> <u>None</u>	XX
Burial Vault		XX
Embalming Body	<small>(State Kind)</small> with <u>Lee M. Co.</u> Fluid	XX
Barber, \$	Hair Dressing, \$	XX
Dressing Body		XX
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery, \$	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>Rea</u>	XX
Taking Body to		XX
Delivering Box to	<u>Cam</u>	XX
Flower Wagons		
Removal Charges		
Getting Burial Permit		XX
Certified Copies of Death Certificates	<small>(State Number and District)</small>	
Personal Charges		XX
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	<small>(Names of Newspapers)</small> Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		6 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		

Remarks _____
 Date of Death 7-17-33
 Place of Death Idaho
 Religion L.B.S.
 Resided in the State _____
(Years) (Months)
 Date of Birth June 12, 1866
 Age 67 Years 3 Month 5 Days
 Name of Father John Anderson
 His Birthplace Sweden
 Maiden Name of Mother Anna
 Her Birthplace Sweden
 Motor Ship } Body to _____
 Size and Style of Casket Diagonal Cut No. 1/2 c
 Manufactured by Abernathy T. M. Co.
 Interment at Rox Hill { Cemetery
Crematory

Diagram of Lot or Vault

Lot No. 547
 Grave No. 4
 Section No. _____
 Owner J. E. Anderson

Total Footing of Bill	\$ 7.36	.00
Less <u>Op. S.</u>	6	00
Balance	7.30	00
Entered into Ledger, page _____		or below \$ _____

To Funeral Charges... Total, \$	\$
By Cash	\$
<p><u>P. B. Larsen, C. A. M. M., Clarence Heide, Jacob Cole, C. A. Ballentine, W. M. Nord</u></p> <p><u>SINGERS: Roy Whittle, Pearl M. C. Lavin, Betty Smalboty, Russell K. A. Linton</u></p>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 General Director _____ Signed _____
 Witness Geo. N. Madson Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1491 Yearly No. 23 Date Oct. 19 1933
 Name of Deceased Sarah Ellen Strad Married White Illinois
(Single) (Married) (Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—
 or of Jonas P. Strad

Vocation
 Name of Employer
 Charge to J. P. Strad
 Address Lemont, Iowa
 Connection
 Order given by Sales Contract
 How Secured
 Date of Funeral 10/19/33 Thurs 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Eastside Church
 Clergyman W. E. Prall; S. A. Blair
 His Address
 Certifying Physician C. L. Sixbury
(or Coroner)
 His Address
 Cause of Death Chronic Interstitial Nephritis
 Contributory Causes Smile Diminution
 Remarks
 Date of Death Oct. 17, 1933
 Place of Death Lemont, Iowa
 Religion S. P.
 Resided in the State 34
(Years) (Months)
 Date of Birth Feb. 7, 1863
 Age 71 Years 8 Month 14 Days
 Name of Father Jackson Cahery
 His Birthplace N. Y.
 Maiden Name of Mother Mary Jane
 Her Birthplace Illinois
 Motor } Body to
 Ship }
 Size and Style of Casket #3450 Prof. Sp. Lumber
 Manufactured by Port Huron Co.
 Interment at Rose Hill Cemetery
Crematory
 Lot No. 1534
 Grave No. 2
 Section No.
 Owner

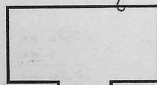


Diagram of Lot or Vault

Complete Funeral	\$ <u>175.00</u>
Casket	X X
Metallic Lining	X X
Outside Box	X X
Burial Vault	X X
Embalming Body	X X
Barber, \$	Hair Dressing, \$ <u>1.00</u>
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery @ \$	X X
Autos to R. R. Station @ \$	X X
Getting Remains from	X X
Taking Body to	X X
Delivering Box to	X X
Flower Wagons	X X
Removal Charges	X X
Getting Burial Permit	X X
Certified Copies of Death Certificates	X X
Personal Charges	X X
Pal Bearer Service	X X
Outlay for Lot <u>So. 1/2 No. 1534</u>	<u>25.00</u>
Death Notices in Newspapers	X X
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	X of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	<u>6.00</u>
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Organist, \$
Telegr., Phone, Cable or Radio Charges	Aeroplane Service, \$
Cash Advanced	
Total Footing of Bill	\$ <u>206.00</u>
Less <u>Chm. Exp.</u>	\$ <u>31.00</u>
Balance	<u>275.00</u>
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$
 By Cash \$

P. B. McDaney, A. C. Sisk, W. L. Lorange, Fred Rudykute, L. H. Kelley, A. J. Sparrington
 SINGERS: Maude Dwyer, Pearl M. Gibson, Emma Robinson, Wilbur Chandler
 THORNS: Mrs. A. A. Dennis, Mrs. A. M. Seale

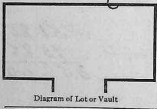
Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness A. R. White; Des. H. Madison Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1492 Yearly No. 29 Date Oct. 21, 1933
 Name of Deceased John A. Stearns Single White Canada
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow or of

Vocation
 Name of Employer
 Charge to Sanate Home
 Address
 Connection Inmate
 Order given by J. L. De Lapp
 How Secured
 Date of Funeral 10/21/33 Saturday 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Sanate Home
 Clergyman T. J. Bell; Mr. Sawley
 His Address
 Certifying Physician Chas. Sixbury
(or Coroner)
 His Address
 Cause of Death Brain Cancer
 Contributory Causes Lipomas, Cripple
 Remarks
 Date of Death Oct. 20, 1933
 Place of Death Sanate Home, Ia.
 Religion L. W. S.
 Resided in the State 1/2
(Years) (Months)
 Date of Birth Dec. 25, 1851
 Age 81 Years 9 Month 25 Days
 Name of Father Unknown
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor } Body to
 Ship }
 Size and Style of Casket #131, Maple
 Manufactured by Wood, Cashel, Co.
 Interment at West Hill { Cemetery
 Crematory

Complete Funeral	\$ 70.00
Casket	xx
Metallic Lining	xx
Outside Box	xx
Burial Vault	xx
Embalming Body with <u>Sanate</u> Fluid	xx
Barber, \$	xx
Hair Dressing, \$	xx
Dressing Body	xx
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousine to Cemetery @ \$	xx
Autos to R. R. Station @ \$	xx
Getting Remains from	xx
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	xx
Personal Charges	xx
Pall Bearer Service	xx
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	6.00
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 76.00
Less <u>Op. S.</u>	\$ 6.00
Balance	\$ 70.00
Entered into Ledger, page	or below \$



Lot No. 529
 Grave No. 4
 Section No.
 Owner

To Funeral Charges... Total, \$	By Cash
<u>P. B. Joe Ruby; Bill Hutchings; Jerome Hyslop; Blind Roth; Ark. Walden; Mr. La Vie.</u>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness Arthur D. White Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1493 Yearly No. 30 Date October 26, 1933

Name of Deceased Riechel Carol Anderson Single White Lamoni, Iowa
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow -
 or - Son - of - Oscar Anderson

Vocation Student

Name of Employer

Charge to Oscar Anderson

Address 103 East College St., Iowa City

Order given by Oscar Anderson

Date of Funeral 10/26/33 Thurs 2 P. M.
(Date) (Day of Week) (Hour)

Services at Coliseum - Lamoni, Ia.

Clergyman Roy Adairville; L. A. Blatz

His Address

Certifying Physician Dr. Wm Spear
(or Physician)

His Address Oakdale, Iowa

Cause of Death Pulmonary Tuberculosis

Contributory Causes

Remarks

Date of Death Oct 24, 1933

Place of Death Sanitarium, Oakdale, Iowa

Resided in the State Ia
(Year) (Month)

Date of Birth Aug 3, 1900

Age 23 Years 7 Month 21 Days

Name of Father Oscar Anderson

His Birthplace Illinois

Maiden Name of Mother Belle Kelley

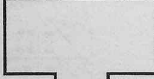
Her Birthplace Michigan

Motor Ship } Body to Iowa Ia. City to Lamoni

Size and Style of Casket No 2 of V. H. Oct. 1/2 C.

Manufactured by North Carpath Co.

Interment at Lamoni, Ia. Cemetery
Crematory



Lot No. 1575

Grave No. 1

Section No. East

Owner Oscar Anderson

Complete Funeral	\$ 745.00
Casket	xx
Metallic Lining	
Outside Box <u>Royal Art Seal Vault</u>	100.00
Burial Vault	
Embalming Body <u>with One Her Co. Fluid</u>	xx
Barber, \$ Hair Dressing, \$	50
Dressing Body	xx
Suit or Dress, \$ Hose, \$ <u>Hindlerbach</u>	35
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ Ambulance, \$	xx
Limousines to Cemetery @ \$	xx
Autos to R. R. Station @ \$	
Getting Remains from <u>Oakdale Iowa</u>	No Charge
Taking Body to	
Delivering Box to	
Flower Wagons <u>2</u>	xx
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	xx
Pall Bearer Service	

Outlay for Lots <u>No 1574 & 1575</u>	80.00
Death Notices in <u>Newspapers</u>	
<u>Double Column Gray Holman Boxes</u>	13.00
Flowers, \$ <u>1</u> Rental of Palms, \$	
Rental of Tent, \$ <u>1</u> of Temporary Tomb, \$	
Lowering Device, \$ <u>1</u> Cremation, \$	
Opening of Grave or Tomb	8.00
Lining Grave, \$ <u>1</u> Matting, \$	
Outlay for Shipping Charges	
Minister, \$ <u>1</u> Singers, \$ <u>1</u> Organist, \$	
Railroad Tickets, \$ <u>1</u> Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
<u>Coliseum Rental</u>	5.00

Total Footing of Bill	\$ 757.85
Less <u>Outside Exp. Cem, Coliseum, etc.</u>	\$ 93.85
Balance	358.00
Entered into Ledger, page _____ or below \$	

To Funeral Charges, Total, \$	
<u>P. B. Max White; Bro. Valley, Ed. Valley, Kenneth MacLester, Burtus Hyuden, David Huskin</u>	
SINGERS: <u>A. Cappella Chorus</u>	
By Cash	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness P. B. White; Leo T. Maden Signed _____
W. H. Otto White Signed _____

RECORD OF FUNERAL

Total No. 1494 Yearly No. 31 Date Oct. 26 1933

Name of Deceased J. Frank Propst (Single - Married - Divorced) White Union, Iowa (What Race) (Where Born)

Husband - Wife - Widow - or - Son - of } Harry and Dorothy Propst

Vocation.....

Name of Employer.....

Charge to Harry Propst

Address Union Iowa

Connection Father

Order given by Lawrence Propst

How Secured Cash

Date of Funeral 10/26/33 (Date) Wed (Day of Week) 3 P. (Hour) M.

Services at Cemetery

Clergyman A. R. Gilbert

His Address.....

Certifying Physician P. A. Marble (to be printed)

His Address Liscomb Iowa

Cause of Death Birth Injury

Contributory Causes Torsion of Neck

Remarks.....

Date of Death Oct. 25, 1933

Place of Death Union Iowa

Religion.....

Resided in the State..... (Years) (Months)

Date of Birth Oct. 25, 1923

Age 0 Years 0 Month Stollon Days

Name of Father Harry Propst

His Birthplace Kala, Oregon

Maiden Name of Mother Dorothy Kitchins

Her Birthplace Mich

Motor Ship } Body to

Size and Style of Casket 1 1/2 - Lamphie

Manufactured by York Casket Co.

Interment at West Hill { Cemetery Crematory

Diagram of Lot or Vault

Lot No. 1561

Grave No. 1

Section No.....

Owner Ord. Propst

Complete Funeral	\$ 15.00
Casket	x x
Metallic Lining (State Kind)	
Outside Box (State Kind)	x x
Burial Vault (State Kind)	
Embalming Body with Fluid	
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery, @ \$	x x
Autos to R. R. Station, @ \$	
Getting Remains from	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit (State Number and District)	
Certified Copies of Death Certificates	
Personal Charges	x x
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	3.50
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Organist, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 18.50
Less <u>Op. S.</u>	3.50
Balance	15.00
Entered into Ledger, page.....	or below \$.....

To Funeral Charges... Total, \$	By Cash \$
<u>Body brought from Union Ia by Mr. & Mrs. Lawrence Ottill</u>	

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....

Witness A. J. White Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1495 Yearly No. 37 Date Oct. 2-1, 1933

Name of Deceased Mary Jane Davis *Infant* White Dec. Co. Iowa
(Single - Married - Divorced) (What Race) (Where Born)

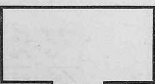
Husband - Wife - Widow - or Daughter of Ed Davis

Vocation
 Name of Employer
 Charge to Ed Davis
 Address
 Connection
 Order given by
 How Secured
 Date of Funeral (Date) (Day of Week) (Hour) M.
 Services at
 Clergyman

His Address H. P. Reed
 Certifying Physician Davis City, Ia.
 His Address Davis City, Ia.
 Cause of Death Inanition
 Contributory Causes Not normally developed
 Remarks

Date of Death Oct. 28, 1933
 Place of Death Bloomington Sup. Dec. Co. Ia.
 Religion
 Resided in the State (Years) (Months)
 Date of Birth Oct. 25, 1933

Age 0 Years 0 Month 3 Days
 Name of Father Ed Davis
 His Birthplace King gold, Ia.
 Maiden Name of Mother Arctay Laird
 Her Birthplace King gold Co., Ia.
 Motor Ship } Body to
 Size and Style of Casket 1/9 Spec.
 Manufactured by York Casket Co.
 Interment at Creeching { Cemetery
 Crematory

 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ <u>10.00</u>
Casket	
Metallic Lining <small>(State Kind)</small>	
Outside Box <small>(State Kind)</small>	
Burial Vault <small>(State Kind)</small>	
Embalming Body with <u>Fluid</u>	
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit <small>(State Number and District)</small>	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in <u>Newspapers</u>	
Flowers, \$ <small>(Names of Newspapers)</small>	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Total Footing of Bill \$
 Less \$
 Balance \$ 10.00
 Entered into Ledger, page _____ or below \$

To Funeral Charges... Total, \$ <u>Set of Casket only - No funeral</u>	By Cash... \$
---	---------------

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof

Funeral Director Geo. H. Medden Signed _____
 Witness _____ Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1496 Yearly No. 33 Date October 29, 1933
 Name of Deceased Jessie May Campbell Married White Wm Co., Pa.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow of James Cornelius Campbell

Vocation Housewife
 Name of Employer _____
 Charge to Thos Campbell
 Address Mr. Pleasant, Ia.
 Connection _____
 Order given by Mrs. R. White

How Secured _____
 Date of Funeral 10/29/33 Sunday 3 P. M.
(Day) (Day of Week) (Hour)
 Services at Methodist Church, Mr. Pleasant,
 Clergyman Rev. L. L. (M. E.)

His Address Mr. Pleasant, Ia.
 Certifying Physician D. H. Dellinger
(or Coroner)
 His Address Mr. Pleasant, Ia.
 Cause of Death Cardiac Asthma
Angina Pectoris
 Contributory Causes Chronic Rheumatism

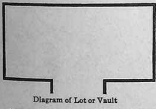
Remarks _____
 Date of Death Oct. 27, 1933
 Place of Death Mr. Pleasant, Ia.
 Religion Methodist Episcopal
 Resided in the State _____ (Years) (Months)
 Date of Birth April 6, 1864
 Age 71 Years 6 Month 21 Days

Name of Father Mrs. Hughes Pa.
 His Birthplace _____
 Maiden Name of Mother Margaret Rex
 Her Birthplace Indianna
 Motor Ship Body to May Broadway - Silver Spring
 Size and Style of Casket 702 Royal Land State
 Manufactured by Roth Casket Co.
 Interment at Mr. Pleasant { Cemetery Crematory

Complete Funeral	\$ 501.00	\$ 215.00
Casket		
Metallic Lining		
Outside Box	R. K. Case	7.00
Burial Vault		
Embalming Body	with <u>Blue-Me. Co. Fluid</u>	XX
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Canadelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Crane, Ambulance, \$	3.00
Limousines to Cemetery	@ \$ Crane	No. chg.
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Body to		
Delivering Box to	Crem. Crane	2.00 chg.
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates		
Personal Charges	R. R.	No. chg.
Pall Bearer Service		

Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Name of Newspaper)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		

Total Footing of Bill	\$ 775.00
Less Cash Adv. for Box	10
Balance	765.00
Entered into Ledger, page _____	or below \$ _____



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

To Funeral Charges... Total, \$	By Cash... \$
Regular Price of Casket and Service \$ 501.00	
Spec. Price Including Cash of Casket X.E.L. plus Average Worked Expense 117.00	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Witness _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1497 Yearly No. 34 Date October 31 1933

Name of Deceased Lucy Wallace Jones Married White Georgia Jama
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - or of Eulah Lee Jones

Vocation Farmer

Name of Employer

Charge to Mrs. Lucy Jones
Address By the Lake, Mo.

Connection Sister

Order given by

How Secured

Date of Funeral 10/31/33 Sunday 2 P. M.
(Date) (Day of Week) (Hour)

Services at Residence

Clergyman J. V. Gray

His Address Jama

Certifying Physician L. C. Sixburg
(or Coroner)

His Address Jama

Cause of Death Coronary Thrombosis

Contributory Causes Coronary Artery Disease

Remarks

Date of Death Oct. 29, 1933

Place of Death Res.

Religion

Resided in the State 60
(Years) (Months)

Date of Birth Sept. 30, 1866

Age 67 Years 9 Month 29 Days

Name of Father Jackson Jones

His Birthplace Ohio

Maiden Name of Mother Josephine Patton

Her Birthplace Mo.

Motor Ship } Body to

Size and Style of Casket #168-XX Had lid

Manufactured by North Casket Co.

Interment at Audora { Cemetery
Crematory

Lot No.
Grave No.
Section No.
Owner

Diagram of Lot or Vault

Complete Funeral	\$	157.50
Casket		XX
Metallic Lining		
Outside Box		XX
Burial Vault		
Embalming Body	with <u>Dis. Res. Co.</u>	XX
Barber, \$	Hair Dressing, \$	
Dressing Body		XX
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	XX
Limousines to Cemetery, 1 @ \$		No. 1/2
Autos to R. R. Station, @ \$		
Getting Remains from		
Taking Body to		
Delivering Box to <u>Cem.</u>		XX
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates		
Personal Charges		XX
Pall Bearer Service		
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	157.50
Less	\$	
Balance		
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$	By Cash	\$
<u>P.B.: John Will, Ben Will, Tom Will, Lavin Batts, Jude Cruss, Billy Loshick</u>		
<u>S.D. & S.R.: Nanda Dewey, Pearl M. Collins, Philbra Chandler, Amerson Robinson</u>		

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Funeral Director W. H. White Geo. W. Madden Signed

RECORD OF FUNERAL

Total No. 1498 Yearly No. 35 Date Nov. 23 1933
 Name of Deceased Geo. B. Hall - Single - White - Lee County, Iowa
(Single - Married - Divorced) (What Race) (Where Born)

Vocation Painter
 Name of Employer
 Charge to Sante Home
 Address
 Connection Inmate
 Order given by H. O. W. staff
 How Secured

Date of Funeral 11/23/33 Thurs 7 P. M.
(Date) (Day of Week) (Hour)
 Services at Sante Home
 Clergyman Rev. Lane; Mr. Sawley

His Address
 Certifying Physician C. E. Sixburg
(or Coroner)
 His Address
 Cause of Death Coronary Thrombosis
Arteriosclerosis
 Contributory Causes

Remarks
 Date of Death Nov. 22, 1933
 Place of Death Lebanon, Iowa
 Religion L. O. S.
 Resided in the State 17 (Years) (Months)

Date of Birth Jan. 17, 1849
 Age 84 Years 10 Month 10 Days
 Name of Father Geo. B. Hall
 His Birthplace Harding Co., Kentucky
 Maiden Name of Mother Emeline Wright
 Her Birthplace Ohio

Motor Ship } Body to
 Size and Style of Casket #131 "A" Cope
 Manufactured by North Casket Co.
 Interment at Woods Hill (Cemetery Crematory)

Diagram of Lot or Vault
 Lot No. 915
 Grave No. 3
 Section No.
 Owner Sante Home

Complete Funeral	\$	70.00
Casket		
Metallic Lining		
Outside Box	<small>(State Kind)</small>	
Burial Vault	<small>(State Kind)</small>	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery, @ \$		
Autos to R. R. Station, @ \$		
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	<small>(State Number and District)</small>	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
	<small>(Name of Newspaper)</small>	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		6.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	76.00
Less <u>Cop. Dr.</u>	\$	6.00
Balance		70.00
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$	By Cash	\$
<u>P. B. Jr. Duby, Co. Boston</u>	<u>James W. Coff</u>	
<u>Lease Casket</u>	<u>Long & Co. Long</u>	
<u>Miss Spague</u>		
<u>S. I. C. R. A. P. Maggie Anthony</u>	<u>Mrs. Smith</u>	
<u>Delma Wiley</u>		

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Signed _____
 Witness _____
 Printed Director R. S. White
 Witness _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1499 Yearly No. 36 Date Dec. 14 1933
 Name of Deceased Donald Ray Cole, Single White Lamoni Iowa
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - Widow of Silbuck Cole

Vocation.....
 Name of Employer.....
 Charge to Silbuck Cole
 Address.....
 Connection.....
 Order given by.....
 How Secured Call
 Date of Funeral 7/13/33 10:00 M.
(Date) (Day of Week) (Hour)
 Services at Anna Dostater Res.
 Clergyman E. C. Harpe
 His Address.....
 Certifying Physician J. P. Reed
(If Coroner)
 His Address Davis City
 Cause of Death Brain Tumor
 Contributory Causes.....
 Remarks.....
 Date of Death Dec. 14, 1933
 Place of Death Res. Lamoni Ia.
 Religion.....
 Resided in the State.....
 Date of Birth July 7, 1933
(Years) (Months) (Days)
 Age 0 Years 5 Month 7 Days
 Name of Father Filbrig Cole
 His Birthplace Lang Co. Kans.
 Maiden Name of Mother Maxine Dostater
 Her Birthplace Lamoni Iowa
 Motor } Body to
 Ship }
 Size and Style of Casket 1033-3/4 Rgb. Outside
 Manufactured by York Casket Co.
 Interment at St. Paul Hill { Cemetery
 Crematory

Complete Funeral.....	\$ <u>45.00</u>
Casket.....	.....
Metallic Lining.....	.....
Outside Box.....	.....
Burial Vault.....	.....
Embalming Body..... with..... Fluid	.....
Barber, \$..... Hair Dressing, \$.....	.....
Dressing Body.....	.....
Suit or Dress, \$..... Hose, \$.....	.....
Underwear, \$..... Slippers, \$.....	.....
Folding Chairs, \$..... Tarpaulin, \$.....	.....
Candelabrum, \$..... Candles, \$.....	.....
Door Badge, \$..... Gloves, \$.....	.....
Hearse, \$..... Ambulance, \$.....	.....
Limousines to Cemetery <u>2</u> @ \$.....	.....
Autos to R. R. Station..... @ \$.....	.....
Getting Remains from.....	.....
Taking Body to.....	.....
Delivering Box to.....	.....
Flower Wagons.....	.....
Removal Charges.....	.....
Getting Burial Permit.....	.....
Certified Copies of Death Certificates.....	.....
Personal Charges.....	.....
Pall Bearer Service.....	.....
Outlay for Lot.....	.....
Death Notices in..... Newspapers.....	.....
Flowers, \$..... <small>(Names of Newspapers)</small> Rental of Palms, \$.....	..... <u>7.00</u>
Rental of Tent, \$..... of Temporary Tomb, \$.....	.....
Lowering Device, \$..... Cremation, \$.....	.....
Opening of Grave or Tomb.....	..... <u>3.50</u>
Lining Grave, \$..... Matting, \$.....	.....
Outlay for Shipping Charges.....	.....
Minister, \$..... Singers, \$..... Organist, \$.....	.....
Railroad Tickets, \$..... Aeroplane Service, \$.....	.....
Telegr., Phone, Cable or Radio Charges.....	.....
Cash Advanced.....	.....
Total Footing of Bill.....	\$ <u>49.50</u>
Less <u>Op. B.</u>	\$ <u>4.00</u>
Balance.....	\$ <u>45.50</u>
Entered into Ledger, page..... or below \$.....	.....

Diagram of Lot or Vault
 Lot No. 599
 Grave No. 344
 Section No.....
 Owner.....

To Funeral Charges... Total, \$.....
 By Cash..... \$.....
 SINGERS - Mrs. A. D. Gold; Mrs. Allen Brown; Mrs. Russell Robinson; Lena Johnson
 P.B. - Mrs. Siegh Kantian; Mrs. M. Shatt; Mrs. Herman Anthony; Mrs. Alvin Milgarden

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. S. White; Geo. J. Medden Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1500 Yearly No. 37 Date Dec 15 1933
 Name of Deceased Edgar Owen Fisher Married White Lincolnton La.
 Husband—Wife—Widow— } Olis Fisher (What Race) (Where Born)

Vocation
 Name of Employer
 Charge to DeCATUR Co.
 Address
 Connection
 Order given by
 How Secured
 Date of Funeral 12/15/33 11 1:30 P. M.
 Services at John S. Snyder Residence
 Clergyman Rev. Campbell
 His Address Davis City, Ia.
 Certifying Physician C. E. Stary
 His Address
 Cause of Death Arteriosclerosis; Coronary Artery Disease; Arteriosclerotic Nephritis
 Contributory Causes
 Remarks
 Date of Death Dec. 14, 1933
 Place of Death Res - near Laman La
 Religion
 Resided in the State
 Date of Birth Jan 11, 1884 49 (Years) (Months)
 Age 49 Years 11 Month 7 Days
 Name of Father Unknown
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor Ship } Body to
 Size and Style of Casket Half Casket
 Manufactured by Odding's
 Interment at Lilly { Cemetery } Crematory

Complete Funeral	\$ <u>40.00</u>
Casket	-
Metallic Lining	-
Outside Box (State Kind)	-
Burial Vault (State Kind)	-
Embalming Body (State Kind)	-
Barber, \$	-
Hair Dressing, \$	-
Dressing Body	-
Suit or Dress, \$ <u>3.50</u>	-
Hose, \$ <u>1.50</u>	-
Underwear, \$ <u>75</u>	-
Slippers, \$	-
Folding Chairs, \$	-
Tarpaulin, \$	-
Candelabrum, \$	-
Candles, \$	-
Door Badge, \$	-
Gloves, \$	-
Hearse, \$	-
Ambulance, \$	-
Limousines to Cemetery 1 @ \$	-
Autos to R. R. Station @ \$	-
Getting Remains from <u>Res</u>	-
Taking Body to	-
Delivering Box to <u>Chm</u>	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit	-
Certified Copies of Death Certificates (State Number and District)	-
Personal Charges	-
Pal Bearer Service	-
Outlay for Lot	-
Death Notices in Newspapers	-
Flowers, \$ (Names of Newspapers)	-
Rental of Palms, \$	-
Rental of Tent, \$ of Temporary Tomb, \$	-
Lowering Device, \$ Cremation, \$	-
Opening of Grave or Tomb	-
Lining Grave, \$ Matting, \$	-
Outlay for Shipping Charges	-
Minister, \$ Singers, \$ Organist, \$	-
Railroad Tickets, \$ Aeroplane Service, \$	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-
Total Footing of Bill	\$ <u>44.50</u>
Less	-
Balance	-
Entered into Ledger, page or below \$	-

To Funeral Charges... Total, \$ By Cash \$
 P. B. Lee, Paite, John Sly, Elmer Green, Lennie Coyle, Will Salaman, Roy Hoffger.
 S. D. & F. S. Elmer Green; Mr. & Mrs. Joe Huffman, Mrs. Lee Paite, Lelona Williams.

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed W. White Signed Yes T. Miller
 Witness W. White Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1501 Yearly No. 38 Date Dec. 18, 1933

Name of Deceased Irvin L. Batts (Single - Married - Divorced) Married White Luskengo, Iowa
(What Race) (Where Born)

Husband—Wife—Widow } Martha Hill Batts
 or (What Race)

Vocation Tanner & Stock Buyer

Name of Employer Self

Charge to Estate

Address

Connection Mrs. I. L. Batts and Sons

Order given by Insurance

Date of Funeral Dec 18, 1933 (Date) Mon (Day & Week) 1:30 P. M. (Hour)

Services at Residence

Clergyman J. V. Gray

His Address Albany, Mo.

Certifying Physician L. E. Sigbury (or Coroner)

His Address Lansoni, Iowa

Cause of Death Company, Thrombosis

Contributory Causes Mitral Regurgitation

Remarks

Date of Death Dec. 16, 1933

Place of Death Lansoni, Iowa

Religion

Resided in the State 36 (Years) (Months)

Date of Birth Dec. 10, 1876

Age 57 Years 0 Month 6 Days

Name of Father Mrs. R. Batts

His Birthplace Unknown

Maiden Name of Mother Margaret Ann M. Donald

Her Birthplace Unknown

Motor Ship } Body to 6250 State St. Coffey Block

Size and Style of Casket Robt. Cash Co.

Manufactured by Lilly { Cemetery Crematory

Interment at Lilly { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$265.00
Casket	—
Metallic Lining	—
Outside Box	—
Burial Vault <u>Anderson</u>	100.00
Embalming Body <u>with</u> <u>Quaker</u> <u>Co. Fluid</u>	—
Barber, \$	—
Hair Dressing, \$	—
Dressing Body	—
Suit or Dress, \$	—
Hose, \$	—
Underwear, \$	—
Slippers, \$	—
Folding Chairs, \$	—
Tarpaulin, \$	—
Candelabrum, \$	—
Candles, \$	—
Door Badge, \$	—
Gloves, \$	—
Hearse, \$	—
Ambulance, \$	—
Limousines to Cemetery @ \$	—
Autos to R. R. Station @ \$	—
Getting Remains from <u>Pre</u>	—
Taking Body to	—
Delivering Box to <u>Car</u>	—
Flower Wagons	—
Removal Charges	—
Getting Burial Permit	—
Certified Copies of Death Certificates	—
Personal Charges	—
Pall Bearer Service	—
Outlay for Lot	—
Death Notices in Newspapers	—
Flowers, \$ <small>(Names of Newspapers)</small>	—
Rental of Palms, \$	—
Rental of Tent, \$ <small>of Temporary Tomb,</small>	—
Lowering Device, \$ <small> Cremation,</small>	—
Opening of Grave or Tomb	—
Lining Grave, \$ <small> Matting,</small>	—
Outlay for Shipping Charges	—
Minister, \$ <small> Singers, \$ <small> Organist, \$</small></small>	—
Railroad Tickets, \$ <small> Aeroplane Service, \$</small>	—
Telegr., Phone, Cable or Radio Charges	—
Cash Advanced	—
Total Footing of Bill	\$ 365.00
Less	\$
Balance	\$
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$	By Cash... \$
<u>P. B. -</u> <u>Miss Salaman, John Dy, Joe Ormiston, A. W. Steh, John Evans, Cliff Anderson</u>	
<u>S. O. C. F. S. -</u> <u>Standa Wey, Spence Muecke, - 7 College Boys</u>	
<u>Mrs. John Able, Harold</u>	
<u>Louis Beall - Peimich</u>	

Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed I. L. Batts Geo. H. Madden

Witness

RECORD OF FUNERAL

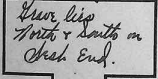
Total No. 1502 Yearly No. 39 Date Dec. 4, 1933
 Name of Deceased Lamona Braminta Lacey, Widow, White, Brown Co., Ill.
(Single Married Divorced) (State Kind) (Where Born)
 Husband—Wife—Widow— or of Lamona Lacey, Dec.
(What Place) (Where Born)

Vocation _____
 Name of Employer _____
 Charge to Ethel A. Lacey
 Address _____
 Connection Daughter
 Order given by _____
 How Secured Prof. Cash
 Date of Funeral 12/7/33 Sunday 2:30 P. M.
(Day of Week) (Hour)
 Services at Residence
 Clergyman W. S. Williams; Blair Jensen
 His Address _____
 Certifying Physician H. M. Hill
(or Chaper)
 His Address _____
 Cause of Death General Debility
 Contributory Causes _____
 Remarks _____

Complete Funeral	\$ <u>130.00</u>
Casket	-
Metallic Lining	-
Outside Box	-
Burial Vault	-
Embalming Body with _____ Fluid	-
Barber, \$ _____ Hair Dressing, \$ _____	-
Dressing Body	-
Suit or Dress, \$ _____ Hose, \$ _____	-
Underwear, \$ _____ Slippers, \$ _____	-
Folding Chairs, \$ _____ Tarpaulin, \$ _____	-
Candelabrum, \$ _____ Candles, \$ _____	-
Door Badge, \$ _____ Gloves, \$ _____	-
Hearse, \$ _____ Ambulance, \$ _____	-
Limousines to Cemetery @ \$ _____	-
Autos to R. R. Station @ \$ _____	-
Getting Remains from _____ @ \$ _____	-
Taking Body to _____	-
Delivering Box to _____	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit	-
Certified Copies of Death Certificates	-
Personal Charges	-
Pall Bearer Service	-

Date of Death Dec. 18, 1933
 Place of Death Shipping Res. - Lamoni
 Religion L. O. S.
 Resided in the State 10 7
(Years) (Months)
 Date of Birth Nov. 14, 1851
 Age 82 Years 1 Month 4 Days
 Name of Father Wm. George Hogerton
 His Birthplace Verona, Va.
 Maiden Name of Mother Lamona Linneth Mitchell
 Her Birthplace Levi Co., Pa.
 Motor Ship } Body to _____
 Size and Style of Casket 131 Lil. Crpe
 Manufactured by Ho. - Ken
 Interment at Ass. Hill Cemetery
(Crematory)

Outlay for Lot	-
Death Notices in _____ Newspapers	-
Flowers, \$ _____ Rental of Palms, \$ _____	-
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	-
Lowering Device, \$ _____ Cremation, \$ _____	-
Opening of Grave or Tomb	6.00
Lining Grave, \$ _____ Matting, \$ _____	-
Outlay for Shipping Charges	-
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	-
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-



Lot No. 313
 Grave No. 2-3-4
 Section No. _____
 Owner _____

Total Footing of Bill	\$ <u>136.00</u>
Less. <u>Sp. H.</u>	\$ <u>6</u>
Balance	\$ <u>130.00</u>
Entered into Ledger, page _____ or below \$ _____	

To Funeral Charges... Total, \$	By Cash \$
<u>J. B. Paul, Harvey J. Luedrich Campbell, Lillian Carlisle, Walter Johnson</u> <u>Samuel C. Ataka</u>	
SINGERS: <u>Michel Carlisle, Emily Anthony, Sheldon Reynolds, Clyde E. King</u> <u>L. Bruner Thompson, Organist</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness: Robin S. White; Max White Signed _____
 _____ Signed _____
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1503 Yearly No. 70 Date December 23, 1933

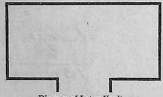
Name of Deceased Robert James Johnson, Married, White, Moorstown
(Single - Married - Divorced) (What Race) (Where Born)
Husband - Wife - Widow - or of Sarah Matt Johnson. (Hampton, Ontario, Canada)

Vocation Lanman
Name of Employer Self
Charge to Mrs. R. J. Johnson
Address Hatfield, Mo.
Connection Ora Johnson - In
Order given by Ora Johnson - In
How Secured

Date of Funeral 12/23/33 Sat 1 P. M.
(Day) (Day of Week) (Hour)
Services at L. M. R. Church
Clergyman J. J. Bell - Paul Campbell
His Address

Certifying Physician
His Address Cambridge, N. H.
Cause of Death Canadian Mill - Auto Accident
Contributory Causes
Remarks
Date of Death 12/18/33
Place of Death Cambridge, N. H.
Religion R.O.S.
Resided in the State Missouri 60 (Years) (Months)
Date of Birth 9-16-1869
Age 64 Years 3 Month 2 Days
Name of Father John Johnson
His Birthplace
Maiden Name of Mother Mary
Her Birthplace

Motor Ship } Body to
Size and Style of Casket 768. Noelle Hdg Coy
Manufactured by Woot Casket Co.
Interment at Lave Rock { Cemetery Crematory



Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$ 125.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	Fluid <u>No Chg.</u>
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from <u>Cambridge, N.H.</u>	@ \$
Taking Body to <u>Lave Rock</u>	<u>41</u>
Delivering Box to <u>Lave Rock</u>	<u>50</u>
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	Rental of Palms, \$ <u>4.25</u>
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
<u>on Contracting at Cambridge</u>	<u>10.00</u>
Total Footing of Bill	\$ 180.75
Less <u>Cash Adv.</u>	\$ 10
Balance	170.75
Entered into Ledger, page	or below \$

To Funeral Charges Total, \$ 170.75
 Made trip to Cambridge, N.H. for body. Mrs. Madson Driver 830 Mi @ .05
 Body Embalmed by St. J. Death Charge 40.00
 P. P. Van Ormsted, Dave Cummins, Joe Suckler, Sam Blake, Oral Tull, Ray Tull
 SINGERS: Mrs. A. W. Hammer, Bitha Haven, Russell Hatton, Max White,
 Florence Hamch, Grand

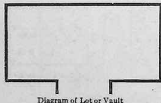
Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Funeral Director L. S. White Signed
 Witness Mrs. M. White Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1504 Yearly No. 41 Date Dec. 27 1933
 Name of Deceased Miss Agnes Outhouse, Married, White, M. Iowa Co., Ia.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—
 or..... of Ernest Richard Outhouse

Vocation.....
 Name of Employer.....
 Charge to E. R. Outhouse
 Address.....
 Connection.....
 Order given by Mrs. Cecil H. Hoffsteger
 How Secured Cash
 Date of Funeral 12/27/33 - Wed 20 M.
(Date) (Day of Week) (Hour)
 Services at Bloomington Church
 Clergyman Joe. Hank; Roth Ballantyne
 His Address.....
 Certifying Physician C. E. Sisking
(or Coroner)
 His Address.....
 Cause of Death Mitral Stenosis; Arteriosclerosis
Stimulation; Hypertension
 Contributory Causes.....
 Remarks.....
 Date of Death 12/26/33
 Place of Death Res.
 Religion L.W.
 Resided in the State Mo. County W.
(Years) (Months)
 Date of Birth Nov. 17, 1876
 Age 57 Years 7 Month 9 Days
 Name of Father Cordis Adair
 His Birthplace Texas
 Maiden Name of Mother Sarah Jane Schar
 Her Birthplace Unknown
 Motor } Body to
 Ship }
 Size and Style of Casket #131 Lid Open
 Manufactured by R. G. H. Co.
 Interment at Rock Hill { Cemetery
 Crematory

Complete Funeral	\$ 1.05 00
Casket	-
Metallic Lining	-
Outside Box <u>wtd</u>	-
Burial Vault	-
Embalming Body <u>with</u> <u>Flu</u> Fluid	-
Barber, \$	-
Hair Dressing, \$	-
Dressing Body	-
Suit or Dress, \$	-
Hose, \$	-
Underwear, \$	-
Slippers, \$	-
Folding Chairs, \$	-
Tarpaulin, \$	-
Candelabrum, \$	-
Candles, \$	-
Door Badge, \$	-
Gloves, \$	-
Hearse, \$	-
Ambulance, \$	-
Limousines to Cemetery <u>1</u> @ \$ <u>1.00</u>	-
Autos to R. R. Station @ \$	-
Getting Remains from	-
Taking Body to	-
Delivering Box to <u>Crem</u>	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit	-
Certified Copies of Death Certificates <small>(State Number and District)</small>	-
Personal Charges	-
Pall Bearer Service	-
Outlay for Lot <u>No. 1088</u>	20 00
Death Notices in <u>Newspapers</u>	-
Flowers, \$ <small>(Names of Newspapers)</small>	5 00
Rental of Palms, \$	-
Rental of Tent, \$ <u>of</u> Temporary Tomb, \$	-
Lowering Device, \$ <u>of</u> Cremation, \$	-
Opening of Grave or Tomb <u>of</u> <u>of</u>	6 00
Lining Grave, \$ <u>of</u> Matting, \$	-
Outlay for Shipping Charges	-
Minister, \$	-
Singers, \$	-
Organist, \$	-
Railroad Tickets, \$	-
Aeroplane Service, \$	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-
Total Footing of Bill	\$ 156 00
Less <u>Crem. Exp.</u>	\$ 76 00
Balance	\$ 80 00
Entered into Ledger, page..... or below \$	-



Lot No. 1088
 Grave No. 1
 Section No. W. 10
 Owner E. R. Outhouse

To Funeral Charges... Total, \$	By Cash... \$
<u>G. B. Dick, Joe & Earl Outhouse, Cecil Hoffsteger, Lyle Kiffman, Floyd Mann</u>	
<u>S. N. S. - Lois Bull, Lois Hannon, M. H. Hill, Dwight Truckenborg</u>	
<u>S. N. S. - Wade Dick, M.; O. Lee. But will not let me go; My terms are in thy hands.</u>	

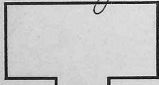
Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Funeral Director R. D. White; Geo. W. Madison, Signed.....
 Witness.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1505 Yearly No. 1 Date January 10, 1934
 Name of Deceased Mary H. F. Smith - Widows - White - Ohio
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow or Anna H. F. Smith
er of

Vocation _____
 Name of Employer _____
 Charge to O. G. F. Smith
 Address Eagleville, Mo.
 Connection Son
 Order given by O. G. F. Smith
 How Secured Cash in advance
 Date of Funeral Jan 10/34 Wed 10 P. M.
(Date) (Day of Week) (Hour)
 Services at Residence, Eagleville, Mo.
 Clergyman Rev. R. Roy Johnson
 His Address Eagleville, Mo.
 Certifying Physician Dr. A. Brylson
(or Coroner)
 His Address Eagleville, Mo.
 Cause of Death Central Nervous System
 Contributory Causes _____
 Remarks _____
 Date of Death Jan 9, 1934
 Place of Death Mo - Eagleville Mo.
 Religion _____
 Resided in the State 54
(Years) (Months)
 Date of Birth March 19, 1848
 Age 85 Years 9 Month 71 Days
 Name of Father Henry Wood
 His Birthplace Ireland
 Maiden Name of Mother W. C. Smith
 Her Birthplace Ireland
 Motor Ship } Body to _____
 Size and Style of Casket #70. Black Hol. Reg. Lid
 Manufactured by Abramley Iron Co.
 Interment at Eagleville, Mo. { Cemetery
 Crematory

Complete Funeral	\$ 205.00
Casket	
Metallic Lining	
Outside Box	- <u>Wood</u>
Burial Vault	-
Embalming Body	with <u>Fl. Inc.</u> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery, @ \$	-
Autos to R. R. Station, @ \$	-
Getting Remains from	
Taking Body to	<u>Eagleville</u>
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 211.00
Less <u>Flowers</u>	\$ 6.00
Balance	\$ 205.00
Entered into Ledger, page _____	or below \$ _____



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

To Funeral Charges... Total, \$	By Cash... \$
<u>P. B. Ches. Riley, John Leeper, G. W. Anderson, James Bonds, Will Mack, R. F. Richardson.</u>	
<u>S. W. ERS - Mr. + Mrs. S. L. Turner, Mrs. L. W. Clark, R. F. Richardson</u>	

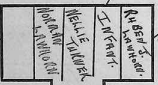
Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Funeral Director R. B. White Signed _____
 Witness W. M. Marshall Signed _____

RECORD OF FUNERAL

Total No. 1506 Yearly No. 7 Date January 24 1934
 Name of Deceased Norman W. Lawhorn - Widow White Leon, Iowa
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—
 of Eva W. Lawhorn

Vocation Jewish Camp Operator
 Name of Employer
 Charge to Mrs. Hilde Hall
 Address
 Connection Wicks
 Order given by
 How Secured
 Date of Funeral 1/24/34 Wed 3 P. M.
(Date) (Day of Week) (Hour)
 Services at Leon Cem.
 Clergyman Rev. Ray Hill
 His Address Leon, Ia.
 Certifying Physician Geo. H. Bacon, Coroner
(for Coroner)
 His Address San Antonio, Tex.
 Cause of Death gunshot wound, presumably
murdered by unknown parties
 Contributory Causes
 Remarks
 Date of Death Jan. 14, or 15
 Place of Death San Antonio, Texas
 Religion
 Resided in the State _____ (Years) (Months)
 Date of Birth June 22, 1874
 Age 59 Years 6 Month 7 Days
 Name of Father Ruben J. Lawhorn
 His Birthplace Ill.
 Maiden Name of Mother Helen Wagoner
 Her Birthplace Ill.
 Motor Ship } Body to
 Size and Style of Casket
 Manufactured by Leon
 Interment at Leon Cemetery Crematory

Complete Funeral	\$ <u>25.00</u>
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body with _____ Fluid	
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body	
Suit or Dress, \$ _____ Hose, \$ _____	
Underwear, \$ _____ Slippers, \$ _____	
Folding Chairs, \$ _____ Tarpaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Bads, \$ _____ Gloves, \$ _____	
Hearse, \$ _____ Ambulance, \$ _____	XX
Limousines to Cemetery, 1 @ \$ _____	XX
Autos to R. R. Station, @ \$ _____	
Getting Remains from <u>Wagoner</u>	XX
Taking Body to _____	
Delivering Box to <u>Leon Cem.</u>	XX
Flower Wagons	
Removal Charges	
Getting Burial Permit	XX
Certified Copies of Death Certificates	
Personal Charges	XX
Pal Bearer Service	
Outlay for Lot	
Death Notices in _____ Newspapers	
Flowers, \$ _____ Rental of Palms, \$ _____	
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	
Lowering Device, \$ _____ Cremation, \$ _____	
Opening of Grave or Tomb	7.50
Lining Grave, \$ _____ Matting, \$ _____	
Outlay for Shipping Charges	
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges	
Cash advanced	
<u>Telegrams + Telephone</u>	2.94
Total Footing of Bill	\$ <u>36.44</u>
Less <u>Cash Adv.</u>	\$ <u>10.44</u>
Balance	<u>25.00</u>
Entered into Ledger, page _____ or below \$ _____	



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

To Funeral Charges... Total \$	By Cash \$
<u>Pal Bearer</u> { <u>Mrs. Merrill</u> , <u>Cliff Merritt</u> , <u>G. M. J. Lee</u> , <u>C. C. Rostman</u> , <u>Ray Johnson</u> , <u>W. J. Moore</u>	
<u>DINERS</u> { <u>Mrs. R. B. Hawkins</u> , <u>Mrs. Lida Fisher</u>	
<u>Body shipped by rail from Wicks Undertaking Co., San Antonio, Texas.</u>	
<u>Under service only held at Leon, Ia.</u>	

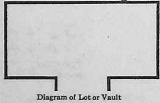
Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Funeral Director W. H. White Signed _____
 Witness W. H. White Signed _____

RECORD OF FUNERAL

Total No. 1507 Yearly No. 3 Date Jan. 28 1934
 Name of Deceased Samuel James Jessup - Married - White - Indiana
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - J. T. Jessup
er of

Vocation
 Name of Employer
 Charge to J. T. Jessup
 Address
 Connection
 Order given by
 How Secured Notes, Chattel, Mfg. & Stock, U.S.
 Date of Funeral Jan 25, 1934 Sunday 2 P. M.
(Day) (Day of Week) (Hour)
 Services at Residence
 Clergyman J. W. Strad; Charles Kautz
 His Address
 Certifying Physician C. E. Sixbury
(or Coroner)
 His Address
 Cause of Death Cerebral Sclerosis
Cerebral Sclerosis
 Contributory Causes
 Remarks
 Date of Death Jan. 25, 1934
 Place of Death Ind.
 Religion

Resided in the State Ind. (Years) (Months)
 Date of Birth May 16, 1869
 Age 68 Years 8 Month 9 Days
 Name of Father Ransom Riley
 His Birthplace Indiana
 Maiden Name of Mother Nancy Egler
 Her Birthplace Indiana
 Motor Ship } Body to
 Size and Style of Casket 2450 Prof. Sh. Combination
 Manufactured by Robt. Co. Co.
 Interment at Road 2 of Hill { Cemetery
 Crematory



Lot No. 1147
 Grave No. 1
 Section No.
 Owner

Complete Funeral	\$ <u>175</u>	<u>00</u>
Casket		<u>XX</u>
Metallic Lining		<u>XX</u>
Outside Box		<u>XX</u>
Burial Vault		<u>XX</u>
Embalming Body	with <u>Am. Res. Co.</u> Fluid	<u>XX</u>
Barber, \$	Hair Dressing, \$	
Dressing Body		<u>XX</u>
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	<u>XX</u>
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	<u>XX</u>
Limousines to Cemetery, \$	@ \$	<u>XX</u>
Autos to R. R. Station, \$	@ \$	
Getting Remains from <u>Ind.</u>		<u>XX</u>
Taking Body to		<u>XX</u>
Delivering Box to <u>Ind.</u>		<u>XX</u>
Flower Wagons		
Removing Charges		
Getting Burial Permit		<u>XX</u>
Certified Copies of Death Certificates	(State Number and District)	
Personal Charges		<u>XX</u>
Pal Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Name of Newspaper)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		<u>6</u>
Lining Grave, \$	Matting, \$	<u>00</u>
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$ <u>187</u>	<u>00</u>
Less <u>Op. Fr.</u>		<u>6</u>
Balance		<u>175</u>
Entered into Ledger, page		or below \$

To Funeral Charges	Total, \$	By Cash	\$
<u>Call Bearer</u>	(Mrs. Jessup, Kelly Dwyer, Wallace Edgington, Ross Hamline, Robert King, Ricard Edgington)		
<u>Singers</u>	(Mrs. Kendall Robinson, Mrs. Leas Dwyer, Mrs. Oscar Brown, Mrs. O. A. Smith)		

Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Funeral Director Rollin J. White; Mrs. M. M. M... Signed

Witness

RECORD OF FUNERAL

Total No. 1508 Yearly No. 4 Date January 29, 1934
 Name of Deceased John Olsen Mucus - Married - White - Norway
 Husband - Wife - Widow - or Grace Lane Mucus
(Single - Married - Divorced) (What Race) (Where Born)

Vocation Civil Engineer
 Name of Employer U.S. Dept. of Public Survey
 Charge to J.A. Lane
 Address Salters in, Iowa
 Connection J.A. Lane & Grace Mucus
 Order given by J.A. Lane & Grace Mucus
 How Secured _____
 Date of Funeral Jan 27, 1934 Monday 9:00 a.m.
(Day) (Day of Week) (Hour)
 Services at Courthouse - Hamon
 Clergyman Roy Churche; T. S. Williams
 His Address _____
 Certifying Physician Dr. W. M. Hill
(Coroner)
 His Address Manager of Town of Plue
 Cause of Death _____

Complete Funeral	\$265.00
Casket	.00
Metallic Lining	.00
Outside Box <u>Wood</u>	xx
Burial Vault	
Embalming Body with <u>Pres. Co.</u> Fluid	
Barber, \$	xx
Hair Dressing, \$	
Dressing Body	xx
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpsaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	xx
Gloves, \$	xx
Hearse, \$	xx
Ambulance, \$	
Limousines to Cemetery <u>1</u> @ \$	xx
Autos to R. R. Station <u>1</u> @ \$	
Getting Remains from <u>R.R.</u>	xx
Taking Body to	
Delivering Box to <u>Crem.</u>	xx
Flower Wagons <u>2</u> to <u>Chp.</u>	
Removal Charges	
Getting Burial Permit	xx
Certified Copies of Death Certificates <small>(State Number and District)</small>	
Personal Charges	xx
Pall Bearer Service	
Outlay for Lot <u>No. 1526</u>	70.00
Death Notices in _____ Newspapers	
Flowers, \$ <small>(Names of Newspapers)</small>	3.50
Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ of Cremation, \$	
Opening of Grave or Tomb	6.00
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Minister, \$	
Singers, \$	
Organist, \$	
Railroad Tickets, \$	
Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Contributory Causes _____
 Remarks _____
 Date of Death Jan 27, 1934
 Place of Death Residence - Hamon
 Religion L.O.S.
 Resided in the State 13 3
(Years) (Months)
 Date of Birth January 26, 1907
 Age 27 Years 0 Month 1 Days
 Name of Father Peter Mucus
 His Birthplace Portogruud, Norway
 Maiden Name of Mother Emma Slacker
 Her Birthplace Wisconsin
 Motor Ship } Body to _____
 Size and Style of Casket 6 x 3 1/2 x 2 1/2 - Steel Plush
 Manufactured by York Casket Co.
 Interment at R. 26 Hill { Cemetery
 Crematory

Diagram of Lot or Vault

Lot No. 1526
 Grave No. 3
 Section No. _____
 Owner J.A. Lane

Total Footing of Bill	\$377.50
Less <u>Crem. Exp.</u>	\$46.00
Balance	\$268.50
Entered into Ledger, page _____ or below \$	

To Funeral Charges. Total, \$ _____ By Cash \$ _____
 P.B. - Martin Hyden, Owen Clinch, Harold Simpftin, Hal Sturman, Paul Campbell, Dick W. Hanson
 SINGERS - A. Cappella Chorus
 FLOWER GIRLS - Shirley Starnum, Lucy Buchanan, Mrs. Ellis Redwell, Mrs. A. G. White
 WIDERS - Kenneth Graham, Stewart Wright, Mary Biggs, George Denny

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Witness Rollin S. White, Mrs. A. Mucus Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1509 Yearly No. 5 Date Feb. 1, 1934 10 34
 Name of Deceased Charlotte Roberts - (widow) - White - Glasgow, Scotland
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow or of Terrence M. Roberts

Vocation.....
 Name of Employer.....
 Charge to E. A. Roberts
 Address.....
 Connection son
 Order given by E. A. Roberts
 How Secured free
 Date of Funeral Feb. 3, 1934 1 P. M.
(Date) (Day of Week) (Hour)
 Services at White Funeral Home
 Clergyman Rev. J. J. McCoy
 His Address.....
 Certifying Physician E. G. Sinking
(or Coroner)
 His Address.....
 Cause of Death Fracture of Neck of Femur
Cardia Failure
 Contributory Causes.....
 Remarks.....
 Date of Death Jan. 28, 1934
 Place of Death Co. Hospital, Tenn., Ia.
 Religion.....
 Resided in the State 3 (Years) (Months)
 Date of Birth June 20, 1843
 Age 90 Years 7 Month 8 Days
 Name of Father William Anderson
 His Birthplace Scotland
 Maiden Name of Mother Williamson
 Her Birthplace Scotland
 Motor Ship } Body to.....
 Size and Style of Casket #3450 Royal V. Roselle
 Manufactured by Royal Casket Co.
 Interment at Rose Hill Cemetery
 Crematory

Complete Funeral	\$ <u>175</u> <u>00</u>
Casket	<u>xx</u>
Metallic Lining	<u>xx</u>
Outside Box <u>hard</u>	<u>xx</u>
Burial Vault	<u>xx</u>
Embalming Body with <u>Dis. Mac. Co.</u> Fluid	<u>xx</u>
Barber, \$	<u>xx</u>
Dressing Body	<u>xx</u>
Suit or Dress, \$	<u>xx</u>
Underwear, \$	<u>xx</u>
Folding Chairs, \$	<u>xx</u>
Candelabrum, \$	<u>xx</u>
Door Badge, \$	<u>xx</u>
Hearse, \$	<u>xx</u>
Limousines to Cemetery @ \$	<u>xx</u>
Autos to R. R. Station @ \$	<u>xx</u>
Getting Remains from <u>C. R. P. Lion</u>	<u>xx</u>
Taking Body to	<u>xx</u>
Delivering Box to <u>Van</u>	<u>xx</u>
Flower Wagons	<u>xx</u>
Removal Charges	<u>xx</u>
Getting Burial Permit	<u>xx</u>
Certified Copies of Death Certificates	<u>xx</u>
Personal Charges	<u>xx</u>
Pall Bearer Service	<u>xx</u>
Outlay for Lot	<u>xx</u>
Death Notices in Newspapers	<u>xx</u>
Flowers, \$	<u>6</u> <u>00</u>
Rental of Palms, \$	<u>xx</u>
Rental of Tent, \$	<u>xx</u>
Lowering Device, \$	<u>xx</u>
Opening of Grave or Tomb	<u>xx</u>
Lining Grave, \$	<u>xx</u>
Outlay for Shipping Charges	<u>xx</u>
Minister, \$	<u>xx</u>
Railroad Tickets, \$	<u>xx</u>
Teleg., Phone, Cable or Radio Charges	<u>xx</u>
Cash Advanced	<u>xx</u>
Total Footing of Bill	\$ <u>181</u> <u>00</u>
Less <u>Op. B.</u>	<u>6</u> <u>00</u>
Balance	<u>175</u> <u>00</u>
Entered into Ledger, page.....	or below \$.....

Diagram of Lot or Vault

Lot No. <u>597</u>	Total, \$	By Cash \$
Grave No. <u>2</u>	<u>P. B. Chandler, William, Nellie Anderson, Jake Cole</u>	
Section No.	<u>Arch. Patton, Andrew Anderson, Bill France</u>	
Owner	<u>Singers - Paula Dewy, Great W. E. Elwin, Wilbur Chandler, William Robinson</u>	

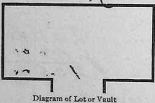
Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Funeral Director A. D. White Signed.....
 Witness W. B. Marsh Signed.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1510 Yearly No. 6 Date February 3, 1934
 Name of Deceased Adelia Lovetta Hedman, White Widow - Colorado, N.Y.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—
 or.....of } Eli A. Hedman

Vocation.....
 Name of Employer.....
 Charge to Estate
 Address.....
 Connection..... Mrs. M. O'Brien, Mrs. Cronin
 Order given by..... Mrs. Lyons
 How Secured..... Note by daughter
 Date of Funeral 2/3/34 Sat. 3 P. M.
(Date) (Day of Week) (Hour)
 Services at Roy Chevrolet; J. J. Williams
 Clergyman..... Parish Church
 His Address.....
 Certifying Physician G. P. Reed
(Physician)
 His Address..... Davis City, Ia.
 Cause of Death..... Cerebral Hemorrhage
 Contributory Causes..... Advance age
 Remarks.....
 Date of Death Feb. 1, 1934
 Place of Death..... Rps - Lamoni
 Religion..... C. O. S.
 Resided in the State.....
(Years) (Months)
 Date of Birth..... Oct. 11, 1844
(Years) (Month) (Days)
 Age..... 91 Years 3 Month 21 Days
 Name of Father..... Peter Cole
 His Birthplace..... Wilmington, Vermont
 Maiden Name of Mother..... Orlita Clark O'Connor
 Her Birthplace..... N.Y.
 Motor Ship } Body to.....
 Size and Style of Casket..... #18 handle - Red Oak
 Manufactured by..... Wash. Casket Co.
 Interment at..... Rock Hill { Cemetery
(Crematory)

Complete Funeral	\$ 150.00
Casket	
Metallic Lining	
Outside Box	wood
Burial Vault	
Embalming Body	with <u>Bus. Co. Fluid</u>
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	1 @ \$
Autos to R. R. Station	2 @ \$
Getting Remains from	<u>Bus</u>
Taking Body to	
Delivering Box to	<u>Car</u>
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	(Name of Newspaper)
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 156.00
Less <u>Of \$</u>	\$ 6.00
Balance	150.00
Entered into Ledger, page.....	or below \$



Lot No. 136
 Grave No. 7
 Section No.....
 Owner.....

P. B.	To Funeral Charges	Total, \$	By Cash	\$
	<u>Harold Hedman, L. E. Hark, J. J. Church,</u> <u>Andrew Anderson, W. W. Pitten, W. A. Linnec.</u>			
S. D. C. R. S. — <u>Tom Bick, Pearl M. Elverson, Orlita Cronin, Bernece Higdon</u>				

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness A. D. White; Mrs. A. March Signed.....
 Signed.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1511 Yearly No. 7 Date Feb. 13, 1934
 Name of Deceased Deborah Clark Merritt, Widow, White, Buffalo, New York.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow or Bertha Lafayette Merritt
or of

Vocation.....
 Name of Employer.....
 Charge to Man & Cliff Merritt
 Address 5ma
 Connection 5ma
 Order given by.....
 How Secured Cash
 Date of Funeral 2/13/34 10:00 10 P. M.
(Day) (Day of Week) (Hour)
 Services at White Funeral Home
 Clergyman Blair Jensen; Tom Ball
 His Address.....
 Certifying Physician L. H. King
(or Coroner)
 His Address Lamoni
 Cause of Death Mycocarditis
Arteriosclerosis Asthma
 Contributory Causes.....
 Remarks.....
 Date of Death 2/10/34
 Place of Death Busg. Lamoni, Ia.
 Religion R.O.S.
 Resided in the State 50
(Years) (Months)
 Date of Birth Jan. 16, 1894
 Age 40 Years 0 Month 25 Days
 Name of Father Marshall Jeff
 His Birthplace New York
 Maiden Name of Mother Deborah Clark Merritt
 Her Birthplace New York
 Motor } Body to
 Ship }
 Size and Style of Casket Ord. Half Couch Plunk
 Manufactured by Butterville, Cochrane Co.
 Interment at Rose Hill Cemetery
Crematory

Complete Funeral	\$ 2.00	00
Casket		
Metallic Lining		
Outside Box <u>wood</u>		
Burial Vault		
Embalming Body with <u>Fluid</u>		
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$		
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Badge, \$		
Gloves, \$		
Hearse, \$		
Ambulance, \$		
Limousines to Cemetery, 1 @ \$		
Autos to R. R. Station, @ \$		
Getting Remains from <u>Bus</u>		
Taking Body to		
Delivering Box to <u>Cem</u>		
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates		
Personal Charges		
Pal Bearer Service		
Outlay for Lot <u>No 1577</u>	46	00
Death Notices in <u>Newspapers</u>		
Flowers, \$ <u>5</u>	5	00
Rental of Palms, \$		
Rental of Tent, \$ <u>1</u> of Temporary Tomb, \$		
Lowering Device, \$ <u>1</u> Cremation, \$		
Opening of Grave or Tomb	6	00
Lining Grave, \$ <u>1</u> Matting, \$		
Outlay for Shipping Charges		
Minister, \$		
Singers, \$		
Organist, \$		
Railroad Tickets, \$		
Aeroplane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$ 2.51	00
Less <u>Cem. Exp.</u>	46	00
Balance	\$ 2.05	00
Entered into Ledger, page.....		
or below \$		

Diagram of Lot or Vault

Lot No. 1577
 Grave No. 3
 Section No.....
 Owner.....

To Funeral Charges... Total, \$	By Cash..... \$
<u>P.B.:</u> <u>H. L. Hayes, Alva Saperoff, Andrew Anderson,</u> <u>Frank Wild, John King, A. M. Deale.</u>	
<u>S. W. R. F. S.:</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....

Funeral Director White; Wm. A. Marsh Signed.....
 Witness..... Signed.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1512 Yearly No. 8 Date Sept. 14, 1934
 Name of Deceased Ellie Rouan - Married - White - Meehan Grav. Co.
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - or - of Landon G. Rouan
 Vocation Housewife
 Name of Employer _____
 Charge to Landon G. Rouan
 Address 614 Miles, North Clatte, Mo.

Complete Funeral	\$ <u>25.00</u>
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body with _____ Fluid	
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body	
Suit or Dress, \$ _____ Hose, \$ _____	
Underwear, \$ _____ Slippers, \$ _____	
Folding Chairs, \$ _____ Tarpaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse, \$ _____ Ambulance, \$ _____	
Limousines to Cemetery @ \$ _____	
Autos to R. R. Station @ \$ _____	
Getting Remains from <u>Osceola</u>	<u>To Chg.</u>
Taking Body to <u>Lansing</u>	<u>-</u>
Delivering Box to _____	<u>-</u>
Flower Wagons	
Removal Charges	
Getting Burial Permit	

Order given by _____
 How Secured Cash
 Date of Funeral 7/14/34 9 P. M.
(Day) (Day of Week) (Hour)
 Services at Rose Hill Cem.
 Clergyman Marvin Day
 His Address Lansing, Mo.
 Certifying Physician L. Valentine
(M.D. or D.O.)
 His Address North Clatte, Mo.
 Cause of Death Diabetes Mellitus
Isletted P. arterioaffer. Atrophy
 Contributory Causes Acute Inflammatory Nephritis

Remarks _____
 Date of Death 7/11/34
 Place of Death Wentworth Hosp. North Clatte
 Religion L.D.S.
 Resided in the State _____ (Years) (Months)
 Date of Birth Dec. 2, 1875
 Age 58 Years 2 Month 9 Days
 Name of Father Hubert Heyberry
 His Birthplace _____
 Maiden Name of Mother Wassie Jansgreen
 Her Birthplace _____
 Motor Ship } Body to from Osceola train
 Size and Style of Casket _____
 Manufactured by _____
 Interment at Rose Hill { Cemetery
 Crematory

Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in _____ Newspapers	
(Names of Newspapers)	
Flowers, \$ _____ Rental of Palms, \$ _____	
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	
Lowering Device, \$ _____ Cremation, \$ _____	
Opening of Grave or Tomb	<u>6.00</u>
Lining Grave, \$ _____ Matting, \$ _____	
Outlay for Shipping Charges	
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Lot No. 542
 Grave No. 3
 Section No. _____
 Owner L. G. Rouan

Total Footing of Bill	\$ <u>31.00</u>
Less <u>Op. Ex.</u>	\$ <u>6.00</u>
Balance	<u>25.00</u>
Entered into Ledger, page _____ or below \$ _____	

To Funeral Charges... Total, \$	By Cash \$
<u>P.B. - 2 Switz Brothers; L. John Carlisle; Clifford Wood</u>	
<u>SIBERS - Mrs Switz, Manda Perry, Glen W. Cox,</u>	
<u>Mch 10:58 A.M. train at Osceola 7/14/34 body to Lansing via funeral coach</u>	
<u>Grave Service Only</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Funeral Director L. B. White Signed _____
 Witness _____ Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1513 Yearly No. 9 Date February 28, 1934
 Name of Deceased Betty Hopkins - Single - White - Lamoni, Ia.
 (What Race) (Where Born)
 Husband - Wife - Widow - H. H. and Thacia Hopkins
 or Daughter of (Single - Married - Divorced)

Vocation Student
 Name of Employer
 Charge to H. H. Hopkins
 Address Lamoni, Ia.

Connection
 Order given by H. H. Hopkins
 How Secured Cash - Inv.
 Date of Funeral Feb 28 Wed 7 P. M.
 (Date) (Day of Week) (Hour)

Services at Cathedral
 Clergyman Blair Jensen, Roy Charville
 His Address Lamoni, Ia.
 Certifying Physician C. R. Hanson
 (or Coroner)
 His Address Oscarola, Ia.
 Cause of Death General Septicemia

Contributory Causes
 Remarks
 Date of Death 2/26/34
 Place of Death Hopkin Hosp, Oscarola
 Religion L. O. S.
 Resided in the State 12 9
 (Years) (Months)

Date of Birth April 30, 1921
 Age 12 Years 9 Months 26 Days
 Name of Father H. H. Hopkins
 His Birthplace Lamoni, Ia.
 Maiden Name of Mother Thacia N. Johnson
 Her Birthplace Lamoni, Ia.

Motor } Body to
 Ship }
 Size and Style of Casket #635 Sedan Varmae R. G. State
 Manufactured by W. H. Oakes Co.
 Interment at Rock Hill { Cemetery
 Crematory

Complete Funeral \$ 315.00
 Casket ✓
 Metallic Lining
 Outside Box Royal Oak (State Kind) 1.00.00
 Burial Vault
 Embalming Body with Sympum Fluid ✓
 Barber, \$ 1.00 Hair Dressing, \$ 1.00
 Dressing Body ✓
 Suit or Dress, \$ 2.50 Hose, \$
 Underwear, \$ 2.50 Slippers, \$ ✓
 Folding Chairs, \$ 2.50 Tarpaulin, \$
 Candelabrum, \$ 2.50 Candles, \$
 Door Badge, \$ 2.50 Gloves, \$
 Hearse, \$ 2.50 Ambulance, \$ ✓
 Limousines to Cemetery @ \$
 Autos to R. R. Station @ \$
 Getting Remains from Oscarola, Ia. ✓
 Taking Body to
 Delivering Box to
 Flower Wagons ✓
 Removal Charges ✓
 Getting Burial Permit ✓
 Certified Copies of Death Certificates (State Number and District)
 Personal Charges ✓
 Pall Bearer Service ✓

Outlay for Lot
 Death Notices in Newspapers
 (Name of Newspaper)
 Flowers, \$ 4.50
 Rental of Tent, \$ 4.50 of Temporary Tomb, \$
 Lowering Device, \$ 8.00 Cremation, \$
 Opening of Grave or Tomb
 Lining Grave, \$ 5.00 Matting, \$
 Outlay for Shipping Charges
 Minister, \$ 5.00 Singers, \$ 5.00 Organist, \$
 Railroad Tickets, \$ 5.00 Aeroplane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
Cathedral Rental 5.00

Total Footing of Bill \$ 456.00
 Less Cash Adv. \$ 14.00
 Balance \$ 427.00

Entered into Ledger, page _____ or below \$
 Lot No. 429
 Grave No. 1
 Section No.
 Owner

Diagram of Lot or Vault

To Funeral Charges	Total, \$	By Cash	\$
<u>P. D. W. Dancer; E. H. Leach; Martin Anderson, K. C. Scott, Ralph & Alf Derry</u>			
<u>H. S. F. S. S. Lawrence Dancer, Pauline Anderson, Lorraine Derry, Ruth Scott</u>			
<u>F. L. O. F. S. Maudie Ware Conklin</u>			
<u>S. I. C. F. S. Thanda Derry, Robert</u>			
<u>Octob. - Mrs. Carlisle Thanda Derry, Gertrude Holden, Lora Ramon</u>			
<u>Thilda Chandler, Peggy Anderson, Dwight Heddenberg, J. C. Stewart</u>			
<u>Mrs. Colin Smith, Bernice</u>			

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____

Funeral Director Rollin S. White, Ia. a. Marsh Signed _____
 Witness _____ Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1933.

RECORD OF FUNERAL

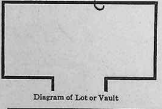
Total No. 1514 Yearly No. 70 Date March 7, 1934
 Name of Deceased Ora May Martin Married White Beverwood, Mo.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or Blancher Martin

Vocation Trucker
 Name of Employer
 Charge to Blancher Martin
 Address Lamar, Mo.
 Connection
 Order given by Blancher Martin
 How Secured Wife on Hand
 Date of Funeral 3/7/34 Wed. 2:30 P. M.
(Date) (Day of Week) (Hour)
 Services at White & Samuel Ames
 Clergyman Chas. Harper; Jos. Luns
 His Address
 Certifying Physician C. E. Stribney
(or Coroner)
 His Address Lamar, Mo.
 Cause of Death Primary sepsis, septicaemia
 Contributory Causes Baralysis of body
 Remarks
 Date of Death March 6, 1934
 Place of Death Wm. S. Lamar
 Religion W. S.
 Resided in the State 70
(Years) (Months)

Date of Birth Feb 27, 1894
 Age 40 Years 0 Month 12 Days
 Name of Father Henry Coffey
 His Birthplace Ohio
 Maiden Name of Mother Lida Woodard
 Her Birthplace Mo.
 Motor Ship } Body to
 Size and Style of Casket #768 Rosella
 Manufactured by Wm. S. Lamar Co.
 Interment at Wm. S. Hill Cemetery
Crematory

Complete Funeral	\$ <u>150.00</u>
Casket # <u>768 Rosella</u>	
Metallic Lining	
Outside Box <small>(State Kind)</small> <u>Wood</u>	
Burial Vault <small>(State Kind)</small>	
Embalming Body <small>(State Kind)</small> <u>with Wm. S. Co. Fluid</u>	
Barber, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	<u>2.00</u>
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Wm.</u>	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit <small>(State Number and District)</small>	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ <small>(Names of Newspapers)</small>	
Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Minister, \$ Singers, \$ Organist, \$	
Railroad Tickets, \$ Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>152.00</u>
Less	
Balance	
Entered into Ledger, page	
or below \$	

Lot No. 850
 Grave No. 3
 Section No.
 Owner



To Funeral Charges... Total, \$	\$
<u>O. B. Allen Roberts, Gus Vincent, Lorna Richardson, Lloyd Roberts, Allen</u>	
By Cash	\$

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness Wm. S. Lamar Signed
Wm. S. Lamar Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1515 Yearly No. 110 Date March 10, 1934
 Name of Deceased Infant of John & Olive Swigart - Lamar, Iowa
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - }
 or of }

Vocation
 Name of Employer
 Charge to John Swigart
 Address
 Connection
 Order given by
 How Secured
 Date of Funeral 3/10/34 3:30 P.M.
(Date) (Day of Week) (Hour)
 Services at 5th St. & Eglwille, Mo.
 Clergyman Blair Jensen
 His Address
 Certifying Physician G. E. Sweeney
(Coroner)
 His Address Stillborn, N. Jasper, Mo.
 Cause of Death
 Contributory Causes
 Remarks
 Date of Death 3/10/34 1:30 P.M.
 Place of Death Lamar, Iowa
 Religion
 Resided in the State
 Date of Birth 3/10/34 (Years) (Months) (Days)
 Age Years Month Days
 Name of Father John Swigart
 His Birthplace Mo.
 Maiden Name of Mother Olive Sparlan
 Her Birthplace Iowa
 Motor Ship } Body to
 Size and Style of Casket 2 1/2 x 14 top Laminated
 Manufactured by W. H. Cassin Co.
 Interment at 5th St. & Eglwille { Cemetery
 Crematory

Complete Funeral	\$ <u>12.00</u>
Casket	✓
Metallic Lining	✓
Outside Box	✓
Burial Vault	(State Kind)
Embalming Body	with Fluid ✓
Barber, \$	Hair Dressing, \$
Dressing Body	✓
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	✓
Taking Body to	<u>Eglwille, Mo.</u>
Delivering Box to	✓
Flower Wagons	✓
Removal Charges	✓
Getting Burial Permit	✓
Certified Copies of Death Certificates	(State Number and District)
Personal Charges	✓
Pall Bearer Service	✓
Outlay for Lot	✓
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	✓
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	✓
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	✓
Minister, \$	Singers, \$ Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	✓
Cash Advanced	✓
Total Footing of Bill	\$ <u>12.00</u>
Less	\$
Balance	\$
Entered into Ledger, page	or below \$

Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Diagram of Lot or Vault

	To Funeral Charges... Total, \$		By Cash	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness A. S. White Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1516 Yearly No. 12 Date March 27, 1934
 Name of Deceased Orlando Work Married, White, Pleasanton, Iowa
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - } Dora A. Work
 or

Vocation Lumber - Retired

Name of Employer _____
 Charge to Mrs. Orlando Work

Address _____

Connection _____
 Order given by Orel A. Work

How Secured Contract

Date of Funeral 3/27/34 Sure 7 P. M.
(Day of Week) (Hour)

Services at St. Luke's Episcopal Home

Clergyman J. J. Bell, Jr. Lane

His Address Lamoni, Ia.

Certifying Physician J. M. Hills
(or Coroner)

His Address Lamoni

Cause of Death Progressive Ascending Paralysis

Contributory Causes _____

Remarks _____

Date of Death 3/24/34

Place of Death Res - Lamoni

Religion _____

Resided in the State _____

Date of Birth March 8, 1859 75 16
(Years) (Months) (Days)

Age 75 Years 0 Month 16 Days

Name of Father Alvino Work

His Birthplace Iowa

Maiden Name of Mother _____

Her Birthplace _____

Motor Ship } Body to _____

Size and Style of Casket 6350 R.E. State Cedar

Manufactured by East Cedar Co.

Interment at North Hill { Cemetery Crematory

Lot No. 451

Grave No. 349

Section No. _____

Owner _____

Complete Funeral	\$ <u>315.00</u>
Casket	_____
Metallic Lining	_____
Outside Box	_____
Burial Vault <u>Royal City Seal</u>	<u>1.00.00</u>
Embalming Body <u>with No. 1000 Co Fluid</u>	_____
Barber, \$	_____
Hair Dressing, \$	_____
Dressing Body	_____
Suit or Dress, \$	_____
Hose, \$	_____
Underwear, \$	_____
Slippers, \$	_____
Folding Chairs, \$	_____
Tarpaulin, \$	_____
Candelabrum, \$	_____
Candles, \$	_____
Door Badge, \$	_____
Gloves, \$	_____
Hearse, \$	_____
Ambulance, \$	_____
Limousine to Cemetery @ \$	_____
Autos to R. R. Station @ \$	_____
Getting Remains from <u>St. Luke's</u>	_____
Taking Body to <u>St. Luke's</u>	_____
Delivering Box to <u>St. Luke's</u>	_____
Flower Wagons	_____
Removal Charges	_____
Getting Burial Permit	_____
Certified Copies of Death Certificates	_____
Personal Charges	_____
Pall Bearer Service	_____
Outlay for Lot	_____
Death Notices in _____ Newspapers	_____
Flowers, \$ _____ Rental of Palms, \$ _____	<u>5.00</u>
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	_____
Lowering Device, \$ _____ Cremation, \$ _____	<u>8.00</u>
Opening of Grave or Tomb	_____
Lining Grave, \$ _____ Matting, \$ _____	_____
Outlay for Shipping Charges	_____
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	_____
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	_____
Telegr., Phone, Cable or Radio Charges	_____
Cash Advanced	_____
Total Footing of Bill	\$ <u>418.00</u>
Less <u>of \$</u>	\$ <u>8.00</u>
Balance	<u>410.00</u>
Entered into Ledger, page _____ or below \$ _____	_____

To Funeral Charges... Total, \$	\$ _____
By Cash	\$ _____
<u>G. B. Tom Allen, Dan Stechel, Al Leiby, Geo. Leiby, Geo. Johnson, Chas. Mann</u>	_____
<u>SINGERS: Orlita Brown, Manuel Henke, Clyde E. Harding, Russell Keltner, Anna Jean Brown</u>	_____

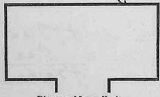
Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness A. S. White Wm. A. Muel Signed _____
 Signed _____

RECORD OF FUNERAL

Total No. 1517 Yearly No. 13 Date March 29, 1934
 Name of Deceased Smith, Walter L. Spinger - Single - Laramie, W. Va.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - J. M. and Lucy L. Spinger
or - of

Vocation _____
 Name of Employer _____
 Charge to J. M. Spinger & Mrs. Colman Smith
 Address Laramie, W. Va.
 Connection _____
 Order given by J. M. Spinger
 How Secured Atk. and Order from Graceland College
 Date of Funeral 3/29/34 11:30 A.M.
(Date) (Day of Week) (Hour)
 Services at Coliseum
 Clergyman Stair Jenson, J. T. Riggs
 His Address _____
 Certifying Physician M. J. Rogers "Comm"
(In Office)
 His Address Laramie, W. Va.
 Cause of Death Encephalitis Lethargica
 Contributory Causes _____
 Remarks _____
 Date of Death 3/27/34
 Place of Death Laramie, W. Va.
 Religion L. O. S.
 Resided in the State 26
(Years) (Months)
 Date of Birth Dec. 23, 1907
 Age 26 Years 3 Month 4 Days
 Name of Father J. M. Spinger
 His Birthplace La Salle Co., Ill.
 Maiden Name of Mother Lucy Smith
 Her Birthplace Laramie, W. Va.
 Motor Ship } Body to _____
 Size and Style of Casket #3450 Prof. Service Order
 Manufactured by North Cashier Co.
 Interment at West Hill Cemetery
Crematory

Complete Funeral	\$ <u>175.00</u>
Casket	-
Metallic Lining	-
Outside Box <u>wood</u>	-
Burial Vault	-
Embalming Body <u>with Wash-Her-Co Fluid</u>	-
Barber, \$	-
Hair Dressing, \$	-
Dressing Body	-
Suit or Dress, \$	-
Hose, \$	-
Underwear, \$	-
Slippers, \$	-
Folding Chairs, \$	-
Tarpaulin, \$	-
Candelabrum, \$	-
Candles, \$	-
Door Badge, \$	-
Gloves, \$	-
Hearse, \$	-
Ambulance, \$	-
Limousines to Cemetery @ \$	-
Autos to R. R. Station @ \$	-
Getting Remains from <u>Pa</u>	-
Taking Body to	-
Delivering Box to <u>Comm</u>	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit	-
<small>(State Number and District)</small>	-
Certified Copies of Death Certificates	-
Personal Charges	-
Pall Bearer Service	-
Outlay for Lot	-
Death Notices in	-
<small>(Names of Newspapers)</small>	-
Flowers, \$	-
Rental of Palms, \$	-
Rental of Tent, \$	-
of Temporary Tomb, \$	-
Lowering Device, \$	-
Cremation, \$	-
Opening of Grave or Tomb	6.00
Lining Grave, \$	-
Matting, \$	-
Outlay for Shipping Charges	-
Minister, \$	-
Singers, \$	-
Organist, \$	-
Railroad Tickets, \$	-
Aeroplane Service, \$	-
Telegr., Phone, Cable or Radio Charges	-
Cash advanced	-
<u>Coliseum United</u>	5.00
Total Footing of Bill	\$ <u>186.00</u>
Less <u>Cash adv.</u>	\$ <u>11.00</u>
Balance	\$ <u>175.00</u>
Entered into Ledger, page	or below \$



Lot No. 966
 Grave No. 3
 Section No. _____
 Owner _____

To Funeral Charges... Total, \$ _____ By Cash \$ _____

P. B. Mark Amory, Henry Mueens, Bill Wilson, Walter Johnson, Bill Hayden, Carl Peall
Ushers - Loungie Kelley, Max White, Monroe Hill
 Attendants - Mr. & Mrs. W. A. Layland
 Singers - Double Quartet from St. Cecilia Church

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. S. White, Mrs. Marsh Signed _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1517 Yearly No. 14 Date March 21 1934

Name of Deceased Thomas Payne King, Married, Married, Widow, Widow, Mo.
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - or of Sarah Eunice King

Vocation Physician

Name of Employer Self

Charge to Eunice King

Address Wife

Connection Wife

Order given by Bert King, Son

How Secured Contract

Date of Funeral 3/21/34 Mo. 11 A. M.
(Day) (Day of Week) (Hour)

Services at Residence

Clergyman Father O'Banion

His Address Leon, Ia.

Certifying Physician H. M. Hills
(or Coroner)

His Address Lamoni, Iowa

Cause of Death From overage of brain

Contributory Causes Concussion of brain and
fracture at base of skull.

Remarks fracture at base of skull.

Date of Death March 28, 1934

Place of Death Res. Lamoni

Religion Catholic

Resided in the State 15 (Years) (Months)

Date of Birth March 26, 1881

Age 53 Years 0 Month 2 Days

Name of Father Albert Edgar King

His Birthplace Hampton

Maiden Name of Mother Ada May Bester

Her Birthplace Hampton

Motor Ship Body to Platteville, La. (E. Ruffel)

Size and Style of Casket Plus 1/2 c

Manufactured by Woot Casket Co.

Interment at Platteville { Cemetery Crematory

Complete Funeral	\$ 210	00
Casket		
Metallic Lining		
Outside Box		
Burial Vault <u>Barker Box Seal</u>	100	00
Embalming Body <u>with Pine Res. & Fluid</u>		
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$		
Hose, \$		
Underwear, \$		
Slippers, \$		2 50
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Badge, \$		
Gloves, \$		
Hearse, \$		
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from <u>Res</u>		
Taking Body to <u>Platteville</u>	8	50
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit		
<small>(State Number and District)</small>		
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$ <small>(Name of Newspaper)</small>		
Rental of Palms, \$	5	00
Rental of Tent, \$		
Temporary Tomb, \$		
Lowering Device, \$		
Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Matting, \$		
Outlay for Shipping Charges		
Minister, \$		
Singers, \$		
Organist, \$		
Railroad Tickets, \$		
Aeroplane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$ 376	00
Less		
Balance		
Entered into Ledger, page		or below \$

Diagram of Lot or Vault

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

To Funeral Charges... Total \$	By Cash \$
<u>American Legion in Charge at Country -</u>	<u>May South, Commander</u>
<u>P. B. Haver Spaulding, Ralph Silver, J. L. Sullivan, Evan J. Wadsworth,</u>	<u>Art. W. of Haver, Chaplin</u>
<u>John B. Foster, J. G. Barnes, G. A. Hill, Walter M. Orr.</u>	

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____

Witness Robin S. White Signed _____

RECORD OF FUNERAL

Total No. 1519 Yearly No. 15 Date April 12, 1934

Name of Deceased Florence Lenore Thompson, Single (What Race) (Where Born)

Husband—Wife—Widow—
or Daughters... of Frank L. Thompson

Vocation
Name of Employer
Charge to Stall's Funeral Home
Address Independence, Mo.

Connection
Order given by Henry Stahl
How Secured Cash

Date of Funeral 4/12/34 (Date) (Day of Week) (Hour) M.

Services at St. Lukes
Clergyman J. S. Sawyer; Blair Jenden

His Address
Certifying Physician Dr. T. L. Cook, Registrar (or Coroner)

His Address Independence, Mo.
Cause of Death Chloroform Intoxication

Contributory Causes
Remarks

Date of Death April 9, 1934

Place of Death Independence Sanitarium
Religion

Resided in the State (Years) (Months)

Date of Birth
Age 43 Years Month Days

Name of Father Frank L. Thompson
His Birthplace

Maiden Name of Mother
Her Birthplace

Motor Ship } Body to
Size and Style of Casket

Manufactured by
Interment at Grave Hill { Cemetery Crematory

Lot No. 144

Grave No. 1

Section No.
Owner

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		
Metallic Lining		
Outside Box	<u>Wood</u> (State Kind)	<u>1.00</u>
Burial Vault	(State Kind)	
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	<u>15.00</u>
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	<u>3.00</u>
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	<u>25.00</u>
Less	\$	
Balance		
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$		By Cash	\$
<u>Body brought to Lamoni via Funeral Coach & Services conducted by Henry Stahl, Indep., Mo.</u>			

Insurance, \$ Names of Lodges

Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof

Witness R. S. White Signed
Signed

RECORD OF FUNERAL

Total No. 1519 Yearly No. 16 Date May 7 1934
 Name of Deceased Mary Emily Peters, married, (What Race) Ohio (Where Born)
 Husband—Wife—Widow— } E. J. Peters

Vocation Farmer
 Name of Employer
 Charge to E. J. Peters
 Address
 Connection
 Order given by
 How Secured Notes
 Date of Funeral May 31 11 A. 1 P. M.
 Services at St. Luke's Church
 Clergyman Dean Jensen; H. H. Blau
 His Address
 Certifying Physician A. M. Mills (or Coroner)
 His Address

Complete Funeral	\$ 210.00
Casket	-
Metallic Lining	-
Outside Box <u>with</u> (State Kind)	-
Burial Vault (State Kind)	-
Embalming Body with Fluid	-
Barber, \$ Hair Dressing, \$	-
Dressing Body	-
Suit or Dress, \$ Hose, \$	8 75
Underwear, \$ Slippers, \$	-
Folding Chairs, \$ Tarpaulin, \$	-
Candelabrum, \$ Candles, \$	-
Door Badge, \$ Gloves, \$	-
Hearse, \$ Ambulance, \$	-
Limousines to Cemetery, @ \$	-
Autos to R. R. Station, @ \$	-
Getting Remains from <u>Ohio</u>	-
Taking Body to	-
Delivering Box to <u>Com</u>	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit (State Number and District)	-
Certified Copies of Death Certificates	-
Personal Charges	-
Pall Bearer Service	-
Outlay for Lot	-
Death Notices in Newspapers	-
Flowers, \$ Rental of Palms, \$	-
Rental of Tent, \$ of Temporary Tomb, \$	-
Lowering Device, \$ Cremation, \$	-
Opening of Grave or Tomb	6 00
Lining Grave, \$ Matting, \$	-
Outlay for Shipping Charges	-
Minister, \$ Singers, \$ Organist, \$	-
Railroad Tickets, \$ Aeroplane Service, \$	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-
Total Footing of Bill	\$ 224 75
Less <u>Op. Dravr</u>	6 00
Balance	218 75
Entered into Ledger, page	or below \$

Cause of Death Obstruction of the Bowels
 Contributory Causes
 Remarks
 Date of Death May 19, 1934 5:30 P.M.
 Place of Death near Lamoni, Iowa
 Religion T. W. S.
 Resided in the State 3 (Years) (Months)
 Date of Birth Mar. 1, 1857
 Age 77 Years 2 Month 19 Days
 Name of Father Unknown
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor Ship } Body to
 Size and Style of Casket #232 Orchid Chaffoy 1/2 C.
 Manufactured by W. H. Hill
 Interment at Rice Hill Cemetery Crematory

Diagram of Lot or Vault
 Lot No. 740
 Grave No. 7
 Section No.
 Owner Olga Peters

To Funeral Charges... Total, \$	\$
By Cash	\$
<p><u>G. B. Vanderflats, Orrin & Fred Ballentine, O. Wash. Ben Brown, M. Seave</u></p> <p><u>SINBKS: Dwight Underberg, Clyde Corling, Lawrence Young, Orleta Brown</u></p> <p><u>Joy Davis, P. P. Smith</u></p>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness A. B. White; M. A. Marsh
 Signed _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1570 Yearly No. 17 Date May 27 1934
 Name of Deceased Frances Baggerly, Widow Indiana
(Single, Widowed, Divorced) (What Here) (Where Born)
 Husband—Wife—Widow or Isaac B. Baggerly, Dec.
or of

Vocation _____
 Name of Employer _____
 Charge to Wm. Baggerly
 Address Davenport, Ia.
 Connection Son
 Order given by Wm. Baggerly
 How Secured _____
 Date of Funeral 5/27/34 10 P. M.
(Day) (Day of Week) (Hour)
 Services at White Home
 Clergyman J. B. Bell; J. D. Stead
 His Address _____
 Certifying Physician Dr. E. W. Patton
(or Coroner)
 His Address Norman, Okla.
 Cause of Death Bacterial Enteritis
 Contributory Causes _____
 Remarks _____
 Date of Death 5/19/34
 Place of Death Norman, Okla.
 Religion L.D.S.
 Resided in the State _____
(Years) (Months)
 Date of Birth _____
 Age 89 Years 7 Month 27 Days
 Name of Father Jamies Garton
 His Birthplace Virginia
 Maiden Name of Mother Andria Hill
 Her Birthplace Maryland
(Motor Ship) Body from Oklahoma City
 Size and Style of Casket _____
 Manufactured by _____
 Interment at Love Rock { Cemetery
Crematory

Complete Funeral	\$ <u>205.00</u>
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body with _____ Fluid	
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body	
Suit or Dress, \$ _____ Hose, \$ _____	
Underwear, \$ _____ Slippers, \$ _____	
Folding Chairs, \$ _____ Tarpaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse, \$ _____ Ambulance, \$ _____	
Limousines to Cemetery @ \$ _____	
Autos to R. R. Station @ \$ _____	
Getting Remains from <u>Station</u>	
Taking Body to _____	
Delivering Box to <u>Love Rock</u>	\$ <u>35.00</u>
Flower Wagons _____	
Removal Charges _____	
Getting Burial Permit _____	
Certified Copies of Death Certificates _____	
Personal Charges _____	
Pall Bearer Service _____	
Outlay for Lot _____	
Death Notices in _____ Newspapers	
Flowers, \$ _____ <small>(Names of Newspapers)</small> Rental of Palms, \$ _____	\$ <u>4.00</u>
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	
Lowering Device, \$ _____ Cremation, \$ _____	
Opening of Grave or Tomb _____	
Lining Grave, \$ _____ Matting, \$ _____	
Outlay for Shipping Charges _____	
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Total Footing of Bill	\$ <u>325.00</u>
Less _____	\$ _____
Balance	\$ _____
Entered into Ledger, page _____ or below \$ _____	

To Funeral Charges... Total, \$	By Cash \$
<u>T. B. G. & Co. Super, Alon Super, L. S. Kelley, Jess Jackson, E. K. Davis, Roy Johnson</u>	
DINGERS: <u>Lisa Pull, Paul W. Clavin, Jenn Ballantyne</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness [Signature] Signed _____
[Signature] Signed _____
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1521 Yeaply No. 78 Date May 26, 1934
 Name of Deceased Isabel Lamble, Widow, White, Canada
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wid - Widow - or - Sister of A. J. Reid, Deepdale, Manitoba, Canada

Vocation _____
 Name of Employer Santa Home
 Charge to _____
 Address _____
 Connection _____
 Order given by Mrs. J. B. Bury, Matron
 How Secured _____
 Date of Funeral 5/26/34, Saturday 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Santa Home
 Clergyman J. D. Stead
 His Address _____
 Certifying Physician L. E. Sixbury
(or Coroner)
 His Address _____
 Cause of Death cardiac renal disease
Arteriosclerosis
 Contributory Causes mitral stenosis
 Remarks _____
 Date of Death May 25, 1934
 Place of Death Santa Home, Laurin
 Religion A. O. S.
 Resided in the State _____ 6 (Years) (Months)
 Date of Birth July 21, 1854
 Age 79 Years 10 Month 4 Days
 Name of Father _____
 His Birthplace And Johnson
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor } Body to _____
 Ship } _____
 Size and Style of Casket 131. Maple
 Manufactured by North Casket Co.
 Interment at Maple Hill { Cemetery
 Crematory

Complete Funeral	\$ <u>70.00</u>
Casket	-
Metallic Lining	-
Outside Box	-
Burial Vault	-
Embalming Body	-
Barber, \$	-
Dressing Body	-
Suit or Dress, \$	-
Underwear, \$	-
Folding Chairs, \$	-
Candelabrum, \$	-
Door Badge, \$	-
Hearse, \$	-
Limousines to Cemetery, \$	-
Autos to R. R. Station, \$	-
Getting Remains from	-
Taking Body to	-
Delivering Box to	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit	-
Certified Copies of Death Certificates	-
Personal Charges	-
Pall Bearer Service	-
Outlay for Lot	-
Death Notices in	-
Flowers, \$	-
Rental of Palms, \$	-
Rental of Tent, \$	-
Lowering Device, \$	-
Opening of Grave or Tomb	6.00
Lining Grave, \$	-
Outlay for Shipping Charges	-
Minister, \$	-
Railroad Tickets, \$	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	1.40
<u>Sales Tax</u>	-
Total Footing of Bill	\$ <u>77.40</u>
Less <u>Op. G.</u>	<u>6.00</u>
Balance	\$ <u>71.40</u>
Entered into Ledger, page	or below \$

Diagram of Lot or Vault

Lot No. 995
 Grave No. 2
 Section No. _____
 Owner St. Home

To Funeral Charges... Total, \$	By Cash
<u>P. B. - J. B. Bury, M. Seward, Clerk with J. Myeroff, John Midgarden, Willsonville.</u>	
<u>J. A. REAS - Miss Hyde, Anna Jean Brown, Miss Ovey - Prank.</u>	

Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness A. D. White, Clerk of Court Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1572 Yearly No. 19 Date June 7 1934

Name of Deceased Martha Heaton Butts, Widow Ann Cameron, Mo.
(Single - Married - Divorced) (What Race) (Where Born)

Husband, Wife, Widow, or of Swain Lee, D.R. and Pauline Butts

Vocation

Name of Employer

Charge to Swain Lee + D.R.

Address

Connection

Order given by 4

How Secured

Date of Funeral 6/7/34 Thurs 2 P. M.
(Day) (Day of Week) (Hour)

Services at Residence

Clergyman Rev. J. V. Gray

His Address

Certifying Physician B. E. Sixbury
(or Coroner)

His Address

Cause of Death Mitral Stenosis, Auricular Dilatation, Hypertrophia

Contributory Causes High blood pressure

Remarks due to embolism 5/21/34

Date of Death June 5, 1934

Place of Death Camou, Iowa

Religion

Resided in the State 31
(Years) (Months)

Date of Birth May 12, 1879

Age 60 Years 0 Month 23 Days

Name of Father Morris H. Hill

His Birthplace Brown Co. Mo.

Maiden Name of Mother Lucy M. Davis

Her Birthplace Mo.

Motor Ship } Body to

Size and Style of Casket 6 x 2 1/2 State Pl. 1/2 c.

Manufactured by Best

Interment at St. Alby { Cemetery
Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	<u>Inc. Sales Tax</u>	\$	<u>265</u>	<u>00</u>
Casket				
Metallic Lining				
Outside Box	<u>Royal Oak</u>	(State Kind)	<u>100</u>	<u>00</u>
Burial Vault	<u>Safe</u>	(State Kind)	<u>2</u>	<u>00</u>
Embalming Body	<u>with Dis. Res. Co. Fluid</u>			
Barber, \$	<u>Hair Dressing, \$</u>		<u>1</u>	<u>00</u>
Dressing Body				
Suit or Dress, \$	<u>Hose, \$</u>			
Underwear, \$	<u>Slippers, \$</u>			
Folding Chairs, \$	<u>Tarpaulin, \$</u>			
Candelabrum, \$	<u>Candles, \$</u>			
Door Badge, \$	<u>Gloves, \$</u>			
Hearse, \$	<u>Ambulance, \$</u>			
Limousines to Cemetery	<u>1 @ \$ 41.00</u>			
Autos to R. R. Station	<u>@ \$</u>			
Getting Remains from	<u>Res</u>			
Taking Body to				
Delivering Box to	<u>Comm</u>			
Flower Wagons				
Removal Charges				
Getting Burial Permit				
Certified Copies of Death Certificates				
Personal Charges				
Pall Bearer Service				
Outlay for Lot				
Death Notices in	<u>Newspapers</u>			
Flowers, \$	<u>Rental of Palms, \$</u>		<u>5</u>	<u>10</u>
Rental of Tent, \$	<u>of Temporary Tomb, \$</u>			
Lowering Device, \$	<u>Cremation, \$</u>			
Opening of Grave or Tomb				
Lining Grave, \$	<u>Matting, \$</u>			
Outlay for Shipping Charges				
Minister, \$	<u>Singers, \$</u>			
Organist, \$				
Railroad Tickets, \$	<u>Aeroplane Service, \$</u>			
Telegr., Phone, Cable or Radio Charges				
Cash Advanced				
Total Footing of Bill			<u>373</u>	<u>10</u>
Less <u>Fun. Proceeding</u>			<u>1</u>	<u>00</u>
Balance			<u>372</u>	<u>10</u>
Entered into Ledger, page				
or below \$				

To Funeral Charges... Total \$	By Cash	\$
<u>P. B. A. M. Hut, W. C. Cameron, J. E. Duvall, John Gray, John Equi, P. V. Giddens</u>		
<u>J. B. ... Mary Clark, Mary Margaret, Vicki, Myrtle Butts, Jean Trullinger</u>		
<u>S. H. C. H. S. ... Nanda Derry, Mary Carlisle, Ann Morgan, Eunice Butts</u>		
<u>Mark Conway, David</u>		

Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness R. S. White, Mrs. A. White

RECORD OF FUNERAL

Total No. 1573 Yearly No. 20 Date June 9 1934
 Name of Deceased Mary C. Huston (Single - Married - Divorced) Illinois (What Race) (Where Born)
 Husband—Wife—Widow— }
 or of }

Vocation
 Name of Employer
 Charge to Santa Home
 Address
 Connection
 Order given by T. Ray Carmichael
 How Secured Cash
 Date of Funeral 6/9/34 Sat. 7:30 M. (Date) (Day of Week) (Hour)
 Services at Santa Home
 Clergyman J. M. Stultsch; M. Sawley
 His Address
 Certifying Physician C. E. Siskney (or Coroner)
 His Address
 Cause of Death Myocardial Infarction
Mitral Stenosis
 Contributory Causes
 Remarks
 Date of Death June 8, 1934
 Place of Death Santa Home
 Religion Catholic
 Resided in the State (Years) (Months)
 Date of Birth April 30, 1867 (Years) (Months)
 Age 67 Years 1 Month 8 Days
 Name of Father Unknown
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor Ship } Body to
 Size and Style of Casket Stewart Flat top Larch
 Manufactured by Highland Casket Co.
 Interment at Rose Hill { Cemetery } Crematory

Diagram of Lot or Vault

Lot No. 568
 Grave No. 4
 Section No.
 Owner

Complete Funeral	\$ <u>70.00</u>
Casket	-
Metallic Lining (State Kind)	-
Outside Box (State Kind)	-
Burial Vault (State Kind)	-
Embalming Body with Fluid	-
Barber, \$ Hair Dressing, \$	-
Dressing Body	-
Suit or Dress, \$ Hose, \$	-
Underwear, \$ Slippers, \$	-
Folding Chairs, \$ Tarpaulin, \$	-
Candelabrum, \$ Candles, \$	-
Door Badge, \$ Gloves, \$	-
Hearse, \$ Ambulance, \$	-
Limousines to Cemetery @ \$	-
Autos to R. R. Station @ \$	-
Getting Remains from	-
Taking Body to	-
Delivering Box to	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit (State Number and District)	-
Certified Copies of Death Certificates	-
Personal Charges	-
Pall Bearer Service	-
Outlay for Lot	-
Death Notices in Newspapers	-
Flowers, \$ (Names of Newspapers) Rental of Palms, \$	-
Rental of Tent, \$ of Temporary Tomb, \$	-
Lowering Device, \$ Cremation, \$	-
Opening of Grave or Tomb	6.00
Lining Grave, \$ Matting, \$	-
Outlay for Shipping Charges	-
Minister, \$ Singers, \$ Organist, \$	-
Railroad Tickets, \$ Aeroplane Service, \$	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	1.40
<u>Sales Tax</u>	-
Total Footing of Bill	\$ <u>77.40</u>
Less <u>Op. H. & L. Tax</u>	\$ <u>7.40</u>
Balance	\$ <u>70.00</u>
Entered into Ledger, page or below \$	

To Funeral Charges... Total, \$ <u>P. B. J. Mycoff, W. H. Smith, H. H. Hold, Jr., B. B. B. B., J. H. H. H., J. H. H. H.</u> D. M. C. E. R. S. <u>Orleta Brown, Ann Morgan</u>	By Cash \$
---	---------------------------------------

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness L. S. White Signed
 Signed
 Signed

RECORD OF FUNERAL

Total No. 1524 Yearly No. 21 Date July 15 1934

Name of Deceased Oliver Nathaniel Hayer, Married, White, near Eagle Grove, La.
(Single - Married - Widowed) (What Race) (Married - Term)

Husband - Wife - Widow - of Maudie E. Hayer

Vocation Farmer

Name of Employer Self

Charge to Maudie E. Hayer

Address Wicks

Connection Wife

Order given by Maudie E. + Oliver Hayer

How Secured Cash

Date of Funeral July 31 Sunday 2:30 P. M.
(Day) (Day of Week) (Hour)

Services at Coliseum

Clergyman W. G. Chevillat; Blair Johnston

His Address 6. C. Sixbury
(or Curator)

His Address Wicks

Cause of Death Heart exhaustion

Contributory Cause Infection, Arthritis

Remarks Appressed teeth

Date of Death July 13, 1934

Place of Death Hammi, La. - Res.

Religion 35
(Years) (Months)

Resided in the State 35
(Years) (Months)

Date of Birth March 28, 1894

Age 40 Years 3 Month 15 Days

Name of Father Oliver Hayer

His Birthplace La Salle Co., La.

Maiden Name of Mother Emma Jane Hayer

Her Birthplace La Salle Co., La.

Motor Ship } Body to 201 Lil Poppy Velox 1/2 c.

Size and Style of Casket 201 Lil Poppy Velox 1/2 c.

Manufactured by W. G. Cash Co.

Interment at Wicks Hill { Cemetery Crematory

Lot No. 458

Grave No. 2

Section No. Owner Oliver Hayer

Diagram of Lot or Vault

Complete Funeral	\$ 240.00
Casket # 201 Lil Poppy Velox	xx
Metallic Lining	xx
Outside Box <u>Pine</u> (State Kind)	xx
Burial Vault <u>Right side</u> (State Kind)	xx
Embalming Body with <u>Two</u> Fluids (State Kind)	xx
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery @ \$	xx
Autos to R. R. Station @ \$	xx
Getting Remains from <u>Res.</u>	xx
Taking Body to <u>Res.</u>	xx
Delivering Box to <u>Res.</u>	xx
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	xx
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$10.50 (Name of Newspaper)	10.50
Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$	7.00
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
<u>6.00</u> <u>Res.</u> Rental	5.00
Total Footing of Bill	\$ 262.50
Less <u>Cash Adv.</u>	\$ 17.00
Balance	\$ 245.50
Entered into Ledger, page	or below \$

To Funeral Charges, Total, \$

By Cash \$

P. B. Ralph Silver, Howard Silver, Walter Morn, Bill Chinen,
Joe Garland, Dave Dancer

S. WIGERS: Mark Carlisle, Ann Morgan, Ed Barrow, Ed Ballentine,
Lawrence Hamm, Cash

OTHERS: Mrs. Eva V. Debenbury, Mrs. Boyd Richardson, Mrs. Green Paulding

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness D. H. White, W. G. Marsh Signed _____

Signed _____

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1525 Yearly No. 23 Date July 16, 1934
 Name of Deceased Max Bootman (Single - Married - Divorced) Single Gammie, Iowa
(What Race) (Where Born)
 Husband—Wife—Widow—
 or son C. E. Bootman

Vocation Student
 Name of Employer
 Charge to Maxine Bootman & Ethel Brown
 Address
 Connection Brother & Sister
 Order given by Maxine & Ethel
 How Secured Note
 Date of Funeral July 16, 1934 (Day) Mon. (Day of Week) 2 P. (Hour) M.
 Services at Coliseum
 Clergyman Roy Schville; A.R. Kibbel
 His Address
 Certifying Physician Leola B. Smith
 His Address 10 Bell Memorial K.C. Mo.
 Cause of Death Acute Pharyngeal Myelitis
of Spinal Cord
 Contributory Causes
 Remarks Autopsy - yes
 Date of Death July 13, 1934 (Date)
 Place of Death Bell Memorial Hosp. K.C. Mo.
 Religion
 Resided in the State Mo. (State)
 Date of Birth Feb 16, 1934 (Date) 19 (Years) 4 (Months)
 Age 2.0 (Years) 7 (Month) 23 (Days)
 Name of Father C. E. Bootman
 His Birthplace Michigan
 Maiden Name of Mother Elizabeth Beatty
 Her Birthplace Unknown
 Motor Ship } Body to
 Size and Style of Casket 37.00 Gold Damascus Steel
 Manufactured by John Casket
 Interment at Rose Hill (Cemetery or Crematory)

Complete Funeral	\$	365.00
Casket		
Metallic Lining		
Outside Box		
Burial Vault	<small>(State Kind)</small>	
Embalming Body	<small>(State Kind)</small>	1.00
Barber, \$	<small>(State Kind)</small>	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	5.00
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from K.C. Mo.		11.00
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	<small>(State Number and District)</small>	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot	<small>(Name of Newspaper)</small>	4.00
Death Notices in	Newspapers	
Flowers, \$	Rental of Palms, \$	4.00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		9.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	
Organist, \$		
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Coliseum Rental		5.00
Total Footing of Bill		\$225.00
Less <u>Cash adv.</u>		\$ 57.50
Balance		\$167.50
Entered into Ledger, page		or below \$

Diagram of Lot or Vault
 Lot No. 1523
 Grave No. 1
 Section No.
 Owner Max Bootman

To Funeral Charges... Total, \$
P. B. Jack Allen; Brook King; Chas Saff; Francis Jeffries; Howard Doreid
 By Cash \$

Insurance, \$... Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Witness A. S. White; Mrs. March
 Signed _____
 Compiled by P. J. PEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1526 Yearly No. 23 Date July 18, 1937

Name of Deceased Kathleen Lanna Jackson Single (Single - Married - Divorced) Pueblo, Colo. (What Race) (Where Born)

Next of Kin - Wife - Widow - Carle B. Jackson (Daughters)

Vocation Student

Name of Employer Carle B. Jackson

Charge to Carle B. Jackson

Address 21 Municipal Airport, Minneapolis

Connection Father

Order given by Note; Ins. Policy

How Secured Note; Ins. Policy

Date of Funeral 7/18/37 (Day of Week) Wed 2:30 P. M. (Hour)

Services at White Home

Clergyman L. H. Holloway; U. A. Clitz

His Address U. A. Clitz

Certifying Physician W. C. Farland (or Coroner)

His Address U. A. Clitz

Cause of Death Cerebral Meningitis

Contributory Causes Cerebral Meningitis

Remarks Cerebral Meningitis

Date of Death July 16, 1937

Place of Death St. Ann Hospital

Religion Catholic

Resided in the State Mo (Years) (Months)

Date of Birth July 12, 1927

Age 7 Years 0 Month 4 Days

Name of Father Carle Byron Jackson

His Birthplace Jordan, Iowa

Maiden Name of Mother M. Ann Riley

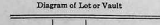
Her Birthplace Jordan, Kans.

Motor Ship } Body to No Beach Club 1/2 c.

Size and Style of Casket No Beach Club 1/2 c.

Manufactured by W. M. O. Van

Interment at Rose Hill (Cemetery) (Crematory)



Lot No. 859
Grave No. 3
Section No. 1
Owner C. F. Church

Complete Funeral	\$	102	00
Casket			1
Metallic Lining			1
Outside Box	<u>Box</u> (State Kind)		1
Burial Vault	(State Kind)		
Embalming Body	<u>with W. H. Co. Fluid</u> (State Kind)		
Barber, \$	Hair Dressing, \$		
Dressing Body			1
Suit or Dress, \$	Hose, \$		
Underwear, \$	Slippers, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Badge, \$	Gloves, \$		
Hearse, \$	Ambulance, \$		
Limousine to Cemetery, \$	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from <u>Dr. H. H. H. H.</u>			<u>No Chg.</u>
Taking Body to			
Delivering Box to			
Flower Wagons			
Removal Charges			
Getting Burial Permit	(State Number and District)		
Certified Copies of Death Certificates			
Personal Charges			
Pall Bearer Service			
Outlay for Lot			
Death Notices in	Newspapers		
Flowers, \$	(Names of Newspapers)		
Rental of Tent, \$	of Temporary Tomb, \$		
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb			<u>6 00</u>
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Minister, \$	Singers, \$	Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Total Footing of Bill	\$	108	00
Less <u>Op. H.</u>	\$	6	00
Balance		102	00
Entered into Ledger, page			or below \$

To Funeral Charges... Total \$ 108.00

By Cash Francis Jeffrey \$ 6.00

C. B. Bennett, Nelson, Clement, Crehan, Moore Hill, Francis Jeffrey

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed W. M. O. Van

RECORD OF FUNERAL

Total No. 1527 Yearly No. 24 Date July 25 1934
 Name of Deceased Harriet Annette Edmunds Widow White, Bellair, Ill.
(Single - Married - Divorced) (What Place) (Where Born)
 Husband - Wife - Widow or of Geo. W. Edmunds

Vocation.....
 Name of Employer.....
 Charge to L. M. Moran Edmunds
 Address..... Lamoni
 Connection..... Son
 Order given by.....
 How Secured.....
 Date of Funeral 7/25/34 Wed 4 P. M.
(Day of Week) (Hour)
 Services at..... Residence
 Clergyman..... J. D. Mead; Jos. Bauer
 His Address..... Lamoni
 Certifying Physician..... J. M. Miller
(Coroner)
 His Address..... Lamoni
 Cause of Death..... Heart Ex.haustion
 Contributory Causes..... General Debility
 Remarks.....
 Date of Death..... July 24, 1934
 Place of Death..... Res. - Lamoni
 Religion.....
 Resided in the State..... 4 3
(Years) (Months)
 Date of Birth..... July 16, 1869
 Age..... 65 9 8 Days
Years Month Days
 Name of Father..... Thos. J. Harris
 His Birthplace..... Madison
 Maiden Name of Mother..... Martha Stoff
 Her Birthplace..... Ohio
 Motor Ship } Body to Bellair, Illinois
 Size and Style of Casket..... 30x6 Casket, Top Cut
 Manufactured by..... Chicago Casket Co.
 Interment at..... Cemetery
Crematory

Complete Funeral	\$ 100.00
Casket..... <u>Cup</u>	-
Metallic Lining.....	-
Outside Box.....	-
Burial Vault..... <u>Baker Air Seal</u>	86.70
Embalming Body..... <u>with</u> <u>Fluor.</u> <u>and</u> <u>Fluid</u>	-
Barber, \$.....	-
Hair Dressing, \$.....	-
Dressing Body.....	-
Suit or Dress, \$.....	-
Hose, \$.....	-
Underwear, \$.....	2.04
Slippers, \$.....	-
Folding Chairs, \$.....	-
Tarpaulin, \$.....	-
Candelabrum, \$.....	-
Candles, \$.....	-
Door Badge, \$.....	-
Gloves, \$.....	-
Hearse, \$.....	-
Ambulance, \$.....	-
Limousines to Cemetery @ \$.....	-
Autos to R. R. Station @ \$.....	-
Getting Remains from.....	-
Taking Body to <u>Cameron, Mo.</u>	5.00
Delivering Box to.....	-
Flower Wagons.....	-
Removal Charges.....	-
Getting Burial Permit.....	-
Certified Copies of Death Certificates.....	-
Personal Charges.....	-
Pall Bearer Service.....	-
Outlay for Lot.....	-
Death Notices in..... Newspapers.....	-
Flowers, \$.....	-
Rental of Palms, \$.....	-
Rental of Tent, \$..... of Temporary Tomb, \$.....	-
Lowering Device, \$.....	-
Cremation, \$.....	-
Opening of Grave or Tomb.....	-
Lining Grave, \$.....	-
Matting, \$.....	-
Outlay for Shipping Charges.....	-
Minister, \$.....	-
Singers, \$.....	-
Organist, \$.....	-
Railroad Tickets, \$.....	-
Aeroplane Service, \$.....	-
Telegr., Phone, Cable or Radio Charges.....	-
Cash Advanced.....	-

Diagram of Lot or Vault

Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Total Footing of Bill..... \$ 193.74
 Less..... \$.....
 Balance.....
 Entered into Ledger, page..... or below \$.....

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Body shipped to Bellair Ill. for burial.</u>	
<u>Lamoni to Cameron, Mo. via Federal Coach.</u>	
<u>Cameron to Effingham, Ill. via R.R.</u>	
<u>Singers - Lois Orall, Ella White, Lois Bauer</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness..... L. S. White; Mrs. A. Mull
 Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1528 Yearly No. 25 Date July 27 1934
 Name of Deceased James E. Ormsby, Sr. (Single - Married - Divorced) White (What Race) Mo. (Where Born)

Husband - Wife - Widow - or
 Vocation Retired
 Name of Employer
 Charge to Ed. Ormsby
 Address St. Louis
 Connection son
 Order given by Ed. Ormsby
 How Secured 7th Circuit
 Date of Funeral 7/27/34 Sun 2 P. M.
 Services at Blair Jensen; High Blair
 Clergyman White Home, Lamoni
 His Address
 Certifying Physician R. D. Smith (or Coroner)
 His Address Clayton, Mo.
 Cause of Death Exhaustion from
stroke of cerebral
 Contributory Causes Simple Detention
 Remarks
 Date of Death July 24, 1934
 Place of Death Clayton State Hospital
 Religion
 Resided in the State (Years) (Months)
 Date of Birth May, 1854
 Age 80 Years Month Days
 Name of Father Unknown
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor Ship } Body to
 Size and Style of Casket No. 8 Resille, Hgd lid
 Manufactured by Josh. Campbell Co.
 Interment at Graves Hill { Cemetery
 Crematory

Complete Funeral
 Casket # No. 8 Resille Hgd lid \$ 153.00
 Metallic Lining
 Outside Box Pine (State Kind)
 Burial Vault
 Embalming Body with Flu. Res. Co. Fluid
 Barber, \$ Hair Dressing, \$
 Dressing Body
 Suit or Dress, \$ Hose, \$
 Underwear, \$ Slippers, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Badge, \$ Gloves, \$
 Hearse, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Autos to R. R. Station @ \$
 Getting Remains from Clayton, Mo. \$ 10.00 Chg.
 Taking Body to
 Delivering Box to Crem.
 Flower Wagons
 Removal Charges
 Getting Burial Permit (State Number and District)
 Certified Copies of Death Certificates
 Personal Charges
 Pall Bearer Service
 Outlay for Lot
 Death Notices in Newspapers
 Flowers, \$ (Name of Newspaper) Rental of Palms, \$ 5.00
 Rental of Tent, \$ of Temporary Tomb, \$
 Lowering Device, \$ Cremation, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Matting, \$ 7.00
 Outlay for Shipping Charges
 Minister, \$ Singers, \$ Organist, \$
 Railroad Tickets, \$ Aeroplane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced

Diagram of Lot or Vault
 Lot No. 106
 Grave No. 2
 Section No.
 Owner James E. Ormsby
 Total Footing of Bill \$ 169.00
 Less Op. fee \$ 1.00
 Balance \$ 168.00
 Entered into Ledger, page _____ or below \$

To Funeral Charges... Total, \$	By Cash... \$
<u>C.P. Paul Roberts, E. Sedwick, William Moran, Snow, Spaulding, Marston, Soy, Art Pittman</u>	
<u>C.A.S. Paul Roberts, Art Pittman</u>	
<u>S.I.C.F.A.S.</u>	

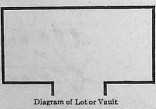
Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness J. S. White, Mrs. A. M. ... Signed _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1529 Yearly No. 26 Date Aug 16, 1934
 Name of Deceased Jessie William McCall, - Married - White - Ohio
(Single - Married - Widowed) (What Race) (Where Born)
 Husband - Wife - Widow - or of Nancy Jane McCall

Vocation.....
 Name of Employer.....
 Charge to Mrs. Wm McCall
 Address Eagleville Mo.
 Connection Wife
 Order given by Mrs. W. V. Smith, Albany Mo.
 How Secured.....
 Date of Funeral Aug 13th Thurs. 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Mt. Pleasant Baptist Church
 Clergyman W. S. Denny
 His Address Eagleville, Mo.
 Certifying Physician W. A. Boyles
(for Coroner)
 His Address Eagleville Mo.
 Cause of Death.....
 Contributory Causes.....
 Remarks.....
 Date of Death Aug 14, 1934
 Place of Death Res: Harrison Co., Mo.
 Religion.....
 Resided in the State 52
(Years) (Months)
 Date of Birth Aug 20, 1859
 Age 74 Years 11 Month 24 Days
 Name of Father Matthew McCall
 His Birthplace Indiana
 Maiden Name of Mother Margaret Bailey
 Her Birthplace Unknown
 Motor Ship } Body to
 Size and Style of Casket So. Emb. Lamb - Coy. L.
 Manufactured by M. O. Kam
 Interment at Mt. Pleasant Baptist Cemetery
Crematory

Complete Funeral	\$ <u>155.00</u>
Casket	xx
Metallic Lining	xx
Outside Box <u>Wood</u> <small>(State Kind)</small>	xx
Burial Vault <small>(State Kind)</small>	xx
Embalming Body <u>with Wm. Lee Co. Fluid</u> <small>(Sign Kind)</small>	xx
Barber, \$	xx
Hair Dressing, \$	xx
Dressing Body	xx
Suit or Dress, \$	xx
Hose, \$	xx
Underwear, \$	xx
Slippers, \$	xx
Folding Chairs, \$	xx
Tarpaulin, \$	xx
Candelabrum, \$	xx
Candles, \$	xx
Door Badge, \$	xx
Gloves, \$	xx
Hearse, \$	xx
Ambulance, \$	xx
Limousines to Cemetery @ \$	xx
Autos to R. R. Station @ \$	xx
Getting Remains from	xx
Taking Body to <u>Baptist Cem.</u>	xx
Delivering Box to	xx
Flower Wagons	xx
Removal Charges	xx
Getting Burial Permit <small>(State Number and District)</small>	xx
Certified Copies of Death Certificates	xx
Personal Charges	xx
Pal Bearer Service	xx
Outlay for Lot	xx
Death Notices in <u>Newspapers</u>	xx
Flowers, \$ <small>(Names of Newspapers)</small>	xx
Rental of Palms, \$	xx
Rental of Tent, \$ of Temporary Tomb, \$	xx
Lowering Device, \$	xx
Cremation, \$	xx
Opening of Grave or Tomb	xx
Lining Grave, \$	xx
Matting, \$	xx
Outlay for Shipping Charges	xx
Minister, \$	xx
Singers, \$	xx
Organist, \$	xx
Railroad Tickets, \$	xx
Aeroplane Service, \$	xx
Telegr., Phone, Cable or Radio Charges	xx
Cash Advanced	xx



Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Total Footing of Bill	\$ <u>155.00</u>
Less	\$
Balance	\$
Entered into Ledger, page	or below \$

To Funeral Charges Total, \$ <u>C. B. Co. C. H. Haring, Haverhill, Mass., J. M. Kelly, Harley Shaw,</u> <u>Al Stafford, Chas. Richardson</u>	By Cash \$ SINGERS: <u>Ottawa Church Choir</u>
--	---

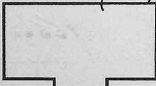
Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness J. S. White, J. A. Marshall Signed.....
 Signed.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1530 Yearly No. 27 Date Aug. 26, 1934
 Name of Deceased Jeany Ann Bell Married White Bethsville, Indiana
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow T. J. Bell
or of

Vocation _____
 Name of Employer _____
 Charge to T. J. Bell & J. A. Lane
 Address _____
 Connection _____
 Order given by J. A. Lane
 How Secured _____
 Date of Funeral Aug 31 Sunday 2:30 P. M.
(Date) (Day) (Week) (Hour)
 Services at Lamon Coliseum
 Clergyman J. A. Lane; Blair Jensen
 His Address _____
 Certifying Physician E. J. Damer
(or Coroner)
 His Address Lamon, Iowa
 Cause of Death Suppurative Otitis Media
Cholelithiasis
 Contributory Causes _____
 Remarks _____
 Date of Death Aug 23, 1934
 Place of Death St. Joe, Lamon
 Religion R.C.
 Resided in the State Ind
(Years) (Months)
 Date of Birth Feb. 9, 1854
 Age 80 Years 6 Month 14 Days
 Name of Father Arthur Scott
 His Birthplace Indiana
 Maiden Name of Mother Nancy M. Kinley
 Her Birthplace Indiana
 Motor Ship } Body to _____
 Size and Style of Casket #232 Navy Opinel
 Manufactured by John Baskin Co.
 Interment at St. Joe Hill Cemetery
Crematory

Complete Funeral	\$ 240.00
Casket	
Metallic Lining	
Outside Box <u>Wood</u>	-
<small>(State Kind)</small>	
Burial Vault	
Embalming Body with <u>Dunbar Co.</u> Fluid	✓
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body	
Suit or Dress, \$ _____ Hose, \$ _____	12.00
Underwear, \$ _____ Slippers, \$ _____	
Folding Chairs, \$ _____ Tarpaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse, \$ _____ Ambulance, \$ _____	✓
Limousines to Cemetery @ \$ _____	✓
Autos to R. R. Station @ \$ _____	✓
Getting Remains from <u>Rice</u>	✓
Taking Body to _____	
Delivering Box to <u>Cham</u>	-
Flower Wagons <u>1</u>	-
Removal Charges _____	
Getting Burial Permit _____	-
<small>(State Number and District)</small>	
Certified Copies of Death Certificates _____	
Personal Charges _____	✓
Pall Bearer Service _____	
Outlay for Lot _____	
Death Notices in _____ Newspapers _____	
Flowers, \$ _____ <small>(Names of Newspapers)</small>	
Rental of Palms, \$ _____	20.00
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	
Lowering Device, \$ _____ Cremation, \$ _____	
Opening of Grave or Tomb _____	7.00
Lining Grave, \$ _____ Matting, \$ _____	
Outlay for Shipping Charges _____	
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced <u>Coliseum Rental</u>	5.00
Total Footing of Bill	\$ 287.00
Less <u>Of Mr. & Coliseum</u>	\$ 17.00
Balance	270.00
Entered into Ledger, page _____ or below \$ _____	

Diagram of Lot or Vault 
 Lot No. 1526
 Grave No. 7
 Section No. _____
 Owner Mr. Isaac Mucus

To Funeral Charges - Total \$	By Cash \$
<u>A. B. Chance Architect, West Bell, Edmund Drogue, Burdwan Sibley, Harrow Berry, Vard Sumner</u>	
<u>S. H. & S. S. Mabel Carlisle, Klada Dery, Norma Hills, Roy Shoville, Helen Walters, Edward</u>	
<u>H. SHERY F. B. Mrs. Harry Lauce, Mrs. Ed Quincy, Mrs. Fred Condit, Mrs. Adeline White</u>	
<u>CAKES BY: Vard Sumner, J. A. Bell, Martin Hyzler, Ed Quincy, Fred Condit, M. H. Johnson</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness A. S. White; Mrs. Mucus Signed _____
 Signed _____
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1531 Yearly No. 28 Date Sept. 6, 1934
 Name of Deceased Caroline Johnson Widow White Denmark
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—Widow
 or... of Denmark

Vocation.....
 Name of Employer.....
 Charge to Saints Home
 Address.....
 Connection.....
 Order given by Mrs. Bady
 How Secured.....
 Date of Funeral 9/6/34 Thurs - 2:30 P. M.
(Date) (Day of Week) (Hour)
 Services at Saints Home
 Clergyman Chas. Harper; Ray Smith
 His Address.....
 Certifying Physician C. E. Sixbury
(or Coroner)
 His Address.....
 Cause of Death Arthritis Deformans

Contributory Causes.....
 Remarks.....
 Date of Death Sept. 5, 1934 - 7:50 P. M.
 Place of Death Saints Home - Lansing
 Religion A. D.
 Resided in the State MI
(Years) (Months)
 Date of Birth Oct. 22, 1856
 Age 77 Years 10 Month 19 Days
 Name of Father Lam. Hansen
 His Birthplace Denmark
 Maiden Name of Mother Mary Christensen
 Her Birthplace Denmark
 Motor } Body to
 Ship }
 Size and Style of Casket 3006 heavy-light cap
 Manufactured by Chicago Casket Co.
 Interment at St. Hill { Cemetery
 Crematory

Diagram of Lot or Vault
 Lot No. 1257
 Grave No. 4
 Section No.....
 Owner St. Home

Complete Funeral	\$	<u>70.00</u>
Casket		<u>-</u>
Metallic Lining		<u>-</u>
Outside Box	<small>(State Kind)</small>	<u>-</u>
Burial Vault	<small>(State Kind)</small>	<u>-</u>
Embalming Body	with <u>Fluid</u>	<u>-</u>
Barber, \$	Hair Dressing, \$	<u>-</u>
Dressing Body		<u>-</u>
Suit or Dress, \$	Hose, \$	<u>-</u>
Underwear, \$	Slippers, \$	<u>-</u>
Folding Chairs, \$	Tarpaulin, \$	<u>-</u>
Candelabrum, \$	Candles, \$	<u>-</u>
Door Badge, \$	Gloves, \$	<u>-</u>
Hearse, \$	Ambulance, \$	<u>-</u>
Limousines to Cemetery, <u>2</u> @ \$		<u>-</u>
Autos to R. R. Station	@ \$	<u>-</u>
Getting Remains from		<u>-</u>
Taking Body to		<u>-</u>
Delivering Box to		<u>-</u>
Flower Wagons		<u>-</u>
Removal Charges		<u>-</u>
Getting Burial Permit	<small>(State Number and District)</small>	<u>-</u>
Certified Copies of Death Certificates		<u>-</u>
Personal Charges		<u>-</u>
Pal Bearer Service		<u>-</u>
Outlay for Lot		<u>-</u>
Death Notices in	<small>(Names of Newspapers)</small>	<u>-</u>
Flowers, \$	Rental of Palms, \$	<u>-</u>
Rental of Tent, \$	of Temporary Tomb, \$	<u>-</u>
Lowering Device, \$	Cremation, \$	<u>-</u>
Opening of Grave or Tomb		<u>6.00</u>
Lining Grave, \$	Matting, \$	<u>-</u>
Outlay for Shipping Charges		<u>-</u>
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
<u>Salsa Tax</u>		<u>1.40</u>
Total Footing of Bill	\$	<u>77.40</u>
Less <u>Of St. Hill</u>	\$	<u>-</u>
Balance		<u>70.00</u>
Entered into Ledger, page.....	or below \$	

To Funeral Charges... Total, \$	By Cash	\$
<u>P. B. Joe Bady, Isaac Carlisle, Chas. Roth, Chas. Spangue,</u>		
<u>Mr. Lunsolley, Mr. Hildernuth</u>		
<u>Chas. Hildernuth, Anst, March, Millard White</u>		
<u>Singers: Wagner Overy - in chg.</u>		
Insurance, \$	Names of Lodges	
Names of Insurance Companies		
We hereby authorize the above funeral and agree to pay the expenses thereof		

Witness J. M. A. Marsh Signed.....
 Signed.....

RECORD OF FUNERAL

Total No. 1532 Yearly No. 29 Date Sept. 10, 1934

Name of Deceased Infant Daughter of Noel Hutton Andover, Mo.
(Single - Married - Divorced) (What Place) (Where Born)

Husband—Wife—Widow—
 er.....of }

Vocation.....
 Name of Employer.....
 Charge to Drill Hutton
 Address Blytheville, Mo.
 Connection.....
 Order given by.....
 How Secured.....
 Date of Funeral 7ms. (Date) (Day of Week) (Hour) M.
 Services at.....
 Clergyman.....
 His Address.....
 Certifying Physician B. E. Lixley (or Coroner)
 His Address.....
 Cause of Death Stillborn
Prematurity - 7 mo. of pregnancy
 Contributory Causes.....
 Remarks.....
 Date of Death Sept. 10, 1934
 Place of Death Harrison Co., Mo.
 Religion.....
 Resided in the State.....
 Date of Birth Sept. 10, 1934 (Years) (Months) (Days)
 Age 0 Years 0 Month 0 Days
 Name of Father Noel Hutton
 His Birthplace Harrison Co., Mo.
 Maiden Name of Mother Emma F. H.
 Her Birthplace Mo.
 Motor } Body to
 Ship }
 Size and Style of Casket No Square
 Manufactured by Port Casket Co.
 Interment at Andover { Cemetery
 Crematory

Complete Funeral	\$	
Casket <u>Only</u>	10.00	
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Name of Newspaper)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	10.00
Less	\$	
Balance		
Entered into Ledger, page		or below \$

Diagram of Lot or Vault

Lot No.	
Grave No.	
Section No.	
Owner	

To Funeral Charges... Total, \$	By Cash... \$
<u>Cash Sale only</u>	
<u>No Service</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness John A. Marsh Signed.....
 Signed.....

RECORD OF FUNERAL

Total No. 1532 Yearly No. 30 Date Oct 9 1934

Name of Deceased E. Elizabeth Edie M^{rs} Dowell, Widow Granford Geo. Wise
(Single - Married - Divorced) (What Race) (Where Born)

Husband—Wife—Widow or or Stellie A. M^{rs} Dowell

Vocation.....
 Name of Employer.....
 Charge to S. O. S. Church
 Address.....
 Connection.....
 Order given by Floyd M^{rs} Dowell
 How Secured.....
 Date of Funeral (Date) (Day of Week) (Hour) M.
 Services at Independence Mo.
 Clergyman.....
 His Address.....
 Certifying Physician K. E. Darnet
(or Coroner)
 His Address Lamar, Ia.
 Cause of Death Toxic Adenoma Thyroid Gland
 Contributory Causes.....
 Remarks.....
 Date of Death Oct 9, 1934
 Place of Death Lamar, Ia.
 Religion.....
 Resided in the State 3
(Years) (Months)
 Date of Birth July 21, 1854
 Age 80 Years 2 Month 18 Days
 Name of Father George Squire
 His Birthplace Anderson
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor Body to Indep. Mo.
 Size and Style of Casket 7x16
 Manufactured by.....
 Interment at Independence Mo. Cemetery Crematory

Complete Funeral	\$	
Casket		
Metallic Lining		
Outside Box	<small>(State Kind)</small>	
Burial Vault	<small>(State Kind)</small>	
Embalming Body	with <u>Fluid</u>	<u>25.00</u>
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	<small>(State Number and District)</small>	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	<small>(Name of Newspaper)</small>	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		

Diagram of Lot or Vault

Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Total Footing of Bill	\$ <u>25.00</u>
Less	\$
Balance	\$
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$	By Cash \$
<u>Body Embalmed and turned over to Henry Stahl who came for it from Independence Mo.</u>	

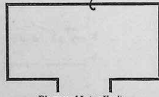
Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness Stellie S. White Signed.....
 Signed.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1533 Yearly No. 31 Date Oct. 13, 1934
 Name of Deceased Nelson Webster Single (Single - Married - Divorced) (What Race) Canada (Where Born)

Husband - Wife - Widow - or of }
 Vocation
 Name of Employer
 Charge to Sainte Anne
 Address
 Connection
 Order given by
 How Secured
 Date of Funeral 10/13/34 Sat. 2 P. M. (Day of Week) (Hour)
 Services at Sainte Anne
 Clergyman Mr. Sawney Ch. Harper
 His Address
 Certifying Physician C. C. Daniel (or Coroner)
 His Address Lamson, Iowa
 Cause of Death Thrombosis of Coronary Arteries
 Contributory Causes

Remarks
 Date of Death Oct. 12, 1934
 Place of Death Sainte Anne, Iowa
 Religion
 Resided in the State (Years) (Months)
 Date of Birth Sept. 25, 1849
 Age 85 Years 0 Month 17 Days
 Name of Father
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor Ship } Body to
 Size and Style of Casket 30x6 Upright
 Manufactured by Chicago Casket Co.
 Interment at First Hill { Cemetery
 Crematory



Lot No. 1257
 Grave No. 2
 Section No.
 Owner

Complete Funeral	\$ <u>70.00</u>
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	with Fluid
Barber	Hair Dressing, \$
Dressing Body	
Suit or Dress	Hose, \$
Underwear	Slippers, \$
Folding Chairs	Tarpaulin, \$
Candelabrum	Candles, \$
Door Badge	Gloves, \$
Hearse	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers	(Names of Newspapers)
Rental of Palms	\$
Rental of Tent	of Temporary Tomb, \$
Lowering Device	Cremation, \$
Opening of Grave or Tomb	
Lining Grave	Matting, \$
Outlay for Shipping Charges	
Minister	Singers, \$
Organist	\$
Railroad Tickets	Aeroplane Service, \$
Telephone, Cable or Radio Charges	
Cash Advanced	
<u>Sales Tax</u>	<u>1.40</u>
Total Footing of Bill	\$ <u>77.40</u>
Less	\$ <u>7.40</u>
Balance	<u>70.00</u>
Entered into Ledger, page	..... or below \$

To Funeral Charges	Total \$	By Cash	\$
<u>P. B. Jr., Bury, N. W. Hall, Fred Hartman, Miss Sprague,</u>			
<u>Mr. Wildermuth, Mr. C. Ann Hill</u>			
<u>Funeral: Anna Jean Brown, Maudie M. Powell, Lillian Brown</u>			
<u>Care: Mildred White, N. W. Hall, Wildermuth, Jas. Bury</u>			

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness John S. White Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1534 Yearly No. 32 Date Oct. 18 1934
 Name of Deceased Marnie A. Springer *Marnie* J. Illinois
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow— } J. W. Springer
 or of

Vocation
 Name of Employer
 Charge to J. W. Springer
 Address
 Connection
 Order given by John Midgden
 How Secured cash
 Date of Funeral 10/18/34 Thurs. 2 P. M.
(Date) (Day of Week) (Hour)
 Services at John Midgden Residence
 Clergyman Blair Jenkins, J. W. Blair
 His Address
 Certifying Physician L. B. Williams
(or Coroner)
 His Address Pearshall, Texas
 Cause of Death Apoplexy + Hum. plega

Complete Funeral	\$ <u>25.00</u>
Casket	
Metallic Lining	
Outside Box	(State Kind)
Urnial Vault	(State Kind)
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers) Rental of Palms, \$ <u>8.25</u>
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$ Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>33.25</u>
Less	\$
Balance	\$
Entered into Ledger, page	..... or below \$

Contributory Causes
 Remarks
 Date of Death Oct. 13, 1934
 Place of Death Pearshall, Texas
 Religion
 Resided in the State
(Years) (Months)
 Date of Birth Unknown
 Age 60 Years Month Days
 Name of Father James Allen
 His Birthplace Scotland
 Maiden Name of Mother Mary Whitehead
 Her Birthplace England
 Motor } Body to from Pearshall, Texas
 Ship }
 Size and Style of Casket
 Manufactured by
 Interment at West Hill { Cemetery
 Crematory

Lot No. 15.11
 Grave No. 3
 Section No. Cash
 Owner J. W. Springer

To Funeral Charges... Total, \$
Shipping Undertaker - Eastern Star, Pearshall, Tex.
A. B. Blair & W. W. Midgden, Clarence Krite, R. Robinson, Frank Allen, Jim J. ...
Singers - Thanda Derry, (Said), Ella White, Dr. James, Ed. Ballantyne
Eastern Star Service at Residence

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Witness L. B. Williams, J. W. Blair Signed
 Compiled by F. WEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1535 Yearly No. 33 Date July 5, 1934
 Name of Deceased Lucretia Jane Ford Griesman - Widow Ohio
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow or Jacob Henry Ford
or of

Vocation.....
 Name of Employer.....
 Charge to Mrs. M. Ford
 Address.....
 Connection son
 Order given by Mrs. M. Ford
 How Secured cash
 Date of Funeral July 5, 1934 Monday 10 M.
(Days) (Day of Week) (Hour)
 Services at M. E. Church
 Clergyman Rev. Bruce
 His Address Anderson
 Certifying Physician E. C. Yarnall
(or Coroner)
 His Address Lamoni, Ia.
 Cause of Death Myocardial Degeneration
Senility
 Contributory Causes.....
 Remarks.....
 Date of Death July 3, 1934
 Place of Death Lamoni, Ia.
 Religion M. E.
 Resided in the State.....
 Date of Birth Jan. 17, 1842 (Years) (Months)
 Age 92 Years 9 Month 16 Days
 Name of Father James Knight
 His Birthplace Anderson
 Maiden Name of Mother Yandrespole
Anderson
 Her Birthplace.....
 Motor } Body to
 Ship }
 Size and Style of Casket 131 LxH Cap - Mottled Cloth
 Manufactured by W. H. T.
 Interment at Union Cem. { Cemetery
 Crematory

Complete Funeral	\$ <u>115.00</u>
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	with <u>Party</u> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousine to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Body to	
Delivering Box to	<u>Union Cem.</u>
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	(State Number and District)
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
	(Names of Newspapers)
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>115.00</u>
Less	
Balance	
Entered into Ledger, page	or below \$

Diagram of Lot or Vault

Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

<u>A. B.</u>	To Funeral Charges... Total, \$ <u>Grand Total</u>	By Cash..... \$
<u>D. W. C. S.</u>	<u>Mrs. O. C. Brown, Mrs. J. S. Seiler, Mrs. O. C. Seiler, Mrs. C. Seiler,</u>	
	<u>Mrs. R. F. Gold</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Witness A. B. White, Mrs. A. M. White Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

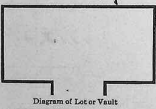
RECORD OF FUNERAL

Total No. 1536 Yearly No. 34 Date Nov. 10, 1934
 Name of Deceased Katie Mabel Woods - Married (What Race) ? (Where Born)
 Husband—Wife—Widow— or of Harven Woods.

Vocation _____
 Name of Employer _____
 Charge to Harven Woods.
 Address Lamoni, Ia.
 Connection Husband.
 Order given by Harven Woods.
 How Secured Note - Co. Present.
 Date of Funeral 11/10/34 Tues 2 P. M.
(Date) (Day of Week) (Hour)
 Services at White Home.
 Clergyman Blair Jensen; J. H. Carr.
 His Address _____
 Certifying Physician E. C. Hannah.
(or Coroner)
 His Address Lamoni
 Cause of Death Ovarian Cyst twisted on the
Sidich - Myocardic Decompenstion.
 Contributory Causes _____
 Remarks _____
 Date of Death Nov. 18, 1934
 Place of Death Des. Co. Hosp. Lam., Ia.
 Religion S.O.S.
 Resided in the State _____ (Years) (Months)
 Date of Birth 1900
 Age 34 Years _____ Month _____ Days _____
 Name of Father Stamps
 His Birthplace Madison
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor } Body to
 Ship }
 Size and Style of Casket 13 1/2 x 26 x 18 - Extra
 Manufactured by York Casket Co.
 Interment at Map Hill { Cemetery
 Crematory

Complete Funeral	\$ 81.60
Casket	-
Metallic Lining	-
Outside Box	-
Burial Vault	-
Embalming Body	with Fluid ✓
Barber, \$	Hair Dressing, \$
Dressing Body	-
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery @ \$	-
Autos to R. R. Station @ \$	-
Getting Remains from <u>Des. Co. La.</u>	✓
Taking Body to	-
Delivering Box to <u>Cem.</u>	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit	-
Certified Copies of Death Certificates	-
Personal Charges	-
Pall Bearer Service	-
Outlay for Lot	-
Death Notices in _____ Newspapers	-
Flowers, \$ _____	-
Rental of Palms, \$ _____	-
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	-
Lowering Device, \$ _____ Cremation \$ _____	-
Opening of Grave or Tomb <u>Get. direct.</u>	-
Lining Grave, \$ _____ Matting, \$ _____	-
Outlay for Shipping Charges	-
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	-
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-
Total Footing of Bill	\$ 81.60
Less _____	\$ _____
Balance	\$ _____
Entered into Ledger, page _____ or below \$ _____	-

Lot No. 357
 Grave No. 1
 Section No. _____
 Owner _____



To Funeral Charges... Total, \$	\$ 81.60
By Cash	\$ _____
<u>P. B. Paul Roberts, Jim Centell, John Foster, Merwin Rutherford, Francis Sprague</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness L. B. White; W. M. A. Marsh Signed _____
 Signed _____
 Complied by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1537 Yearly No. 35 Date Dec. 19 1934
 Name of Deceased William Albert France, Maimed - Spokane, I. D.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband Wife Widow Mary Alice France

Vocation Retired Farmer
 Name of Employer _____
 Charge to W. A. France
 Address _____
 Connection _____
 Order given by Tom, Joe & Dave
 How Secured _____
 Date of Funeral 12/19/34 Wed 2 P. M.
(Date) (Day of Week) (Hour)
 Services at St. Paul's
 Clergyman D. E. Pratt; S. D. Long
 His Address _____
 Certifying Physician E. E. Hamel
(or Coroner)
 His Address _____
 Cause of Death Gunshot Wound
 Contributory Causes _____

Complete Funeral	\$	
Casket		0
Metallic Lining	<small>(State Kind)</small>	
Outside Box	<small>(State Kind)</small>	0
Burial Vault	<small>(State Kind)</small>	
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	35.00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	5.00
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	15.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>St. Paul</u>	5
Taking Body to	<u>St. Paul Cem. & Holy Casket</u>	5.00
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	<small>(State Number and District)</small>	5
Certified Copies of Death Certificates		
Personal Charges		25.00
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	<small>(Names of Newspapers)</small>	8.16
Rental of Tent, \$	<small>of Temporary Tomb, \$</small>	
Lowering Device, \$	Cremation, \$	10.00
Opening of Grave or Tomb		7.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges	<u>Exp. on Casket</u>	4.41
Minister, \$	Singers, \$	
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced	<u>Grave Marker</u>	1.02
Total Footing of Bill	\$	112.59
Less <u>Cash Adv.</u>	\$	11.41
Balance	\$	102.18
Entered into Ledger, page		or below \$

Remarks _____
 Date of Death Dec. 17, 1934
 Place of Death Lansoni, D. - Wis.
 Religion _____
 Resided in the State 34
(Years) (Months)
 Date of Birth 7/11, 1863
 Age 71 Years 1 Month 0 Days
 Name of Father Thomas France
 His Birthplace England
 Maiden Name of Mother Alice Gentry
 Her Birthplace England
 Motor Ship } Body to _____
 Size and Style of Casket Met. Lined w/ by Joe
 Manufactured by _____
 Interment at Ross Hill Cemetery Crematory

Diagram of Lot or Vault
 Lot No. 1543
 Grave No. 4
 Section No. _____
 Owner _____

To Funeral Charges Total, \$ <u>J. B. Lehas, Ballantyne, John Anderson, R. Robinson, Silas Miggsden, A. Patrick, Peter Taylor</u>	By Cash \$ <u>Shanda Perry, Edw. Allen, Hortense Hyde, Clyde Etling, Mrs. R. Robinson, Mrs. Leamy Stahl</u>
--	--

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness J. D. White; J. A. Marsh Signed _____
 Signed _____

RECORD OF FUNERAL

Total No. 1539 Yearly No. 36 Date Dec 22, 1934
 Name of Deceased David Keown - Widow Merced Co., Mo.
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - or of Family Keown
 Vocation Retired Farmer
 Name of Employer _____
 Charge to Grace of Ethel Keown
 Address _____
 Connection Daughters
 Order given by _____
 How Secured cash
 Date of Funeral 12/23/34 Sat 10:30 A.M.
(Day) (Day of Week) (Hour)
 Services at White Funeral Home
 Clergyman J. T. Lawer, Blair Jewell
 His Address _____
 Certifying Physician E. C. Harsh
(or Coroner)
 His Address Lanning, Ia.
 Cause of Death Fractured Femur

Contributory Causes _____
 Remarks _____
 Date of Death Dec 20, 1934
 Place of Death Lanning, Ia. Res.
 Religion S. O. S.
 Resided in the State _____ 58
(Years) (Months)
 Date of Birth May 29, 1853
 Age 81 Years 6 Month 21 Days
 Name of Father John Keown
 His Birthplace Pittsburgh, Pa.
 Maiden Name of Mother Mary Ann Mowry
 Her Birthplace Unknown
 Motor Ship Body to _____
 Size and Style of Casket 34x3 Prof Shlunke Dr.
 Manufactured by North Casket Co.
 Interment at Rose Hill { Cemetery
Crematory

Diagram of Lot or Vault
 Lot No. 817
 Grave No. 3
 Section No. _____
 Owner _____

Complete Funeral	\$ 170.00
Casket	-
Metallic Lining	-
Outside Box	-
Burial Vault	-
Embalming Body with Fluid	-
Barber, \$	-
Hair Dressing, \$	-
Dressing Body	-
Suit or Dress, \$	-
Hose, \$	-
Underwear, \$	-
Slippers, \$	-
Folding Chairs, \$	-
Tarpaulin, \$	-
Candelabrum, \$	-
Candles, \$	-
Door Badge, \$	-
Gloves, \$	-
Hearse, \$	-
Ambulance, \$	-
Limousines to Cemetery @ \$	-
Autos to R. R. Station @ \$	-
Getting Remains from	-
Taking Body to	-
Delivering Box to	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit	-
Certified Copies of Death Certificates	-
Personal Charges	-
Pall Bearer Service	-
Outlay for Lot	-
Death Notices in Newspapers	-
Flowers, \$	5.00
Rental of Palms, \$	-
Rental of Tent, \$ of Temporary Tomb, \$	-
Lowering Device, \$	-
Cremation, \$	-
Opening of Grave or Tomb	7.00
Lining Grave, \$	-
Matting, \$	-
Outlay for Shipping Charges	-
Minister, \$	-
Singers, \$	-
Organist, \$	-
Railroad Tickets, \$	-
Aeroplane Service, \$	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-
Total Footing of Bill	\$ 187.00
Less <u>Op. P.</u>	\$ 170.00
Balance	-
Entered into Ledger, page _____ or below \$ _____	

To Funeral Charges... Total, \$	\$
By Cash	\$
P. S. John W. Gordon, Acers Anderson, R. A. Billingtons, J. W. Barr, S. M. M ^s Dowell, A. J. Yarnwood, Tom	
S. D. REAS: Otilia Brown, Lois Pratt, Roy Christie, Shelta Reynolds	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness J. W. Barr, Mrs. J. Mann Signed _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1539 Yearly No. 37 Date Dec. 23, 1934
 Name of Deceased John Justice Morie - Married - Burlington, Wisconsin
(Single - Married - Divorced) (What Place) (Where Born)
 Husband - Wife - Widow Ada Elizabeth

Vocation Retiring
 Name of Employer Set
 Charge to Mrs. J. J. Morie
 Address _____
 Connection Wife
 Order given by _____
 How Secured _____
 Date of Funeral 12/23/34 Sun. 2 P. M.
(Day) (Day of Week) (Hour)
 Services at St. Columbian
 Clergyman Blair Jensen; J. J. Yerson
 His Address _____
 Certifying Physician H. P. Reed, M.D., Rogers
(of County)
 His Address Davis City, Iowa
 Cause of Death Cerebral Hemorrhage
 Contributory Causes _____
 Remarks _____

Complete Funeral	\$ 240.00
Casket	✓
Metallic Lining	✓
Outside Box <u>Wood</u>	✓
Burial Vault <u>Wood</u>	✓
Embalming Body with Fluid	✓
Barber, \$	✓
Hair Dressing, \$	✓
Dressing Body	✓
Suit or Dress, \$	✓
Hose, \$	✓
Underwear, \$	✓
Slippers, \$	✓
Folding Chairs, \$	✓
Tarpaulin, \$	✓
Candelabrum, \$	✓
Candles, \$	✓
Door Badge, \$	✓
Gloves, \$	✓
Hearse, \$	✓
Ambulance, \$	✓
Limousines to Cemetery @ \$	✓
Autos to R. R. Station	✓
Getting Remains from <u>Davis City</u>	✓
Taking Body to <u>Davis City</u>	✓
Delivering Box to <u>Davis City</u>	✓
Flower Wagons	✓
Removal Charges	✓
Getting Burial Permit	✓
Certified Copies of Death Certificates	✓
Personal Charges	✓
Pall Bearer Service	✓

Date of Death Dec. 19, 1934
 Place of Death Davis City, Iowa
 Religion None
 Resided in the State Iowa 4 Years (Months)
 Date of Birth Aug. 18, 1890
 Age 44 Years 7 Month 1 Days
 Name of Father Anton Morie
 His Birthplace Germany - Prussia
 Maiden Name of Mother Emma P. Justice
 Her Birthplace New York City
 Motor Ship } Body to _____
 Size and Style of Casket 232 Gray Mahogany
 Manufactured by York Casket
 Interment at Rock Hill Cemetery

Outlay for Lot <u>Plot tax</u>	40.80
Death Notices in Newspapers	✓
Flowers, \$	✓
Rental of Palms, \$ <u>Dec. 10</u>	5.10
Rental of Tent, \$	✓
Temporary Tomb, \$	✓
Lowering Device, \$	✓
Cremation, \$	✓
Opening of Grave or Tomb	✓
Lining Grave, \$	7.00
Matting, \$	✓
Outlay for Shipping Charges	✓
Minister, \$	✓
Singers, \$	✓
Organist, \$	✓
Railroad Tickets, \$	✓
Aeroplane Service, \$	✓
Telegr., Phone, Cable or Radio Charges	✓
Cash Advanced	✓

Diagram of Lot or Vault _____
 Lot No. 1513
 Grave No. 3
 Section No. _____
 Owner _____

Total Footing of Bill	\$ 297.90
Less <u>Adv. P.</u>	\$ 47.80
Balance	\$ 245.10
Entered into Ledger, page _____ or below \$ _____	

To Funeral Charges	Total, \$	By Cash	\$
<u>G. B. A. M. Hills, John Evans, Fred Hill, Harry Deminger, Bill Salaman, Andrew Anderson</u>			
<u>U.S. EXS - Michael Walden, Harold Hilde, Oswald Brennan, Max White</u>			
<u>S. I. AGES - Mark Conway, Solo - Shanda Perry in leg Oct 27</u>			

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Witness Rollin S. Hite, Mrs. G. M. Mullen Signed _____
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1540 Yearly No. 7 Date January 8, 1935
 Name of Deceased Hugh T. Wiley (Single - Married - Divorced) Illinois (What Place) (Where Born)

Spouse - Wife - Widow } Stella A.K. Wiley
 Occupation Farmer
 Name of Employer
 Charge to Mrs. Hugh T. Wiley
 Address Dalhart, Texas
 Connection

Order given by
 How Secured
 Date of Funeral 1/8/35 Tues. 1:30 P. M.
 Services at First Funeral Home
 Clergyman T. S. Williams

His Address Lanoni, Ia.
 Certifying Physician C. Ross Todd
 His Address Dalhart, Texas
 Cause of Death Pneumonia

Contributory Causes
 Remarks
 Date of Death Jan 3, 1935
 Place of Death Dalhart, Texas
 Religion
 Resided in the State

Date of Birth June 15, 1863
 Age 73 Years 6 Months 3 Days
 Name of Father John Wiley
 His Birthplace Ohio
 Maiden Name of Mother Mrs. Williams
 Her Birthplace Indiana

Marriage } Body to from Dalhart, Texas
 Size and Style of Casket
 Manufactured by Lilly
 Interment at Lilly (Cemetery or Crematory)

Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ <u>25.00</u>
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body with	Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	<u>Deport</u>
Taking Body to	
Delivering Box to	<u>Car</u>
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>25.00</u>
Less	
Balance	
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$	By Cash \$
<u>P. B. Hill, Salaman, Ed Scott, Herb Seale, J. O. Jackson, Oscar Hall, Fred Hartman</u>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness L. White, Wm. A. Marsh
 Signed _____ Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1541 Yearly No. 2 Date January 9, 1935
 Name of Deceased Saleda David Shipley (Single - Married - Widowed) Widow
 Husband - Wife - Widow - or of Mary Jane Shipley (What Race) (Where Born)

Vocation
 Name of Employer
 Charge to Silas S. Shipley
 Address
 Connection
 Order given by
 How Secured
 Date of Funeral 1/9/35 Wed 2 P. M. (Day of Week) (Hour)
 Services at State Terminal Home
 Clergyman Rev. Carlville J. D. Sted
 His Address Lamar, La.
 Certifying Physician G. K. Hamer (or Coroner)
 His Address
 Cause of Death
 Contributory Causes
 Remarks
 Date of Death Jan 5, 1935
 Place of Death Res. - Lamar, La.
 Religion S. A. S.
 Resided in the State 46 (Years) (Months)
 Date of Birth Jan 19, 1848
 Age 86 Years 6 Month 16 Days
 Name of Father John Shipley
 His Birthplace from Scotia
 Maiden Name of Mother Sophronia Shipley
 Her Birthplace Rhode Island
 Motor Ship } Body to
 Size and Style of Casket 76 x 36 x 42
 Manufactured by W. H. Hill
 Interment at W. H. Hill { Cemetery
 Crematory

Complete Funeral	\$ <u>130.00</u>
Casket	-
Metallic Lining	-
Outside Box <u>Wood</u> (State Kind) (State Kind)	-
Burial Vault	-
Embalming Body with Fluid	-
Barber, \$	-
Hair Dressing, \$	-
Dressing Body	-
Suit or Dress, \$ <u>7.50</u> Hose, \$	<u>7.50</u>
Underwear, \$	-
Slippers, \$	<u>1.00</u>
Folding Chairs, \$	-
Tarpaulin, \$	-
Candelabrum, \$	-
Candles, \$	-
Door Badge, \$	-
Gloves, \$	-
Hearse, \$	-
Ambulance, \$	-
Limousines to Cemetery <u>3</u> @ \$	-
Autos to R. R. Station <u>3</u> @ \$	-
Getting Remains from <u>Res.</u>	-
Taking Body to <u>Chgo.</u>	-
Delivering Box to <u>Chgo.</u>	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit	-
Certified Copies of Death Certificates (State Number and District)	-
Personal Charges	-
Pall Bearer Service	-
Outlay for Lot	-
Death Notices in Newspapers	-
Flowers, \$ <u>4.08</u> (Names of Newspapers) Rental of Palms, \$	<u>4.08</u>
Rental of Tent, \$ of Temporary Tomb, \$	-
Lowering Device, \$ Cremation, \$	-
Opening of Grave or Tomb	<u>7.00</u>
Lining Grave, \$ Matting, \$	-
Outlay for Shipping Charges	-
Minister, \$ Singers, \$ Organist, \$	-
Railroad Tickets, \$ Aeroplane Service, \$	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-
Total Footing of Bill	\$ <u>149.60</u>
Less <u>Sp. Ch. + Adv.</u>	<u>8.02</u>
Balance	\$ <u>141.58</u>
Entered into Ledger, page or below \$	-

Diagram of Lot or Vault

Lot No. 845
 Grave No. 3
 Section No.
 Owner S. S. Shipley

To Funeral Charges... Total, \$	By Cash... \$
<u>S. B. Granderson</u>	
Singers: <u>Randall Reynolds, Parnich; Lois Crandall, Anna Bell M. Comb.</u>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. B. White; Mrs. A. Marsh Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

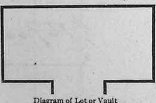
Total No. 1542 Yearly No. 3 Date January 9, 1935
 Name of Deceased Mary Jane Shippy (Single - Married - Divorced) John, Ill. (Where Born)
 Husband - Wife - Widow - of S. S. Shippy

Vocation _____
 Name of Employer S. S. Shippy
 Charge to _____
 Address _____
 Connection _____
 Order given by _____
 How Secured _____
 Date of Funeral 1/8/35 2 P. M.
 (Date) (Day of Week) (Hour)
 Services at White Funeral Home
 Clergyman W. J. Laverille; J. A. Stead
 His Address Lamar
 Certifying Physician E. C. Danach
 (or Coroner)
 His Address _____
 Cause of Death _____
 Contributory Causes _____

Complete Funeral	\$ 130.00
Casket	-
Metallic Lining	-
Outside Box <u>wood</u>	-
Burial Vault	-
Embalming Body with Fluid	-
Barber, \$	-
Hair Dressing, \$	-
Dressing Body	-
Suit or Dress, \$	8.67
Hose, \$	.67
Underwear, \$	-
Slippers, \$	-
Folding Chairs, \$	-
Tarpaulin, \$	-
Candelabrum, \$	-
Candles, \$	-
Door Badge, \$	-
Gloves, \$	-
Hearse, \$	-
Ambulance, \$	-
Limousines to Cemetery @ \$	-
Autos to R. R. Station @ \$	-
Getting Remains from <u>Res</u>	-
Taking Body to _____	-
Delivering Box to <u>Cem</u>	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit	-
Certified Copies of Death Certificates	-
Personal Charges	-
Pal Bearer Service	-

Remarks _____
 Date of Death Jan 8, 1935
 Place of Death Res - Lamar
 Religion S. D. S.
 Resided in the State _____ (Years) (Months)
 Date of Birth Oct 27, 1851
 Age 83 Years 2 Month 11 Days
 Name of Father Wm Bond
 His Birthplace England
 Maiden Name of Mother _____
 Her Birthplace Ireland
 Motor Ship Body to _____
 Size and Style of Casket No. 8 Roselle 7' x 4'
 Manufactured by W. H. Hill
 Interment at W. H. Hill Cemetery

Outlay for Lot	-
Death Notices in Newspapers	-
Flowers, \$ (Names of Newspapers)	4.08
Rental of Palms, \$	-
Rental of Tent, \$ of Temporary Tomb, \$	-
Lowering Device, \$ Cremation, \$	-
Opening of Grave or Tomb	7.00
Lining Grave, \$ Matting, \$	-
Outlay for Shipping Charges	-
Minister, \$ Singers, \$ Organist, \$	-
Railroad Tickets, \$ Aeroplane Service, \$	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-



Lot No. 845
 Grave No. 2
 Section No. _____
 Owner S. S. Shippy

Total Footing of Bill	\$ 150.42
Less <u>Op. H. + Chd</u>	\$ 7.67
Balance	\$ 42.75

To Funeral Charges... Total, \$	By Cash \$
<u>G. B. Standens</u>	
<u>Singers - Same co. for M. Shippy - Double Funeral</u>	

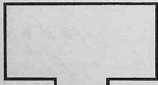
Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness A. B. White; Mrs. G. Marsh Signed _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1543 Yearly No. 4 Date January 15 1935
 Name of Deceased Betty Ann Thompson widow - Harrison Co., Mo.
(Single Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow } Levia Thompson
 or _____ of _____

Vocation _____
 Name of Employer _____
 Charge to Estate
 Address _____
 Connection _____
 Order given by W. C. Marshall
 How Secured Wife signed by all children
 Date of Funeral Jan 15 Sun 1 P. M.
(Date) Day of Week (Hour)
 Services at Lone Rock Church
 Clergyman Blair Jensen
 His Address Ladonia, Mo.
 Certifying Physician A. A. Boyles
or Coroner
 His Address Cagleville, Mo.
 Cause of Death _____

Contributory Causes _____
 Remarks _____
 Date of Death Jan 13, 1935
 Place of Death Hess Blytheville, Harrison Co., Mo.
 Religion _____
 Resided in the State 75
(Years) (Months)
 Date of Birth Nov 15, 1855
 Age 79 Years 1 Month 18 Days
 Name of Father Jim Godwin
 His Birthplace Uniontown
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor } Body to _____
 Ship }
 Size and Style of Casket 30-4-3 Poplar End Dtr.
 Manufactured by Chicago Casket Co.
 Interment at Lone Rock { Cemetery
 Crematory



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Complete Funeral	\$ <u>125.00</u>
Casket	
Metallic Lining	
Outside Box <u>wood</u>	
Burial Vault	
Embalming Body with _____ Fluid	
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body	
Suit or Dress, \$ _____ Hose, \$ <u>10.00</u>	
Underwear, \$ _____ Slippers, \$ _____	
Folding Chairs, \$ _____ Tarpaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse, \$ _____ Ambulance, \$ _____	
Limousines to Cemetery / @ \$ <u>71.00</u>	
Autos to R. R. Station / @ \$ _____	
Getting Remains from _____	
Taking Body to _____	
Delivering Box to <u>Lone Rock</u>	
Flower Wagons _____	
Removal Charges _____	
Getting Burial Permit _____	
Certified Copies of Death Certificates _____	
Personal Charges _____	
Pall Bearer Service _____	
Outlay for Lot _____	
Death Notices in _____ Newspapers _____	
Flowers, \$ _____ (Name of Newspaper) _____	
Rental of Palms, \$ _____	
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	
Lowering Device, \$ _____ Cremation, \$ _____	
Opening of Grave or Tomb _____	
Lining Grave, \$ _____ Matting, \$ _____	
Outlay for Shipping Charges _____	
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Total Footing of Bill	\$ <u>167.00</u>
Less _____	\$ _____
Balance	\$ _____
Entered into Ledger, page _____	or below \$ _____

To Funeral Charges	Total	\$	By Cash	\$

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness W. S. White W. C. Marshall Signed _____
 _____ _____ Signed _____

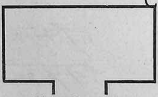
RECORD OF FUNERAL

Total No. 1544 Yearly No. 5 Date Jan 16, 1935
 Name of Deceased Lt. Ann Argabright, Widow Gene, Ohio
(Single—Married—Divorced) (What Race) (When Born)
 Husband—Wife—Widow—
 or of John Argabright

Vocation.....
 Name of Employer.....
 Charge to Children
 Address.....
 Connection.....
 Order given by John + Mrs Ethel Kuckert
 How Secured Cash + note
 Date of Funeral 1/16/35 Wed 1:30 p.m.
(Date) (Day of Week) (Hour)
 Services at M. E. Church
 Clergyman Blain Jensen
 His Address.....
 Certifying Physician J. M. Hille
(or Coroner)
 His Address.....
 Cause of Death Ball Stone Colic
with Perforation
 Contributory Causes.....
 Remarks.....
 Date of Death Jan 14, 1935
 Place of Death Res. - Lammie
 Religion.....
 Resided in the State..... 40
(Years) (Months)
 Date of Birth Aug 27, 1899
 Age 35 Years 4 Month 7 Days
 Name of Father Jessie Patrick
 His Birthplace Unknown
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor } Body to
 Ship }
 Size and Style of Casket 30x6 Crepe
 Manufactured by Chicago Casket Co.
 Interment at Forest Hill { Cemetery
 Crematory

Complete Funeral	\$ 100	00
Casket		-
Metallic Lining		-
Outside Box		-
Burial Vault		-
Embalming Body with Fluid		-
Barber, \$ Hair Dressing, \$		-
Dressing Body		-
Suit or Dress, \$ Hose, \$		-
Underwear, \$ Slippers, \$		-
Folding Chairs, \$ Tarpaulin, \$		-
Candelabrum, \$ Candles, \$		-
Door Badge, \$ Gloves, \$		-
Hearse, \$ Ambulance, \$		-
Limousines to Cemetery @ \$		-
Autos to R. R. Station @ \$		-
Getting Remains from		-
Taking Body to		-
Delivering Box to		-
Flower Wagons		-
Removal Charges		-
Getting Burial Permit		-
Certified Copies of Death Certificates		-
Personal Charges		-
Pall Bearer Service		-
Outlay for Lot		-
Death Notices in Newspapers		-
Flowers, \$ <small>(Names of Newspapers)</small>		-
Rental of Palms, \$		-
Rental of Tent, \$ of Temporary Tomb, \$		-
Lowering Device, \$ Cremation, \$		-
Opening of Grave or Tomb		-
Lining Grave, \$ Matting, \$		-
Outlay for Shipping Charges		-
Minister, \$ Singers, \$ Organist, \$		-
Railroad Tickets, \$ Aeroplane Service, \$		-
Telegr., Phone, Cable or Radio Charges		40
Cash Advanced		-
Total Footing of Bill	\$ 100	40
Less <u>Fee</u>		<u>40</u>
Balance	\$ 100	00
Entered into Ledger, page.....	or below \$.....	

Lot No. 367
 Grave No. 3
 Section No.....
 Owner Art New



To Funeral Charges... Total, \$	By Cash..... \$
<u>P. B. - Stranden</u>	
<u>Singer - Mrs. Lister, Mrs. Shepard, Mrs. J. A. Hummel</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness P. B. Mite, W. A. Mudd
 Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1545 Yearly No. 6 Date Jan. 18, 1935

Name of Deceased Kathelene Stanley Single — Married — Divorced Single Pleasanton, Iowa
(Where Born)

Husband — Wife — Widow —
 or Waiver of Ed. Stanley

Vocation Student

Name of Employer Ed. Stanley

Charge to Ed. Stanley

Address Andrew, Mo.

Connection Father

Order given by Ed. Stanley

How Secured Note

Date of Funeral 1/18/35 Tue 2 P. M.
(Day) (Day of Week) (Hour)

Services at Andrew Church

Clergyman Blair Jensen

His Address Andrew, Mo.

Certifying Physician J. P. Reed
(Physician)

His Address Andrew, Mo.

Cause of Death Acute Suppurative Appendicitis
with Peritonitis

Contributory Causes

Remarks

Date of Death Jan. 16, 1935

Place of Death Dec. Co. Hosp. - Andrew, Ia.

Religion

Resided in the State 7 days
(Years) (Months)

Date of Birth March 4, 1924

Age 10 Years 10 Month 17 Days

Name of Father Ed. Stanley

His Birthplace Andrew, Ia.

Maiden Name of Mother Rose May Lewis

Her Birthplace Andrew, Iowa

Motor Ship } Body to

Size and Style of Casket 508 - 30 H. P. 1/2 C

Manufactured by Mo. - Kan

Interment at Andrew { Cemetery
Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$	85.00
Casket		-
Metallic Lining		-
Outside Box	<small>(State Kind)</small>	-
Burial Vault	<small>(State Kind)</small>	-
Embalming Body	with <small>(State Kind)</small>	Fluid
Barber, \$	Hair Dressing, \$	-
Dressing Body		-
Suit or Dress, \$	Hose, \$	-
Underwear, \$	Slippers, \$	-
Folding Chairs, \$	Tarpaulin, \$	-
Candelabrum, \$	Candles, \$	-
Door Badge, \$	Gloves, \$	-
Hearse, \$	Ambulance, \$	-
Limousines to Cemetery	1 @ \$ 5.00	5.00
Autos to R. R. Station	@ \$	-
Getting Remains from	<u>Hosp</u>	10.00
Taking Body to	<u>Hosp</u>	-
Delivering Box to	<u>Chm</u>	-
Flower Wagons		-
Removal Charges		-
Getting Burial Permit	<small>(State Number and District)</small>	-
Certified Copies of Death Certificates		-
Personal Charges		-
Pall Bearer Service		-
Outlay for Lot		-
Death Notices in	Newspapers	-
	<small>(Names of Newspapers)</small>	-
Flowers, \$	Rental of Palms, \$	4.00
Rental of Tent, \$	of Temporary Tomb, \$	-
Lowering Device, \$	Cremation, \$	-
Opening of Grave or Tomb		-
Lining Grave, \$	Matting, \$	-
Outlay for Shipping Charges		-
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	-
Telegr., Phone, Cable or Radio Charges		-
Cash Advanced		-

Total Footing of Bill	\$	94.00
Less <u>Cash</u>	\$	5
Balance	\$	89.00

Entered into Ledger, page _____ or below \$ _____

To Funeral Charges. Total, \$	By Cash \$
<u>P. B. Medical Hill, Maurice Stiles, Tom Carpenter, Rosella W. Long</u>	
<u>F. B. John Stanley, Dorothy Stanley</u>	
<u>SINGERS: Lyle Lutts, Maurin M. Orwell, Helen Midgarden</u>	

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____

Witness R. White, M. M. M. Signed _____

RECORD OF FUNERAL

Total No. 1546 Yearly No. 7 Date Jan. 20, 1935
 Name of Deceased Ferdinand William Rauch - Maud J. Decatur, Iowa
(Single - Married - Divorced) (What Place) (Where Born)

Husband—Wife—Widow—
 or of Mary O. Rauch

Vocation Ret. San. Plomat. Dealer

Name of Employer

Charge to Mary O. Rauch

Address

Connection

Order given by

How Secured

Date of Funeral Jan. 16, 1935 Sun. 1:30 P.M.
(Date) (Day of Week) (Hour)

Services at 6. Mission

Clergyman J. I. Gray, Blair Jensen

His Address Albany, Mo.

Certifying Physician D. M. Hills
(or Coroner)

His Address Lamoni

Cause of Death Apyoplexy

Contributory Causes

Remarks

Date of Death Jan. 16, 1935

Place of Death Res. Lamoni, Iowa

Religion

Resided in the State 31
(Years) (Months)

Date of Birth Feb. 27, 1869

Age 65 Years 10 Month 24 Days

Name of Father Anton Rauch

His Birthplace Germany

Maiden Name of Mother Elizabeth R. Roberts

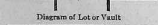
Her Birthplace Virginia

Motor Ship } Body to

Size and Style of Casket 17. Plush #1709

Manufactured by No. 1 am

Interment at Decatur { Cemetery Crematory



Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 215.00
Casket	-
Metallic Lining	-
Outside Box <u>Royal Oak Seal</u>	102.00
Burial Vault	-
Embalming Body <u>with Dec. Res. & Fluid</u>	-
Barber, \$	-
Hair Dressing, \$	-
Dressing Body	-
Suit or Dress, \$	-
Hose, \$	-
Underwear, \$	-
Slippers, \$	-
Folding Chairs, \$	-
Tarpaulin, \$	-
Candelabrum, \$	-
Candles, \$	-
Door Badge, \$	-
Gloves, \$	-
Hearse, \$	-
Ambulance, \$	-
Limousines to Cemetery @ \$	No. ch.
Autos to R. R. Station @ \$	-
Getting Remains from <u>Res.</u>	-
Taking Body to	-
Delivering Box to <u>Decatur City</u>	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit	-
Certified Copies of Death Certificates	-
Personal Charges	-
Pall Bearer Service	-
Outlay for Lot	-
Death Notices in Newspapers	-
Flowers, \$	-
Rental of Palms, \$	10.70
Rental of Tent, \$ of Temporary Tomb, \$	-
Lowering Device, \$ Cremation, \$	-
Opening of Grave or Tomb	-
Lining Grave, \$ Matting, \$	-
Outlay for Shipping Charges	-
Minister, \$ Singers, \$ Organist, \$	-
Railroad Tickets, \$ Aeroplane Service, \$	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-
<u>Coliseum Rental</u>	5.00
Total Footing of Bill	\$ 332.70
Less <u>Cash Adv.</u>	5
Balance	\$ 327.70
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$	By Cash \$
<u>P. B. L. A. Huch, A. D. Strickel, F. A. Chapman, Ralph Smith, K. E. Scott, C. C. Gibson</u>	
<u>W. S. H. A. R. S.: Lorraine Derry, Vera Batten, Ruth Scott, Lucy Buchanan</u>	
<u>S. W. H. A. S.: Wanda Derry, Helen Haffner, J. L. Strickel, Clyde C. Helwig, Primit, Thelma Wiley</u>	

Insurance, \$ Names of Lodges Melrose Home Service

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness J. M. White, Mrs. O. Rauch Signed

Witness Signed

RECORD OF FUNERAL

Total No. 1547 Yearly No. 8 Date Jan 30, 1935
 Name of Deceased Oliver Miller Tamm - child Mount Co., Iowa
(Single - Married - Divorced) (What Race) (Where Born)

Husband—Wife—Widow—
 et
 Vocation Tammer
 Name of Employer Self
 Charge to Oliver Tamm
 Address Lagami
 Connection son

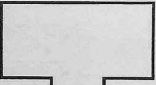
Order given by
 How Secured Cash
 Date of Funeral 1/30/35 Wed 1 P. M.
(Date) (Day of Week) (Hour)

Services at M. E. Church
 Clergyman Rev. J. W.
 His Address Kellerton, Iowa
 Certifying Physician Dr. G. M. Walker
(or Physician)
 His Address Kellerton, Iowa
 Cause of Death Broncho Pneumonia

Contributory Causes Blowie, bronchitis, Asthma
 Remarks
 Date of Death Jan 28, 1935
 Place of Death Free King gold Co. Ia.
 Religion

Resided in the State
(Years) (Months)
 Date of Birth Aug 3, 1850
 Age 84 Years 5 Month 25 Days
 Name of Father James Tamm
 His Birthplace Pennsylvania
 Maiden Name of Mother Belega Miller
 Her Birthplace Indiana

Motor Ship } Body to
 Size and Style of Casket Prof. Shains - Arch.
 Manufactured by Mo. Kan.
 Interment at Patrick { Cemetery
 Crematory



Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ 180 00
Casket	-
Metallic Lining	-
Outside Box	-
Burial Vault <u>Royal Oak</u>	180 00
Embalming Body <u>with</u> <u>Superfluid</u> Fluid	-
Barber, \$ Hair Dressing, \$	-
Dressing Body	-
Suit or Dress, \$ <u>10.20</u> Hose, \$ <u>1.50</u>	10 50
Underwear, \$ Slippers, \$	91
Folding Chairs, \$ Tarpaulin, \$	-
Candelabrum, \$ Candles, \$	-
Door Badge, \$ Gloves, \$	-
Hearse, \$ Ambulance, \$	-
Limousines to Cemetery @ \$	-
Autos to R. R. Station @ \$	-
Getting Remains from <u>Pa.</u>	-
Taking Body to Delivering Box to <u>Patrick Cem.</u>	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit	-
Certified Copies of Death Certificates	-
Personal Charges	-
Pall Bearer Service	-
Outlay for Lot	-
Death Notices in Newspapers	-
Flowers, \$ Rental of Palms, \$	1 53
Rental of Tent, \$ of Temporary Tomb, \$	-
Lowering Device, \$ Cremation, \$	-
Opening of Grave or Tomb	-
Lining Grave, \$ Matting, \$	-
Outlay for Shipping Charges	-
Minister, \$ Singers, \$ Organist, \$	-
Railroad Tickets, \$ Aeroplane Service, \$	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-
Total Footing of Bill	\$ 294 79
Less <u>Cash Adv. + Sales tax</u>	\$ 2 25
Balance	292 54
Entered into Ledger, page or below \$	

To Funeral Charges... Total, \$	By Cash	\$
<u>P. B. H. B. Patrick, Dave Stead, Frank Brown, Fred Hartman, John Knorr, Chas. Patton</u>		
<u>Singers: Mrs. Jess Semler, Miss Beulah Brown, Mrs. Gene Baker</u>		

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. D. White : M. A. Mank
 Signed
 Signed

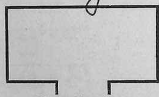
RECORD OF FUNERAL

Total No. 1548 Yearly No. 9 Date Feb. 3, 1935
 Name of Deceased Martha Malata Miller - Widows - Harrison Co., Mo.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or of James Miller

Vocation.....
 Name of Employer.....
 Charge to Bill Wright + Mrs. J. C. Rector
 Address Lamar, La. County, Mo.
 Connection son + daughter
 Order given by Bill Wright + Mrs. Rector
 How Secured Note and M. T.
 Date of Funeral Feb. 3 - Sunday 10 A. M.
(Day of Week) (Hour)
 Services at White Funeral Home
 Clergyman Blair Jensen, Marwin Day
 His Address Lamar, La.
 Certifying Physician H. N. Miller
(of Coroner)
 His Address Lamar
 Cause of Death Stroke
 Contributory Causes Old age
 Remarks.....
 Date of Death Feb. 1, 1935
 Place of Death Res. - Lamar
 Religion.....
 Resided in the State 22
(Years) (Months)
 Date of Birth Feb. 15, 1851
 Age 83 Years 11 Month 16 Days
 Name of Father Lelijah Rogers
 His Birthplace Arkansas
 Maiden Name of Mother Elizabeth Stearns
 Her Birthplace Arkansas
 Motor Vehicle } Body to Rogers Cem. - near New Hampton, Mo.
 Size and Style of Casket 76 x 28 - 1/2 c. sil. pl.
 Manufactured by North-Castles Co.
 Interment at Rogers Cem. Harrison Co. { Cemetery
 Crematory

Complete Funeral	\$ 200.00
Casket	-
Metallic Lining	-
Outside Box <u>wind</u>	-
Burial Vault	-
Embalming Body <u>with Disinfectant</u> Fluid	-
Barber, \$ Hair Dressing, \$	-
Dressing Body	-
Suit or Dress, \$ Hose, \$	-
Underwear, \$ Slippers, \$	-
Folding Chairs, \$ - Tarpaulin, \$	-
Candelabrum, \$ Candles, \$	-
Door Badge, \$ Gloves, \$	-
Hearse, \$ - Ambulance, \$	-
Limousines to Cemetery <u>2 @ \$ no ch.</u>	-
Autos to R. R. Station <u>@ \$</u>	-
Getting Remains from <u>Res.</u>	-
Taking Body to <u>Rogers Cem.</u>	70 extra chg.
Delivering Box to <u>-</u>	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit	-
Certified Copies of Death Certificates	-
Personal Charges	-
Pall Bearer Service	-
Outlay for Lot	-
Death Notices in <u>Newspapers</u>	-
Flowers, \$ <u>2.65</u> Rental of Palms, \$	-
Rental of Tent, \$ of Temporary Tomb, \$	-
Lowering Device, \$ - Cremation, \$	-
Opening of Grave or Tomb	-
Lining Grave, \$ - Matting, \$	-
Outlay for Shipping Charges	-
Minister, \$ Singers, \$ Organist, \$	-
Railroad Tickets, \$ - Aeroplane Service, \$	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-
Total Footing of Bill	\$ 202.65
Less	-
Balance	-
Entered into Ledger, page..... or below \$	-

Lot No.....
 Grave No.....
 Section No.....
 Owner.....



To Funeral Charges... Total, \$	By Cash... \$
<u>J. B. Carl Lewis, Fred Wehner, Geo. H. Nichols, Joe Huffman, Joe Hancock,</u> <u>S. M. CERS: Maude Perry, Roberta Basso, Helen Shattuck</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Funeral Director J. B. White Signed.....
 Witness..... Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1549 Yearly No. 10 Date Feb. 11, 1935

Name of Deceased Edwin D. Young (Single - Married - Divorced) Livermore, Calif. (What State) (Where Born)

Husband—Wife—Widow—
or of Edith Young

Vocation Retired Farmer

Name of Employer

Charge to

Address

Connection

Order given by Martha Young

How Secured

Date of Funeral Feb 13 Mon 2 P. M. (Date) (Day of Week) (Hour)

Services at White Funeral Home

Clergyman J. A. Sunmoley; Guy Smith

His Address Lamoni

Certifying Physician D. J. Wilson (or Coroner)

His Address Irishburg, Kans.

Cause of Death S. Ar. Inflammia

Contributory Causes

Remarks

Date of Death Feb. 8, 1935

Place of Death Horace, Iowa

Resided in the State _____ (Years) (Months)

Date of Birth Oct. 16, 1868

Age 66 Years 3 Month 7 Days

Name of Father Franklin D. Young

His Birthplace Ohio

Maiden Name of Mother Gracie Dennis

Her Birthplace Mississippi

Motor Ship } Body to

Size and Style of Casket

Manufactured by

Interment at Rock Hill { Cemetery Crematory

Complete Funeral	\$ <u>25.00</u>
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from <u>Davis City</u>	
Taking Body to	
Delivering Box to <u>Clem</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>37.00</u>
Less <u>of \$</u>	\$ <u>12.00</u>
Balance	\$ <u>25.00</u>
Entered into Ledger, page _____ or below \$ _____	

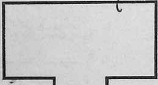


Diagram of Lot or Vault

Lot No. 147
Grave No. 1
Section No. _____
Owner _____

To Funeral Charges... Total, \$	\$ _____	By Cash	\$ _____
Shipping Fun. Home: <u>H. E. Waldman, Linton, Kans.</u>			
Mch. body at <u>Davis City</u> - <u>Feb 10/35</u> - <u>8:50 P.M.</u>			
P.B. <u>Roll and Donald Young, Ben Wilson, Fred Hartman, H.B. Patrick, Tom Currie.</u>			
S. H. C. F. S.: <u>Sheldon Reynolds, Maxine Haas, Ruth Taylor, Kendall Reynolds.</u>			
Insurance, \$		Names of Lodges	
Names of Insurance Companies			

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed _____
Signed _____

RECORD OF FUNERAL

Total No. 1550 Yearly No. 11 Date March 8 1935
 Name of Deceased Ellen L. Maria Hayer - Single - Ottawa, La Salle Co., Ill.
(Single - Married - Divorced) (What Race) (Where Born)

Husband—Wife—Widow—
 or of }

Vocation
 Name of Employer
 Charge to Henry Sumption
 Address Lamoni, Iowa
 Connection Brother-in-law
 Order given by Mrs. H. Sumption & Mrs. Mill Hayer
 How Secured
 Date of Funeral 3/11/35 Tue 2 P. M.
(Date) (Day of Week) (Hour)
 Services at White Funeral Home
 Clergyman F. D. Williams William Miller
 His Address Lamoni, Iowa
 Certifying Physician W. C. Hauer
(or Chaplain)
 His Address Lamoni, Iowa
 Cause of Death Cerebral Hemorrhage

Complete Funeral	\$ <u>160</u>	.00
Casket		x x
Metallic Lining	(State Kind)	x x
Outside Box	(State Kind)	x x
Burial Vault	(State Kind)	x x
Embalming Body	with <u>Impressed</u> Fluid	x x
Barber, \$	Hair Dressing, \$	
Dressing Body		x x
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	x x
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	x x
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>Ill</u>	x x
Taking Body to		
Delivering Box to	<u>Ill</u>	x x
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	x x
Certified Copies of Death Certificates		
Personal Charges		x x
Pall Bearer Service		

Contributory Causes
 Remarks
 Date of Death Mar. 6, 1935
 Place of Death Sumption Res., Lamoni, Ia.
 Religion
 Resided in the State I (Years) (Months)
 Date of Birth Dec. 11, 1861
 Age 73 Years 2 Month 15 Days
 Name of Father Hans Hayer
 His Birthplace Germany
 Maiden Name of Mother Sarah Nelson
 Her Birthplace Germany
 Motor } Body to
 Ship }
 Size and Style of Casket 768 Red Shrink with
 Manufactured by W. C. Hauer
 Interment at West Hill { Cemetery
 Crematory

Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Name of Newspaper)	5.90
Rental of Palms, \$		
Rental of Tent, \$	x of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	7.00
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		

Lot No. 259
 Grave No. 3
 Section No.
 Owner Walter Hayer

Total Footing of Bill	\$ <u>177.90</u>
Less <u>Op. S.</u> <u>7.00</u>	\$ <u>170.90</u>
Balance	.....
Entered into Ledger, page	..... or below \$

To Funeral Charges... Total, \$	By Cash \$
<u>P. B. Jess & Fred Lippinger; Son & Ord. W. J. Jordan; Walter Hayer; Dave Hansen.</u>	
SINGERS: <u>Mrs. R. Robinson, Mrs. Virgil S. Siphert; Mrs. W. H. Kell</u>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness A. S. Harts; Mrs. P. Marshall Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1551 Yearly No. 12 Date March 16, 1935

Name of Deceased Byron Jacob Roberts - Married - Tabor, Iowa
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - Ruth Welden Roberts

Vocation High School Instructor

Name of Employer Mr. Byron Roberts

Charge to Mr. Byron Roberts

Address _____

Connection _____

Order given by _____

How Secured _____

Date of Funeral 3/15/35 Friday 7 P. M.
(Date) (Day of Week) (Hour)

Services at Columbus

Clergyman J. F. Davis, Bishop Jenkins

His Address J. F. Weldon Mills

Certifying Physician E. C. Sauer
(or Coroner)

His Address _____

Cause of Death Lobar Pneumonia

Contributory Causes Cardiac Failure

Remarks _____

Date of Death March 14, 1935

Place of Death Ray, Linn Co., Ia.

Religion P. O. S.

Resided in the State 29 11
(Years) (Months)

Date of Birth March 20, 1905

Age 29 Years 11 Month 12 Days

Name of Father Joseph Roberts

His Birthplace Thurman, Iowa

Maiden Name of Mother Mrs. Alice Budham

Her Birthplace Anderson, Iowa

Motor Ship } Body to _____

Size and Style of Casket Ames Leg Hall Couch

Manufactured by Lathrop Casket Co.

Interment at Rose Hill Cemetery
Crematory

Lot No. 706

Grave No. 3

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral		\$ 275.00
Casket <u>Ames Leg</u>		-
Metallic Lining		-
Outside Box <u>Royal Oak</u>		100.00
Burial Vault <u>Box</u>		2.00
Embalming Body <u>with Am. Res. Co. Fluid</u>		-
Barber, \$		-
Hair Dressing, \$		-
Dressing Body		-
Suit or Dress, \$		-
Hose, \$		-
Underwear, \$		65
Slippers, \$		-
Folding Chairs, \$		-
Tarpaulin, \$		-
Candelabrum, \$		-
Candles, \$		-
Door Badge, \$		-
Gloves, \$		-
Hearse, \$		-
Ambulance, \$		-
Limousine to Cemetery @ \$		-
Autos to R. R. Station @ \$		-
Getting Remains from <u>Rice</u>		25
Taking Body to		-
Delivering Box to <u>Colum</u>		-
Flower Wagons		-
Removal Charges		-
Getting Burial Permit		-
Certified Copies of Death Certificates		-
Personal Charges		-
Pall Bearer Service		-
Outlay for Lot		-
Death Notices in Newspapers		-
Flowers, \$		8.00
Rental of Palms, \$		-
Rental of Tent, \$		-
Temporary Tomb, \$		-
Lowering Device, \$		-
Cremation, \$		-
Opening of Grave or Tomb		9.00
Lining Grave, \$		-
Matting, \$		-
Outlay for Shipping Charges		-
Minister, \$		-
Singers, \$		-
Organist, \$		-
Railroad Tickets, \$		-
Aeroplane Service, \$		-
Telegr., Phone, Cable or Radio Charges		-
Cash Advanced		-
<u>Columbus Rental</u>		6.00
Total Footing of Bill		\$ 399.65
Less <u>Cash Adv.</u>		114.65
Balance		\$ 285.00
Entered into Ledger, page _____ or below \$ _____		

To Funeral Charges, Total \$ _____ By Cash \$ _____

P. O. Keller, B. Cook, Ed. Stet, Ross Cole, Walter Johnson, Willard W. M.

SINGERS: A. Cappella, Shous - Excelsior Male Quartet

LITURGISTS: Bernice Lamb, Frankie Libbit, Nell Chevillie, Orelia Jewell

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof

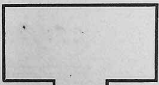
Signed _____
 Signed _____

RECORD OF FUNERAL

Total No. 1552 Yearly No. 13 Date March 17 1935
 Name of Deceased Louis E. Patrick Single Funeral Co., Iowa
(Single - Married - Divorced) (What Year) (Where Born)
 Husband - Wife - Widow - } Chas. Patrick
 or Son

Vocation Student
 Name of Employer
 Charge to Chas. Patrick
 Address Lamoni, Iowa
 Connection
 Order given by
 How Secured Cash
 Date of Funeral 3/17/35 Sunday 2 P. M.
(Day of Week) (Hour)
 Services at White Funeral Home
 Clergyman Blair Jensen, Ry. Chevile
 His Address
 Certifying Physician L. E. Jamus
(or Coroner)
 His Address
 Cause of Death Acute Inflammatory Appendicitis
with Perforation
 Contributory Causes Acute Hemorrhagic Gastritis
 Remarks
 Date of Death March 16, 1935
 Place of Death Creighton Co. Hospital, Lam
 Religion
 Resided in the State Ia (Years) (Months)
 Date of Birth Feb. 14, 1921
 Age 14 Years 1 Month 2 Days
 Name of Father Charles Patrick
 His Birthplace King gold, Ia., Iowa
 Maiden Name of Mother Eva Zugace
 Her Birthplace King gold, Ia., Iowa
 Motor Ship } Body to
 Size and Style of Casket Iron - Armo Iron / p. c.
 Manufactured by Chicago, Casket Co.
 Interment at Patrick { Cemetery
 Crematory

Complete Funeral	\$ 250.00
Casket <u>Armo Iron</u>	
Metallic Lining	
Outside Box	
Burial Vault <u>Galion</u>	107.00
<small>(State Kind)</small>	
Embalming Body <u>with</u> Fluid	
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station	
Getting Remains from <u>Fun. H.</u>	No. Chg.
Taking Body to	
Delivering Box to <u>Armo</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates <small>(State Number and District)</small>	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in <u>Newspapers</u>	
Flowers, \$ <small>(Names of Newspapers)</small>	4.00
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation
Opening of Grave or Tomb <u>Ch. Jamus</u>	9.00
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 356.00
Less <u>Op. Haver</u>	\$ 9.00
Balance	\$ 356.00
Entered into Ledger, page	or below \$



Lot No.
 Grave No.
 Section No.
 Owner

To Funeral Charges... Total, \$	By Cash \$
<u>P. B. Donald, Director, Frank Shipman, Keith Bell, Pauling, Loucky,</u> <u>Bot. Anderson, Mayne, Tewberry</u> SINGERS - <u>Clayde Ebeling, Mayne, Dewy, Hortense Hyde, J. C. Street</u>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed L. B. White
 Witness L. B. White
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1553 Yearly No. 14 Date March 21, 1935

Name of Deceased Alfred George Dushill - Widowed (What Race) Deatur Co., La. (Where Born)

Husband—Wife—Widow—
or of Garnie Dushill, Dec.

Vocation Ret. Soldier

Name of Employer Wm. S. Reed & Son, Alton, Ill.

Charge to Alton, Ill.

Address Davis City, Iowa

Connection Daughter

Order given by Wm. S. Reed & Son, Alton, Ill.

How Secured Cash

Date of Funeral March 21, 1935 (Date) Sunday (Day of Week) 2 P. M. (Hour)

Services at Andrew Church

Clergyman Joe Bank, M. Hoyer

His Address Davis City, Iowa

Certifying Physician Dr. H. P. Reed

His Address Davis City, Iowa

Cause of Death Heart Disease

Contributory Causes

Remarks

Date of Death March 21, 1935

Place of Death Alton, Ill., Decatur Co., La.

Religion

Resided in the State 79 (Years) (Months)

Date of Birth Oct. 18, 1856

Age 79 Years 1 Month 18 Days

Name of Father Leveger Dushill

His Birthplace Unknown

Maiden Name of Mother

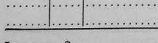
Her Birthplace

Motor Ship } Body to

Size and Style of Casket Very Nice, Hgt. Cap. Oct.

Manufactured by Chicago Casket Co.

Interment at Alton { Cemetery Crematory



Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 165.00
Casket	xx
Metallic Lining	xx
Outside Box (State Kind)	
Burial Vault <u>Royal</u> (State Kind)	1.02.00
Embalming Body <u>with</u> Fluid	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ 87.50	8.93
Hose, \$ 1.18	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery, \$ @ \$	No. Chg.
Autos to R. R. Station, \$ @ \$	
Getting Remains from <u>Alton</u>	xx
Taking Body to <u>Alton</u>	xx
Delivering to <u>Anderson</u>	xx
Flower Wagons	
Removal Charges	
Getting Burial Permit (State Number and District)	xx
Certified Copies of Death Certificates	
Personal Charges	xx
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers, \$ 30.00	10.00
Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Minister, \$ Singers, \$ Organist, \$	8.00
Railroad Tickets, \$ Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 279.93
Less <u>Cash Adv. 4</u>	8.00
Balance	271.93
Entered into Ledger, page or below \$	

To Funeral Charges... Total, \$	By Cash \$
<p><i>P. B. Fay, Emmer, John Weston, Luella Lewis, Joe Early, John King, Ada Bennett</i></p> <p>SINGERS: <i>Mrs. Shepard, Mrs. Boder, Mrs. Lunsdell</i></p>	

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed _____

Signed _____

Witness Wm. A. Maul

RECORD OF FUNERAL

Total No. 1554 Yearly No. 15 Date April 8 1935
 Name of Deceased Oscar Lane Hold Single La Salle Co., Ill.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or Birth of Mrs. Phoebe Allen and Frank Hold

Vocation Retired Farmer
 Name of Employer _____
 Charge to Estate
 Address _____
 Connection _____
 Order given by Phoebe Allen
 How Secured Note
 Date of Funeral 4/8/35 Mon 2 P. M.
(Day of Week) (Hour)
 Services at Funeral Home
 Clergyman W. E. Small; W. E. Gayer
 His Address _____
 Certifying Physician E. E. Hamak
(or Coroner)
 His Address _____
 Cause of Death Acute Myocardial failure
 Contributory Causes Chronic essential hypertension
 Remarks _____
 Date of Death April 6, 1935
 Place of Death Decatur Co. Hospital
 Religion _____
 Resided in the State _____ 36 (Years) (Months)
 Date of Birth Jan 18, 1867
 Age 69 Years 2 Month 18 Days
 Name of Father Mrs. H. Hold
 His Birthplace New York
 Maiden Name of Mother Mary Allen
 Her Birthplace Towson
 (Motor) Body to _____
 (Ship) _____
 Size and Style of Casket 768 Noelle
 Manufactured by York Casket Co.
 Interment at Rose Hill Cemetery
(Crematory)

Complete Funeral	\$ 165.00
Casket	-
Metallic Lining	-
Outside Box <u>none</u>	-
Burial Vault	-
Embalming Body <u>with DuPont's</u> Fluid	-
Barber, \$ _____ Hair Dressing, \$ _____	-
Dressing Body	-
Suit or Dress, \$ _____ Hose, \$ _____	-
Underwear, \$ _____ Slippers, \$ _____	-
Folding Chairs, \$ _____ Tarpaulin, \$ _____	-
Candelabrum, \$ _____ Candles, \$ _____	-
Door Badge, \$ _____ Gloves, \$ _____	-
Hearse, \$ _____ Ambulance, \$ _____	-
Limousines to Cemetery @ \$ _____	-
Autos to R. R. Station @ \$ _____	-
Getting Remains from <u>Hospital</u>	-
Taking Body to _____	-
Delivering Box to <u>Fun.</u>	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit <u>(State Number and District)</u>	-
Certified Copies of Death Certificates	-
Personal Charges	-
Pal Bearer Service	-
Outlay for Lot	-
Death Notices in _____ Newspapers	-
Flowers, \$ _____ (Name of Newspaper)	-
Rental of Palms, \$ _____	4.83
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	-
Lowering Device, \$ _____ Cremation, \$ _____	-
Opening of Grave or Tomb	7.00
Lining Grave, \$ _____ Matting, \$ _____	-
Outlay for Shipping Charges	-
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	-
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-
Total Footing of Bill	\$ 176.83
Less <u>Op. H.</u>	<u>169.83</u>
Balance	7.00
Entered into Ledger, page _____ or below \$ _____	

Diagram of Lot or Vault

Lot No. 151
 Grave No. 3
 Section No. _____
 Owner _____

To Funeral Charges... Total, \$	By Cash... \$
<u>P. B. Danielson, Fred Otto Lyngren, Dave Hansen, Len Midgarden, H. W. Kelley</u> DIRECTORS: <u>Mrs. Jenn Lyngren, Mrs. H. W. Hold, Miss Mary Alice Hall</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Funeral Director A. B. White Signed _____
 Witness _____ Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1555 Yearly No. 76 Date April 11, 1935
 Name of Deceased George Van Vinkle Brown (Single Married—Divorced) (What Race) (Where Born)
 Husband—Wife—Widow— Victoria Brown, Dec.

Vocation Retired Farmer
 Name of Employer
 Charge to Estate
 Address
 Connection
 Order given by Harold, Eugene and Ben
 How Secured 70%
 Date of Funeral 7/125 Thurs. 2:30 P.M.
 (Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman J. S. Brown; D. H. Blair
 His Address
 Certifying Physician H. M. Hills (or Coroner)
 His Address
 Cause of Death Apoplexy
 Contributory Causes Old age
 Remarks
 Date of Death April 9, 1935
 Place of Death W. M. Hills, Iowa
 Religion
 Resided in the State 49 (years) (Months)
 Date of Birth April 23, 1849
 Age 85 Years 11 Month 15 Days
 Name of Father Peter Brown
 His Birthplace New York
 Maiden Name of Mother Esther
 Her Birthplace New York
 Motor } Body to
 Ship }
 Size and Style of Casket 217 Magnificent State
 Manufactured by Rich. Casket
 Interment at West Hill { Cemetery
 Crematory

Complete Funeral	\$ <u>260.00</u>
Casket	
Metallic Lining	(State Kind)
Outside Box	(State Kind) <u>Wood</u>
Burial Vault	(State Kind)
Embalming Body	with <u>Special</u> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$ <u>70.00</u>
Autos to R. R. Station	@ \$
Getting Remains from	<u>Rich</u>
Taking Body to	
Delivering Box to	<u>Rich</u>
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	Rental of Palms, \$ <u>12.25</u>
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$ <u>7.00</u>
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>277.25</u>
Less <u>Op. No.</u>	\$ <u>7.00</u>
Balance	\$ <u>270.25</u>
Entered into Ledger, page	or below \$

Diagram of Lot or Vault

Lot No. 457
 Grave No. 243
 Section No.
 Owner

To Funeral Charges... Total, \$	By Cash... \$
<u>P. L. Roy, H. H. Hays, Chas. White, Bill Hancock, Allen Sanyer, Ed. Salaman, Jr., Hoffman</u>	
<u>SINCEAS: Mrs. A. G. Dennis, Mrs. Dale Gillespie, Edmund Allen</u>	

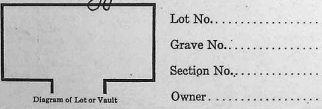
Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed Edwin S. White
 Witness
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1556 Yearly No. 17 Date April 16, 1935
 Name of Deceased Emma Jaggen Cracraft Married Kinggold Co., Iowa
(What Race) (What Birth)
 Husband—Wife—Widow—
 or of Benjamin Leonard Cracraft

Vocation.....
 Name of Employer.....
 Charge to B. L. and Pearl Cracraft
 Address.....
 Connection. Husband and Daughter
 Order given by.....
 How Secured cash note 30 days
 Date of Funeral 4/13/35 109 M.
(Date) (Day of Week) (Hour)
 Services at Residence
 Clergyman Wm. D. Long
 His Address.....
 Certifying Physician L. E. Hamel
(or Coroner)
 His Address.....
 Cause of Death Lobar Pneumonia
 Contributory Causes.....
 Remarks.....
 Date of Death April 14, 1935
 Place of Death Wm. D. Long
 Religion L. O. S.
 Resided in the State 71
(Years) (Months)
 Date of Birth Sept. 15, 1863
 Age 71 Years 6 Month 27 Days
 Name of Father Silas Jaggen
 His Birthplace Prussia, Iowa
 Maiden Name of Mother Ellen Brown
 Her Birthplace Iowa
 Motor } Body to Oakville Cem, Kinggold Co., Ia
 Ship }
 Size and Style of Casket 131 Crpl.
 Manufactured by North Casket Co.
 Interment at Kinggold Co., Oakville { Cemetery
 Crematory

Complete Funeral	\$ 135.00
Casket	
Metallic Lining	
Outside Box	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	<small>(State Number and District)</small>
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	10.00
<small>(Name of Newspapers)</small>	
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 145.00
Less	\$
Balance	145.00
Entered into Ledger, page	or below \$



To Funeral Charges... Total, \$	By Cash \$
P. B. David Taylor, Dr. Shipman, Ray Johnson, Marva Fry, Act. 1 of 1888 G. W. M. Smith	
S. A. C. R. S. Mrs. T. L. Booker, Mrs. Virgil Shepherd, Mrs. J. A. Kinsley	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Witness A. B. White
 Signed _____
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1922.

RECORD OF FUNERAL

Total No. 1557 Yearly No. 18 Date April 21, 1935

Name of Deceased Franklin Allen Furst - Married - Hamilton Co. Mo.
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - or of Ellie Ora Furst

Vocation Tanner

Name of Employer Self

Charge to estate

Address 6 Lawrence Thompson

Connection Mrs. Frank Furst

Order given by Mrs. Frank Furst

How Secured note

Date of Funeral Apr 21/35 10 30 M.
(Date) (Day of Week) (Hour)

Services at Residence

Clergyman C. E. Harpe; & Mrs. Fustina

His Address St. A. Bryan

Certifying Physician E. G. Wright

His Address Marion, La. Methodist Hospital

Cause of Death Marion, La. Methodist Hospital

Contributory Causes

Remarks

Date of Death April 19, 1935

Place of Death Mo.

Religion none

Resided in the State 60
(Years) (Months)

Date of Birth Feb. 26, 1873

Age 61 Years 4 Month 7 Days

Name of Father James A. Furst

His Birthplace Madison

Maiden Name of Mother Susan Justice

Her Birthplace Madison

Motor Ship } Body to Samon

Size and Style of Casket #3060 1/2 High 2 1/2

Manufactured by Chicago Casket Co.

Interment at Ross Hill Cemetery Crematory

Lot No. 1546

Grave No. 4

Section No.

Owner

Complete Funeral	\$ 2.30 00
Casket <u>Union Shield 1/2 c.</u>	
Metallic Lining	
Outside Box	
Burial Vault <u>Royal - State</u>	102 00
Embalming Body <u>with Oil - the Co. Fluid</u>	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	20 00
Death Notices in Newspapers	
Flowers, \$ <small>(Names of Newspapers)</small>	
Rental of Palms, \$	5 00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	9 00
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Minister, \$ Singers, \$ Organist, \$	
Railroad Tickets, \$ Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 266 00
Less <u>Est. Exp. 48</u>	\$ 29 00
Balance	\$ 337 00
Entered into Ledger, page or below \$	

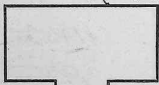


Diagram of Lot or Vault

To Funeral Charges, Total \$

A. B. Manning, Thompson, Cliff Ludwig, Harry Bininger, Everett Wilson,
Lloyd Hunt, Bron Samuels

By Cash \$

S. W. G. F. S. Edith Foley, Anna Belle M. Cook, J. C. Stuart, Clyde Ebeling

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed A. S. White Funeral Director Witness

RECORD OF FUNERAL

Total No. 1558 Yearly No. 19 Date April 25, 1935
 Name of Deceased Marie Schantz Single Prussia
(Single - Married - Divorced) (What Race) (Where Born)

Vocation.....
 Name of Employer.....
 Charge to Sainte Home
 Address.....
 Connection.....
 Order given by Hilfermuth
 How Secured Cash
 Date of Funeral Apr 25 Thurs 2 P. M.
(Day) (Day of Week) (Hour)
 Services at Sainte Home
 Clergyman C. E. Harper
 His Address.....
 Certifying Physician A. O. Smith
(License Number)
 His Address Stamps State Hospital
 Cause of Death Psychosis Simple Delusional
 Contributory Causes.....
 Remarks.....
 Date of Death April 23, 1935
 Place of Death Stamps State Hospital
 Religion.....
 Resided in the State.....
 Date of Birth Feb 25, 1841 (Years) (Months)
 Age 94 Years 1 Month 29 Days
 Name of Father No Record
 His Birthplace Germany
 Maiden Name of Mother No Record
 Her Birthplace Denmark
 Motor Ship } Body to.....
 Size and Style of Casket Hospital #1 Mottled Cloth
 Manufactured by W. S. Cash Co.
 Interment at..... { Cemetery
 Crematory

Complete Funeral	\$ <u>7.00</u>
Casket	
Metallic Lining	<small>(State Kind)</small>
Outside Box	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body	with <u>Fluid</u>
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from <u>Stamps Hosp.</u>	<u>7.50</u>
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	<small>(State Number and District)</small>
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	<small>(Name of Newspaper)</small> Newspapers
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	<u>6.00</u>
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>83.50</u>
Less <u>of \$</u>	\$ <u>6.00</u>
Balance	\$ <u>77.50</u>
Entered into Ledger, page.....	or below \$

Diagram of Lot or Vault

Lot No. 1258
 Grave No. 4
 Section No.....
 Owner St. Home

To Funeral Charges... Total, \$	By Cash..... \$
<u>P. L. J. Schiffermuth, Jr. Pres., George Caslick, Andrew Anderson,</u> <u>J. D. Stued, Wm. A. Orange</u>	
SURVEAS - <u>Mrs. J. A. Surrency, Mrs. J. M. Springer - Mrs. Floyd Mortimer, Criminal</u>	

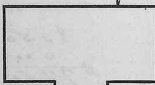
Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness William J. White Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1559 Yearly No. 20 Date May 1, 1935
 Name of Deceased Lucina Martha Case - Widow - Sharon Falls, Ohio
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or of John Henry Case, Dec.

Vocation
 Name of Employer
 Charge to Old Age Assistance Commission
 Address 70 West Selma Street, Iron
 Connection Members Security Committee
 Order given by
 How Secured
 Date of Funeral May 25 Wed 2:30 P.M.
(Date) (Day of Week) (Hour)
 Services at White Funeral Home
 Clergyman Carl Selleny, Sacred Heart
 His Address
 Certifying Physician E. C. Hamer
(or Coroner)
 His Address
 Cause of Death Bronchial Pneumonia
 Contributory Causes Senility
 Remarks
 Date of Death April 29, 1935
 Place of Death Iron - Larmer
 Religion
 Resided in the State
 Date of Birth March 19, 1891 77 (Years) (Months)
 Age 44 Years 1 Month 10 Days
 Name of Father Justin M. Safford
 His Birthplace Ohio
 Maiden Name of Mother Hermine Bartlett
 Her Birthplace New York
 Her Birthplace
 Motor Ship } Body to
 Size and Style of Casket Woods' A. Simple
 Manufactured by Woods' Casket Co.
 Interment at Rock Hill { Cemetery
 Crematory

Complete Funeral	\$ 100.00
Casket	-
Metallic Lining	-
Outside Box	-
Burial Vault	-
Embalming Body	with <u>By Demand</u> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	-
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery @ \$	-
Autos to R. R. Station @ \$	-
Getting Remains from <u>Pro</u>	-
Taking Body to	-
Delivering Box to	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit	-
Certified Copies of Death Certificates	-
Personal Charges	-
Pall Bearer Service	-
Outlay for Lot	-
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	-
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	-
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	-
Minister, \$	Singers, \$ Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-
Total Footing of Bill	\$ 107.00
Less <u>Op. Case</u>	\$ 7.00
Balance	\$ 100.00
Entered into Ledger, page	or below \$



Lot No. 220
 Grave No. 7
 Section No.
 Owner

To Funeral Charges... Total, \$
P.B. Carl Weber, Walter Allen, W. H. Giddens, Tisha Bartlett, G. C. Robinson, J. Paul Allen
 S. G. G. S. Mrs. Arthur Deery, Mrs. Jess Semler, Mrs. H. H. Hamman, P. Smith

Insurance, \$ Names of Lodges
 Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed
 Signed

Funeral Director Wm. A. Marsh
 Witness

RECORD OF FUNERAL

Total No. 1560 Yearly No. 21 Date May 15, 1935
 Name of Deceased Leland Judson Allen Single Lamar, Iowa
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow -
 or of }
 Vocation
 Name of Employer
 Charge to Walter Allen
 Address
 Connection Sutter
 Order given by
 How Secured Order of W. D. Sautter
 Date of Funeral May 15, 1935 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman H. H. Biggs; Blair Jensen
 His Address
 Certifying Physician W. M. Hills
(or Coroner)
 His Address
 Cause of Death Acute Indigestion

Complete Funeral	\$ <u>35.00</u>
Casket	-
Metallic Lining	-
Outside Box	-
Burial Vault	-
Embalming Body with <u>Floral</u> Fluid	-
Barber, \$..... Hair Dressing, \$.....	-
Dressing Body	-
Suit or Dress, \$..... Hose, \$.....	-
Underwear, \$..... Slippers, \$.....	-
Folding Chairs, \$..... Tarpaulin, \$.....	-
Candelabrum, \$..... Candles, \$.....	-
Door Badge, \$..... Gloves, \$.....	-
Hearse, \$..... Ambulance, \$.....	-
Limousines to Cemetery @ \$.....	-
Autos to R. R. Station @ \$.....	-
Getting Remains from	-
Taking Body to	-
Delivering Box to	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit	-
Certified Copies of Death Certificates	-
Personal Charges	-
Pall Bearer Service	-
Outlay for Lot	-
Death Notices in Newspapers	-
Flowers, \$..... Rental of Palms, \$.....	-
Rental of Tent, \$..... of Temporary Tomb, \$.....	-
Lowering Device, \$..... Cremation, \$.....	-
Opening of Grave or Tomb	-
Lining Grave, \$..... Matting, \$.....	-
Outlay for Shipping Charges	-
Minister, \$..... Singers, \$..... Organist, \$.....	-
Railroad Tickets, \$..... Aeroplane Service, \$.....	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-
Total Footing of Bill	\$ <u>35.00</u>
Less	-
Balance	-
Entered into Ledger, page..... or below \$.....	-

Contributory Causes
 Remarks
 Date of Death May 11, 1935
 Place of Death Lamar, Iowa
 Religion
 Resided in the State 3 10
(Years) (Months)
 Date of Birth July 6, 1931
 Age 3 10 5
Years Month Days
 Name of Father Walter Allen
 His Birthplace Ridgeway, Mo.
 Maiden Name of Mother W. Leland Judson
 Her Birthplace Lamar
 Motor } Body to
 Ship }
 Size and Style of Casket 24 1/2 - 3/4 LxHxW
 Manufactured by High Cash
 Interment at Woods Hill { Cemetery
 Crematory

Diagram of Lot or Vault

Lot No. 709
 Grave No. 3
 Section No.
 Owner

To Funeral Charges... Total, \$	\$	By Cash	\$
P.B.: <u>Hale Metz, Helen M. Gordon, Rosalie Klein, Rachel Peterson</u>			
D. AREAS: <u>Sandra Derry, Mrs. H. A. Dennis</u>			

Insurance, \$..... Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Witness Wm. A. Marsh
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1561 Yearly No. 22 Date May 20, 1935

Name of Deceased William Monroe Wood - Married - Decatur Co., Iowa
(Single) (Married) (Divorced) (What Race) (Where Born)

Husband—Wife—Widow—
or Mary E. Wood

Vocation Farmer

Name of Employer
Charge to Mrs. J. M. Wood

Address

Connection

Order given by

How Secured Cash

Date of Funeral May 23 Mon. 2 P. M.
(Day) (Day of Week) (Hour)

Services at Edgemoor

Clergyman Rev. Bruce - J. F. Lawer

His Address Indianola, Lamoni

Certifying Physician E. E. Lawer
(or Coroner)

His Address

Cause of Death Coronary Occlusion

Contributory Causes

Remarks

Date of Death May 18, 1935

Place of Death Lamoni, Iowa

Religion M. E.

Resided in the State Iowa 8 (Years) (Months)

Date of Birth April 19, 1866

Age 69 Years 0 Month 79 Days

Name of Father Jacob W. Wood

His Birthplace Ohio

Maiden Name of Mother Lucretia Bugh

Her Birthplace Arkansas

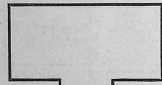
Motor Ship } Body to

Size and Style of Casket #201 Velvet / c.

Manufactured by Royal Carpet Co.

Interment at Van Orsk. { Cemetery Crematory

Complete Funeral	\$	230.00
Casket		-
Metallic Lining		-
Outside Box	(State Kind)	-
Burial Vault	<u>Royal an Oak</u> (State Kind)	100.00
Embalming Body	with <u>fluid</u>	-
Barber, \$	Hair Dressing, \$	-
Dressing Body	<u>Shirt & tie</u>	2.19
Suit or Dress, \$	Hose, \$	2.50
Underwear, \$	Slippers, \$	.79
Folding Chairs, \$	Tarpaulin, \$	-
Candelabrum, \$	Candles, \$	-
Door Badge, \$	Gloves, \$	-
Hearse, \$	Ambulance, \$	-
Limousines to Cemetery	@ \$	-
Autos to R. R. Station	@ \$	-
Getting Remains from	<u>Van Orsk.</u>	-
Taking Body to	<u>Van Orsk.</u>	-
Delivering Box to		-
Flower Wagons		-
Removal Charges		-
Getting Burial Permit	(State Number and District)	-
Certified Copies of Death Certificates		-
Personal Charges		-
Pall Bearer Service		-
Outlay for Lot		-
Death Notices in	Newspapers	-
Flowers, \$	Rental of Palms, \$	5.00
Rental of Tent, \$	of Temporary Tomb, \$	-
Lowering Device, \$	Cremation, \$	-
Opening of Grave or Tomb		-
Lining Grave, \$	Matting, \$	-
Outlay for Shipping Charges		-
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash advanced		
		5.00
		5.00
Total Footing of Bill		548.73
Less <u>Cash adv.</u>		8.73
Balance		337.00
Entered into Ledger, page		or below \$



Lot No.
Grave No.
Section No.
Owner

To Funeral Charges... Total \$
J. B. N. Keighn, Chas. M. Jaki, Chas. Frank Allen, Oscar & Andrew Anderson
By Cash \$
Sid & F. A. S., Ruth Alice Carter, Marjorie Keas, Sheldon Reynolds, Eugene M. Oliver

Insurance, \$... Names of Lodges
Names of Insurance Companies

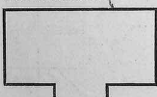
We hereby authorize the above funeral and agree to pay the expenses thereof
Witness Edith S. White Signed
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1562 Yearly No. 23 Date June 2, 1935
 Name of Deceased Gaide Enry Jones widow - near Lamoni, Iowa
(Single - Married - Divorced) (What Place) (Where Born)
 Husband - Wife - Widow - or of Carl Jones

Vocation.....
 Name of Employer.....
 Charge to W. Roy Dillon
 Address.....
 Connection brother
 Order given by W. Roy Dillon
 How Secured 716e and 717
 Date of Funeral 6/3/35 Sunday 1:30 P. M.
(Date) (Day of Week) (Hour)
 Services at W. S. Church - Des Moines
 Clergyman Henry Castings
 His Address Des Moines
 Certifying Physician Laurance G. Kelley
(or Coroner)
 His Address Des Moines, Iowa
 Cause of Death Exhaustion
Metastatic Carcinoma
 Contributory Causes Carcinoma of Cervix
 Remarks.....
 Date of Death May 31, 1935
 Place of Death Des Moines, Iowa
 Religion.....
 Resided in the State 44 (Years) (Months)
 Date of Birth Feb. 7, 1891
 Age 44 Years 3 Month 7 Days
 Name of Father Chas. W. Dillon
 His Birthplace Iowa
 Maiden Name of Mother Enry Enry
 Her Birthplace Illinois
 Motor Ship } Body to
 Size and Style of Casket #3450 Exp. Drive
 Manufactured by Both Casket Co.
 Interment at St. Rose Hill { Cemetery
 Crematory

Complete Funeral	\$	19.50	
Casket		-	
Metallic Lining		-	
Outside Box		-	
Burial Vault		-	
Embalming Body	With Fluid	-	
Barber, \$	Hair Dressing, \$	1.00	
Dressing Body		-	
Suit or Dress, \$	Hose, \$	-	
Underwear, \$	Slippers, \$	-	
Folding Chairs, \$	Tarpaulin, \$	-	
Candelabrum, \$	Candles, \$	-	
Door Badge, \$	Gloves, \$	-	
Hearse, \$	Ambulance, \$	-	
Limousines to Cemetery @ \$		-	
Autos to R. R. Station @ \$		-	
Getting Remains from <u>Dr. Kelley</u>		1.00	
Taking Body to <u>Des Moines</u>		2.00	
Delivering Box to <u>Chas.</u>		-	
Flower Wagons		-	
Removal Charges		-	
Getting Burial Permit		-	
Certified Copies of Death Certificates		-	
Personal Charges		-	
Pall Bearer Service		-	
Outlay for Lot		-	
Death Notices in Newspapers		-	
Flowers, \$	Rental of Palms, \$	-	
Rental of Tent, \$	of Temporary Tomb, \$	-	
Lowering Device, \$	of Cremation, \$	-	
Opening of Grave or Tomb		7.00	
Lining Grave, \$	Matting, \$	-	
Outlay for Shipping Charges		-	
Minister, \$	Singers, \$	Organist, \$	-
Railroad Tickets, \$	Aeroplane Service, \$		-
Telegr., Phone, Cable or Radio Charges			-
Cash Advanced			-
Total Footing of Bill	\$	223.00	
Less <u>Op. Surv & Hair Dressing</u>	\$	8.00	
Balance		215.00	
Entered into Ledger, page		or below \$	



Lot No. 129
 Grave No. 1
 Section No.....
 Owner.....

To Funeral Charges... Total, \$
Added away at home of Mrs. Will Kautner, 902 Conroy Drive, Des Moines
Body brought to home for preparation 7:31 - Returned to Des Moines 8:30
June 1/2 - Returned to Lamoni for burial 3/2 following funeral
C. B. J. M. Redman, Frank Muske, Ralph Kieker, Robt. Thomas, L. B. Thompson, Geo. B. Orr

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness Rollin S. White Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1563 Yearly No. 24 Date June 2 1935
 Name of Deceased Mrs. Lee Swigart Single - Lamoni, Iowa
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or of Widow of John and Olive Swigart

Vocation
 Name of Employer
 Charge to John Swigart
 Address
 Connection
 Order given by
 How Secured
 Date of Funeral 6/1/35 Sun (Day of Week) (Hour) M.
 Services at Lamoni
 Clergyman
 His Address
 Certifying Physician D. P. Reed (or Coroner)
 His Address
 Cause of Death Torax with acid

Contributory Causes
 Remarks
 Date of Death June 1, 1935
 Place of Death Lamoni
 Religion
 Resided in the State (Years) (Months)
 Date of Birth June 1, 1935
 Age 0 Years 0 Month 7 hrs. Days

Name of Father John Swigart
 His Birthplace Cashville, Mo.
 Maiden Name of Mother Olivia Paulsen
 Her Birthplace Caladonia, Wiggall Co., Iowa
 Motor Ship } Body to
 Size and Style of Casket No. Square
 Manufactured by Not
 Interment at First Chapel, Hamilton Co. { Cemetery
770. Crematory

Complete Funeral	\$	10.00
Casket		
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
	(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	
Less	\$	
Balance		10.00
Entered into Ledger, page		or below \$

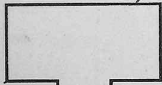


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Owner

To Funeral Charges... Total, \$	By Cash	\$
<u>Casket, Box & Preparation of Body only</u>	<u>No Service</u>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness A. Robin D. Attkin

Signed
 Signed

RECORD OF FUNERAL

Total No. 1564 Yearly No. 25 Date July 5 1935

Name of Deceased William Curtis Collins
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow or of Sarah Jane Collins Meru Co. Mo.

Vocation Laborer

Name of Employer

Charge to

Address

Connection

Order given by

How Secured

Date of Funeral 7/5/35 Fri 2 P.M.
(Date) (Day of Week) (Hour)

Services at M. E. Church

Clergyman J. Vincent Gray

His Address

Certifying Physician (or Coroner)

His Address

Cause of Death Debility following Flu

Contributory Causes

Remarks

Date of Death July 3 1935

Place of Death Spencer, Ia.

Religion

Resided in the State (Years) (Months)

Date of Birth Nov 20 1854

Age 80 Years 7 Month 13 Days

Name of Father

His Birthplace

Maiden Name of Mother

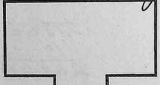
Her Birthplace

Body to from Spencer, Ia.

Size and Style of Casket

Manufactured by

Interment at Lilly Cemetery { Cemetery Crematory



Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$ 25.00
Casket	
Metallic Lining	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body with Fluid	
Barber \$ Hair Dressing \$	
Dressing Body	
Suit or Dress \$ Hose \$	
Underwear \$ Slippers \$	
Folding Chairs \$ Tarpaulin \$	
Candelabrum \$ Candles \$	
Door Badge \$ Gloves \$	
Hearse \$ Ambulance \$	
Limousine to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from Train	
Taking Body to	
Delivering Box to Cemetery	
Flower Wagons	
Removal Charges	
Getting Burial Permit (State Number and District)	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers \$ Rental of Palms \$	
Rental of Tent \$ of Temporary Tomb \$	
Lowering Device \$ Cremation \$	
Opening of Grave or Tomb	
Lining Grave \$ Matting \$	
Outlay for Shipping Charges	
Minister \$ Singers \$ Organist \$	
Railroad Tickets \$ Aeroplane Service \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 25.00
Less	\$
Balance	
Entered into Ledger, page or below \$	

To Funeral Charges	Total \$	By Cash \$
<u>P. Beavers</u>	<u>John Smith</u>	<u>Ges. Pasley</u>
	<u>Fred Hartman</u>	<u>Andrew Anderson</u>
		<u>Albert Fleet</u>
		<u>Art Hofstger</u>

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Wm A. Marsh Signed _____

RECORD OF FUNERAL

Total No. 1565 Yearly No. 26 Date Aug. 22 1935
 Name of Deceased Florence Vida Landphair - Widow - Illinois
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—
 er.....of Edna Landphair

Vocation.....
 Name of Employer.....
 Charge to Sons & Daughters
 Address.....
 Connection.....
 Order given by.....
 How Secured Note and Contract Agreement
 Date of Funeral July 35 June 2 P. M.
(Day) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman Roy Chevillie; D. M. Blair
 His Address.....
 Certifying Physician H. M. Hills
(M.D. Currier)
 His Address.....
 Cause of Death Internal Injury
Received by Fall
 Contributory Causes Old Age
 Remarks.....
 Date of Death Aug 20, 1935
 Place of Death Wes - Lamoni
 Religion.....
 Resided in the State..... (Years) (Months)
 Date of Birth June 21, 1857
 Age 81 Years 1 Month 29 Days
 Name of Father Theron Tucker
 His Birthplace.....
 Maiden Name of Mother Letta Tucker
 Her Birthplace.....
 Motor Ship } Body to
 Size and Style of Casket 768 - St. Pl. 4 c.
 Manufactured by Arch. Casket
 Interment at Rox Hill { Cemetery
 Crematory

Complete Funeral	\$	2000
Casket		-
Metallic Lining		-
Outside Box		-
Burial Vault		-
Embalming Body	with <u>Sun</u> Fluid	-
Barber, \$	Hair Dressing, \$	-
Dressing Body		-
Suit or Dress, \$	Hose, \$	3.50
Underwear, \$	Slippers, \$	-
Folding Chairs, \$	Tarpaulin, \$	-
Candelabrum, \$	Candles, \$	-
Door Badge, \$	Gloves, \$	-
Hearse, \$	Ambulance, \$	-
Limousine to Cemetery	@ \$	-
Autos to R. R. Station	@ \$	-
Getting Remains from	<u>Rox Hill</u>	-
Taking Body to	<u>Funeral Home</u>	-
Delivering Box to	<u>Funeral Home</u>	-
Flower Wagons		-
Removal Charges		-
Getting Burial Permit		-
Certified Copies of Death Certificates		-
Personal Charges		-
Pall Bearer Service		-

Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	<u>5.00</u> (Names of Newspapers)	5.00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		10.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		

Diagram of Lot or Vault

Lot No. 855
 Grave No. 347
 Section No.
 Owner J.R. Smith

Total Footing of Bill	\$	218.60
Less <u>Op. In.</u>	\$	10.00
Balance		208.60
Entered into Ledger, page.....	or below \$	

To Funeral Charges	Total, \$		By Cash	\$	
<u>P. B. Leland Landphair, Raymond Potts, Howard & Irene W. Nicholson, Anna Jackson, Ralph Lewis</u>					
<u>SINGERS: Mrs. Baker, Maggie Anthony, Roy Chevillie, Norman Fry,</u>					
<u>Anna Hale Lewis - Premier</u>					

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Funeral Director A. White Witness.....
 Signed.....
 Signed.....

RECORD OF FUNERAL

Total No. 1566 Yearly No. 27 Date Aug 23, 1935
 Name of Deceased Theophilus Bruniger - Married - Cumberland Co., Pa.
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - or of Mary Francis Bruniger

Vocation Physician and Farmer

Name of Employer Self

Charge to Estate of Harry

Address Sen.

Order given by Family

How Secured Cash

Date of Funeral Tue 2:30 P. M.
(Day of Week) (Hour)

Services at Sen.

Clergyman J. V. Gray

His Address H. M. Miller
(of Coroner)

His Address General Debility

Cause of Death General Debility

Contributory Causes Old Age

Remarks 8-21-35

Date of Death 8-21-35

Place of Death Sen.

Religion

Resided in the State 70 years (Months)

Date of Birth March 14, 1846

Age 89 years 5 month 7 days

Name of Father David Bruniger Pa.

His Birthplace Pa.

Maiden Name of Mother Mary Trimble Pa.

Her Birthplace Pa.

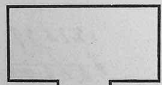
Motor Ship } Body to #6999 Elk Harbor

Size and Style of Casket Lateville Casket Co.

Manufactured by Lateville Casket Co.

Interment at Andover { Cemetery Crematory

Complete Funeral	\$ <u>275.00</u>
Casket	
Metallic Lining	
Outside Box	<small>(State Kind)</small>
Burial Vault	<u>Barker</u> <u>10.00</u> <small>(State Kind)</small>
Embalming Body	with <u>Special</u> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$ <u>10.70</u>
Underwear, \$ <u>81</u>	Slippers, \$ <u>81</u>
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Body to	<u>Sen.</u>
Delivering Box to	<u>Sen.</u>
Flower Wagons	
Removal Charges	
Getting Burial Permit	<small>(State Number and District)</small>
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	<small>(Names of Newspapers)</small> Rental of Palms, \$ <u>10.20</u>
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$ Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>298.21</u>
Less	\$
Balance	
Entered into Ledger, page	or below \$



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

To Funeral Charges... Total, \$	By Cash \$
<u>P. B. - Bacon, Chas, Sumner, Ala, Geo, & Ralph Bruniger</u>	
<u>JACKERS - Thanda Derry, Loris Butts, Maurice Hills, Roy Chevillie, Loris Hower</u>	

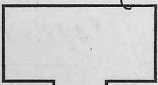
Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness [Signature] Signed _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1567 Yearly No. 38 Date Aug. 24, 1935
 Name of Deceased Barrie Sembroke Willis - Widow - Blau, Ill.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—
 or Dr. T. Willis

Vocation _____
 Name of Employer _____
 Charge to Lorna Scott
 Address _____
 Connection Sister
 Order given by _____
 How Secured cash (bur)
 Date of Funeral Jan 22 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman Roy Chiville; G. M. Blair
 His Address _____
 Certifying Physician E. E. Samuel
(or Coroner)
 His Address _____
 Cause of Death A poplery Hypertension
 Contributory Causes _____

Remarks _____
 Date of Death Aug. 21, 1935
 Place of Death Ill - Lammie
 Religion _____
 Resided in the State _____ 52 (Years) (Months)
 Date of Birth Jan. 31, 1875
 Age 60 Years 6 Month 21 Days
 Name of Father John Scott
 His Birthplace England
 Maiden Name of Mother Sarah Whitson
 Her Birthplace England
 Motor Ship } Body to _____
 Size and Style of Casket # 3450 Prof. Shine
 Manufactured by Robt. Campbell Co.
 Interment at Rock Hill { Cemetery
 Crematory


 Lot No. 238
 Grave No. 2
 Section No. _____
 Owner _____

Complete Funeral	\$	195.00
Casket		
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault		
Embalming Body	with <u>Daymond</u>	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	8.67
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>Rock Hill</u>	
Taking Body to	<u>Clam</u>	
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		

Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	Rental of Palms, \$	5.10
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		7.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		

Total Footing of Bill	\$	215.77
Less <u>Op. H.</u>	\$	7.00
Balance	\$	208.77
Entered into Ledger, page _____	or below \$	

To Funeral Charges... Total, \$		By Cash	\$
<u>P.B. - L. G. Kelley, J. H. Barr, A. M. Stud, Oscar + Andrew Anderson, Ch. Brozman</u>			
<u>SINAGERS - Mrs. B. B. B. Lora Barron, Mrs. H. A. Denis - P. B. B.</u>			

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness A. S. White Signed _____
 Signed _____

RECORD OF FUNERAL

Total No. 1568 Yearly No. 29 Date Aug. 27, 1934
 Name of Deceased Robert Hall (Single - Married - Divorced) Shiphaugh, Yorkshire, England
 (What Race) (Where Born)
 Husband—Wife—Widow— or of Josephine Hall, Dec.

Vocation Farmer
 Name of Employer
 Charge to J. C. Beck
 Address Kellerton, Iowa
 Connection Son-in-law
 Order given by
 How Secured Contract - (Cash)
 Date of Funeral Aug 30, 1934 2 P. M.
 (Day) (Day of Week) (Hour)
 Services at White Turners Home
 Clergyman Rev. E. E. Voss; G. M. Blinn
 His Address Kellerton
 Certifying Physician G. M. Blinn
 (or Coroner)
 His Address Kellerton
 Cause of Death Cholera

Complete Funeral	\$	165.00	
Casket			
Metallic Lining	(State Kind)		
Outside Box			
Burial Vault	<u>Barber</u> (State Kind)	102.00	
Embalming Body	with <u>Swan</u> Fluid		
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$		
Underwear, \$	Slippers, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Badge, \$	Gloves, \$		
Hearse, \$	Ambulance, \$		
Limousine to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Body to			
Delivering Box to			
Flower Wagons			
Removal Charges			
Getting Burial Permit	(State Number and District)		
Certified Copies of Death Certificates			
Personal Charges			
Pall Bearer Service			
Outlay for Lot			
Death Notices in	Newspapers		
	(Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	7.12	
Rental of Tent, \$	of Temporary Tomb, \$		
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb		9.00	
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Minister, \$	Singers, \$	Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Total Footing of Bill		\$	285.12
Less <u>Op. Dr.</u>		\$	9.00
Balance		\$	276.12
Entered into Ledger, page		or below \$	

Contributory Causes Arterio Sclerosis
 Remarks
 Date of Death Aug. 25, 1934
 Place of Death City Hosp., Ringgold Co., Ia.
 Religion
 Resided in the State 38 (Years) (Months)
 Date of Birth March 29, 1861
 Age 74 Years 4 Month 27 Days
 Name of Father Geo. Hall
 His Birthplace England
 Maiden Name of Mother Helen
 Her Birthplace
 Motor Ship } Body to
 Size and Style of Casket Box, Shrove, Dec.
 Manufactured by Chicago Casket Co.
 Interment at Hope Hill { Cemetery
 Crematory

Diagram of Lot or Vault
 Lot No. 1574
 Grave No. 213
 Section No.
 Owner

To Funeral Charges... Total, \$	By Cash	\$
<u>P. B. Ed. & Perry Scott; Nellie Smith, Cortez Harvey, Reed Murray, Hattie Kruger</u>		
SINGERS: <u>Mrs. Boden; Mrs. M. M. Brown, J. J. Roy, G. L. Switzer</u>		
<u>Oma Hale Brown = Priest</u>		

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. S. White Signed
 Signed

RECORD OF FUNERAL

Total No. 1569 Yearly No. 30 Date Sept. 8, 1935

Name of Deceased Mrs. Hortense Hyde (Single - Married - Divorced) Gooding, Iowa (What Race) (Where Born)

Husband - Wife - Widow - or - Daughter of Alma & John Hyde

Vocation College Student

Name of Employer Chas. Hyde

Charge to Chas. Hyde

Address _____

Connection _____

Order given by Mrs. Alma Hyde

How Secured _____

Date of Funeral 9/8/35 Sunday 2 P. M. (Date) (Day of Week) (Hour)

Services at Coliseum

Clergyman Ray Chevillie; Blair Jensen

His Address _____

Certifying Physician E. C. Lamm (or Coroner)

His Address _____

Cause of Death Sub. aneurysm hemorrhage following probable skull fracture of base

Contributory Causes Myocardial failure

Remarks _____

Date of Death Sept. 4, 1935

Place of Death Decatur Co. Hospital, Ia.

Religion _____

Resided in the State Ia. (Years) (Months)

Date of Birth January 21, 1917

Age 18 Years 6 Month 13 Days

Name of Father Chas. Hyde

His Birthplace Antelope Co., Neb.

Maiden Name of Mother John Park

Her Birthplace Hamber Co., Iowa

Motor Ship) Body to _____

Size and Style of Casket #650 Chas. W. R. Co. St. L.

Manufactured by W. H. Cashel Co.

Interment at East Hill { Cemetery Crematory

Lot No. 1528

Grave No. 3

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$ <u>325.00</u>
Casket	_____
Metallic Lining (State Kind)	_____
Outside Box (State Kind)	_____
Burial Vault <u>Champion Burial Vault</u> (State Kind)	<u>107.10</u>
Embalming Body with <u>Lavan</u> Fluid	_____
Barber, \$ _____ Hair Dressing, \$ _____	<u>1.00</u>
Dressing Body _____	_____
Suit or Dress, \$ _____ Hose, \$ _____	_____
Underwear, \$ _____ Slippers, \$ _____	_____
Folding Chairs, \$ _____ Tarpaulin, \$ _____	_____
Candelabrum, \$ _____ Candles, \$ _____	_____
Door Badge, \$ _____ Gloves, \$ _____	_____
Hearse, \$ _____ Ambulance, \$ _____	_____
Limousines to Cemetery <u>2</u> @ \$ _____	_____
Autos to R. R. Station _____ @ \$ _____	_____
Getting Remains from <u>Hospital</u>	_____
Taking Body to _____	_____
Delivering Box to _____	_____
Flower Wagons <u>2</u>	_____
Removal Charges _____	_____
Getting Burial Permit (State Number and District)	_____
Certified Copies of Death Certificates _____	_____
Personal Charges _____	_____
Pall Bearer Service _____	_____
Outlay for Lot _____	_____
Death Notices in _____ Newspapers _____	_____
Flowers, \$ _____ (Names of Newspapers) Rental of Palms, \$ _____	<u>25.10</u>
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	_____
Lowering Device, \$ _____ Cremation, \$ _____	_____
Opening of Grave or Tomb _____	<u>7.00</u>
Lining Grave, \$ _____ Matting, \$ _____	_____
Outlay for Shipping Charges _____	_____
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	_____
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	_____
Telegr., Phone, Cable or Radio Charges _____	_____
Cash Advanced <u>Coliseum Vault</u>	<u>5.00</u>
Total Footing of Bill	\$ <u>452.30</u>
Less <u>Cash Adv. (Coliseum Vault)</u>	<u>15.00</u>
Balance	\$ <u>437.30</u>
Entered into Ledger, page _____ or below \$ _____	_____

To Funeral Charges... Total, \$	By Cash... \$
<u>O. B. Stewart High, Paul Whittle, Dwight Hedlund, Blair Whitcomb, Max Wise, Mark Hanson</u>	
<u>F. B. + USHERS: Blair Jensen, Marion M. Powell, Lucy Adams.</u>	
<u>S. W. & EKES: - A. Capella, Chas.</u>	

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed _____ Witness Robin S. White Signed _____

RECORD OF FUNERAL

Total No. 1570 Yearly No. 31 Date Sept. 11, 1935
 Name of Deceased Gordh. Box (Single—Married—Divorced) Single Grandberry, Texas (What Race) (Where Born)
 Husband—Wife—Widow—
 or.....of }

Vocation.....
 Name of Employer.....
 Charge to Sainte Home
 Address.....
 Connection.....
 Order given by.....
 How Secured.....
 Date of Funeral 9/11/35 (Date) Wed (Day of Week) 10 a. m. (Hour)
 Services at Sainte Home
 Clergyman.....
 His Address.....
 Certifying Physician E. C. Gault (or Coroner)
 His Address.....
 Cause of Death Central Hemorrhage
Arterio Sclerosis Hyphema
 Contributory Causes.....
 Remarks.....
 Date of Death Sept. 9, 35
 Place of Death Sainte Home - Lamon
 Religion.....
 Resided in the State..... 2 (Years) 11 (Months)
 Date of Birth July 28, 1865
 Age 70 (Years) 2 (Month) 11 (Days)
 Name of Father Thomas G. Box
 His Birthplace Alabama
 Maiden Name of Mother Sarah Matthews
 Her Birthplace Tenn.
 Motor Ship } Body to.....
 Size and Style of Casket W. A. "A" Casket Co.
 Manufactured by W. A. Casket Co.
 Interment at Rose Hill Cemetery
Crematory

Complete Funeral	\$ 70.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	Rental of Newspapers
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	\$ 7.00
Total Footing of Bill	
\$ 77.40	
Less <u>Op. S. & L.</u>	
\$ 70.00	
Balance	
\$ 70.00	
Entered into Ledger, page..... or below \$	

Diagram of Lot or Vault

Lot No. 703
 Grave No. 3
 Section No.....
 Owner Miss Dancer

To Funeral Charges... Total, \$	By Cash..... \$
<u>C. B. Joe. Bros., Mr. Jewell, Mr. LeVine, Chas. Roth, Mr. Gusselley, J. H. Stubbins</u>	
SINGERS: <u>Mrs. Ralph Lorange, Mrs. Virginia Sheppard, Mrs. Floyd Mortimore</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Witness R. Olin D. White
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1933.

RECORD OF FUNERAL

Total No. 1571 Yearly No. 32 Date Sept. 18, 1935

Name of Deceased Joseph Brady (Single) (Married) (Divorced) Married
Husband—Wife—Widow Widow (What Race) Irish (Where Born)

Vocation Farmer - in charge of Home

Name of Employer W. S. Church

Charge to Mrs. J. Brady

Address Wife

Connection Wife

Order given by Wm. Hugh Clarke

How Secured 2 P.

Date of Funeral 9/18/35 (Date) (Day of Week) (Hour) M.

Services at Funeral Home

Clergyman Blair Jensen; J. S. Williams

His Address Blair Jensen; J. S. Williams

Certifying Physician Dr. A. Gorman

His Address Dr. A. Gorman

Cause of Death Gastric Ulcer

Contributory Causes Gastric Hemorrhage

Remarks Sept. 16, 1935

Date of Death Sept. 16, 1935

Place of Death Dec. Co. Hosp - Tenn.

Religion 65

Resided in the State (Years) (Months) 65

Date of Birth Aug. 17, 1866

Age 69 Years 0 Month 29 Days

Name of Father Geo. Brady

His Birthplace Eng.

Maiden Name of Mother Ambush

Her Birthplace Ambush

Motor Ship } Body to

Size and Style of Casket #201 Velan 1/2 c.

Manufactured by Best Casket Co.

Interment at Hope Hill { Cemetery Crematory

Lot No. 877 871

Grave No. 3

Section No. 3

Owner 3

Complete Funeral	\$	230 00
Casket		
Metallic Lining		
Outside Box		
Burial Vault		
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	35
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Shippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery, @ \$		
Autos to R. R. Station, @ \$		
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$	Rental of Palms, \$	8 10
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		6 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	274 45
Less <u>Cash adv.</u>	\$	63 5
Balance		238 10
Entered into Ledger, page		or below \$

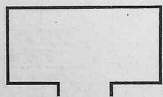


Diagram of Lot or Vault

To Funeral Charges... Total, \$	By Cash... \$
<u>P. B. Ash Lane, Clarence Kilde, Chas. Kays, J. H. Barr, T. S. Williams, Wm. Lissauer</u>	
<u>S. W. AERS: Clyde Kelling, Bill Davis, Kendall Reynolds, Ray Clewille</u>	

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed A. S. White

Signed

RECORD OF FUNERAL

Total No. 1573 Yearly No. 33 Date Sept. 27 1935
 Name of Deceased Lloyd Cleo Johnston Married Kinggold Co., Iowa
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - Paragon E. Overman Johnston
or... of

Vocation _____
 Name of Employer _____
 Charge to Harrison County, Mo.
 Address Bethany
 Connection _____
 Order given by Co. Clerk
 How Secured _____
 Date of Funeral 9/27/35 11 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Fun. Home
 Clergyman Blair Jensen; W.C. Hayer
 His Address _____
 Certifying Physician _____
(or Coroner)
 His Address _____
 Cause of Death _____
 Contributory Causes _____
 Remarks _____
 Date of Death Sept 25, 1935
 Place of Death Bethany, Mo.
 Religion _____
 Resided in the State _____ (Year) (Month)
 Date of Birth Dec. 7, 1899 (Year) (Month)
 Age 36 Years 9 Month 18 Days
 Name of Father J. Percy Johnston
 His Birthplace Canada
 Maiden Name of Mother Mary E. Sutcliffe
 Her Birthplace Kinggold Co., Ia.
 Motor Ship } Body to _____
 Size and Style of Casket 12x18x18
 Manufactured by Wash. Casket Co.
 Interment at W. Lee Hill { Cemetery
 Crematory

Complete Funeral	\$ <u>40.00</u>
Casket	
Metallic Lining	
Outside Box	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body	<small>(State Kind)</small> with <u>disposal</u> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from <u>Bethany</u>	
Taking Body to	
Delivering Box to <u>Cem</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	<small>(State Number and District)</small>
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	<u>Pauper</u>
Death Notices in	Newspapers
Flowers, \$	<small>(Names of Newspapers)</small>
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>40.00</u>
Less	\$
Balance	\$
Entered into Ledger, page	or below \$

Diagram of Lot or Vault

Lot No. 622-5
 Grave No. _____
 Section No. _____
 Owner _____

To Funeral Charges... Total, \$	By Cash, \$
<u>P. B. Ed. Hillman, Chas. Ludwig, Harrison Jensen, Joe Simpson, Iron Marshall</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness Rollin S. White Signed _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1573 Yearly No. 34 Date Oct 9 1935

Name of Deceased Joseph Morse Foreman (What Race) England
(Single - Married - Divorced)
 Husband - Wife - Widow or Sarah Foreman Stewart (What Race) (What Birth)

Vocation Mail Laborer

Name of Employer _____

Charge to Son & Daughter

Address _____

Connection _____

Order given by _____

How Secured Cash & Notes

Date of Funeral 9/35 (Day) Wed (Day of Week) 2 P. (Hour) M.

Services at Fun Home

Clergyman Blair Jensen, Mr. Hayes

His Address _____

Certifying Physician E. E. Hamel (or Coroner)

His Address _____

Cause of Death Intestinal Obstruction

Contributory Causes Barium & ascending Colon

Remarks Poik. Motion Diarrhea

Date of Death Oct 4, 1935

Place of Death Dec. Co. Hosp.

Religion _____

Resided in the State _____ (Years) (Months)

Date of Birth June 3, 1853

Age 82 (Years) 4 (Month) 1 (Days)

Name of Father John Foreman

His Birthplace England

Maiden Name of Mother Lucy Satchel

Her Birthplace England

Motor Ship } Body to # 768 Roselle High Cape

Size and Style of Casket Lat

Manufactured by Lat

Interment at Rock Hill { Cemetery Crematory

 Lot No. 510

Grave No. 2

Section No. _____

Owner _____

Complete Funeral	\$ 165.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	<u>Wm. H. Co. Fluid</u>
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery, 1 @ \$	
Autos to R. R. Station, @ \$	
Getting Remains from <u>Hosp. Dec.</u>	
Taking Body to _____	
Delivering Box to _____	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	<small>(State Number and District)</small>
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in _____ Newspapers	
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Organist, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 171.00
Less <u>Op. Home</u>	\$ 6.00
Balance	\$ 165.00
Entered into Ledger, page _____ or below \$	

To Funeral Charges... Total, \$	By Cash	\$
<u>P. B. Dan & Andrew Anderson, David Smith, Joe Barth, Earl Jones, Gus Bringer</u>		
<u>S. W. S. S. - Mrs. Ralph Foreman; Mrs. Hugh Shipp, Kendall Reynolds, William Graves - President Mrs. F. J. Foreman</u>		

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____

Witness John D. White Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1574 Yearly No. 35 Date 7/11 1935

Name of Deceased Fred B. Blair
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow -
or of }

Vocation

Name of Employer

Charge to Mrs. Fred Blair

Address 4146 Chestnut, K. C. Mo.

Connection

Order given by Ch. F. Blair

How Secured

Date of Funeral 7/11/35 Max 4 P. M.
(Date) (Day of Week) (Hour)

Services at Rox Hill

Clergyman Blair Jensen

His Address

Certifying Physician M. M. Grove - Register
(or Coroner) K. C. Mo.

His Address

Cause of Death Malignancy of Liver

Contributory Causes

Remarks

Date of Death 7/11, 1935

Place of Death Res - K. C. Mo.

Religion L. O. S.

Resided in the State (Years) (Months)

Date of Birth

Age 67 Years Month Days

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Body to

Size and Style of Casket

Manufactured by

Interment at Rox Hill { Cemetery
Crematory

Diagram of Lot or Vault

Lot No. 130

Grave No. 4

Section No.

Owner

Complete Funeral	\$
Casket	
Metallic Lining	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	<u>Central Church of</u>
Taking Body to	<u>A. C. (270 N. 21st)</u>
Delivering Box to	<u>Crem - 27th & Hill</u>
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	(State Number and District)
Personal Charges	<u>5.00</u>
Pal Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$ <u>2.50</u>
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$ <u>5.00</u>
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>42.50</u>
Less	\$
Balance	
Entered into Ledger, page	or below \$

To Funeral Charges - Total \$
Service Conducted by Stine & McChure of L. O. S. Central Church - 30th & Tracy - K. C. Mo.

Services at 10 A. M. 7/11/35 - Min. - J. F. Jensen

Body released to us at close of services - Can service only in Lamoni

P. B. G. & Deery, Ch. A. Schwanalt, C. F. Donith, V. J. Biggs, Oscar Anderson, John McJannet

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness William S. White Signed

RECORD OF FUNERAL

Total No. 1575 Yearly No. 36 Date Nov. 18, 1935

Name of Deceased Anne E. Elizabeth Blakely, married - Lamon, Iowa.
(Single - Married - Divorced) (What Place) (Where Born)

Husband—Wife—Widow—
 or.....of Joseph Oscar Blakely

Vocation.....
 Name of Employer.....

Charge to J. O. Blakely

Address.....
 Connection.....

Order given by.....
 How Secured Insurance Assignment

Date of Funeral Nov. 18, 1935 Mon. 2 P. M.
(Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Marvin Fry

His Address.....
 Certifying Physician J. A. Brown
(Address)

His Address Lamoni, Iowa

Cause of Death Star Pneumonia

Contributory Causes Pharyngeal catarrh, catarrh of Oropharynx and Esophagus

Remarks.....
 Date of Death Nov. 15, 1935

Place of Death DeCATUR County Home

Religion R. O. S.

Resided in the State 54
(Years) (Months)

Date of Birth Sept. 18, 1883

Age 52 Years 1 Month 27 Days

Name of Father Wm. H. Garrett

His Birthplace Iowa

Maiden Name of Mother Mary Ellen Dillon

Her Birthplace Iowa

Motor Ship } Body to.....
 Size and Style of Casket #3450 Prof. Sh.

Manufactured by Wash.

Interment at St. As. Hill { Cemetery
 Crematory

Lot No. 1128

Grave No. 1

Section No.....

Owner.....

Diagram of Lot or Vault

Complete Funeral \$ 175.00

Casket.....
 Metallic Lining.....
(State Kind)

Outside Box.....
 Burial Vault Final Closing Open End \$ 75.00
(State Kind) (State Kind)

Embalming Body..... with Lamon Fluid
 Barber, \$..... Hair Dressing, \$.....

Dressing Body.....
 Suit or Dress, \$..... Hose, \$.....
 Underwear, \$..... Slippers, \$.....

Folding Chairs, \$..... Tarpaulin, \$.....
 Candelabrum, \$..... Candles, \$.....

Door Badge, \$..... Gloves, \$.....
 Hearse, \$..... Ambulance, \$.....

Limousines to Cemetery 2 @ \$..... 70.00
 Autos to R. R. Station..... @ \$.....

Getting Remains from County Home

Taking Body to.....
 Delivering Box to Chm.

Flower Wagons.....
 Removal Charges.....
 Getting Burial Permit.....
(State Number and District)

Certified Copies of Death Certificates.....
 Personal Charges.....

Pall Bearer Service.....
 Outlay for Lot.....
 Death Notices in..... Newspapers

Flowers, \$..... Rental of Palms, \$..... 3.50
(Name of Newspaper)
 Rental of Tent, \$..... of Temporary Tomb, \$.....

Lowering Device, \$..... Cremation, \$.....
 Opening of Grave or Tomb..... 9.00

Lining Grave, \$..... Matting, \$.....

Outlay for Shipping Charges.....
 Minister, \$..... Singers, \$..... Organist, \$.....

Railroad Tickets, \$..... Aeroplane Service, \$.....
 Telegr., Phone, Cable or Radio Charges..... 3.17

Cash Advanced.....

Total Footing of Bill \$ 287.67

Less Cash Adv. (of 4.17) \$ 11.17

Balance \$ 273.50

Entered into Ledger, page..... or below \$

To Funeral Charges	Total \$	By Cash	\$
<u>P. S. W. Decker, Jan. Foster, Ray Ayres, Jimmy Ruedrich, Donald Hall, Carrie Hill</u>			
<u>S. S. SERS - Mrs. V. Shippard, Mrs. Ruth Lamm, Mrs. J. M. Lippinger</u>			

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof

Funeral Director R. D. Alt Signed.....
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. 1576 Yearly No. 37 Date Nov. 24, 1935

Name of Deceased Myron Jefferson Hodson (Single - Married - Divorced)
 (What Race) Kahoka, Mo. (Where Born)

Husband - Wife - Widow - or of Nebraska Hodson

Vocation Farmer

Name of Employer Sell

Charge to Mrs. M. J. Hodson

Address Earlsville, Mo. R #1

Connection Ship

Order given by "

How Secured Note - (cash)

Date of Funeral Nov 24/35 Sun. 1:30 P.M. (Date) (Day of Week) (Hour)

Services at Love Rock, Mo.

Clergyman Roy A. Church

His Address "

Certifying Physician E. E. Daniel (for Coroner)

His Address Fanning, Ia.

Cause of Death Streptococci Meningitis Compound Comminuted Fracture of

Contributory Causes Wald Bass - Multiple

Remarks lacerations of face - kicked by horse

Date of Death Nov 22, 1935

Place of Death Dec. Co. Hosp - Leon, Ia.

Religion "

Resided in the State " (Years) (Months)

Date of Birth Nov. 9, 1892 (Years) (Months) (Days)

Age 43 Years 0 Month 13 Days

Name of Father M. E. Hodson

His Birthplace Lawson Co., Mo.

Maiden Name of Mother Kathryn Smith

Her Birthplace Clark Co., Mo.

Motor Ship } Body to Love Rock, Mo.

Size and Style of Casket #2 - Gum Metal "SEALER"

Manufactured by Rock Casket Co.

Interment at Love Rock { Cemetery Crematory

Lot No. "

Grave No. "

Section No. "

Owner "

Diagram of Lot or Vault "

Complete Funeral	\$ <u>410.00</u>
Casket	
Metallic Lining	
Outside Box	
Burial Vault	<u>102.00</u>
Embalming Body	with <u>Flu. id.</u> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	1 @ \$
Autos to R. R. Station	@ \$
Getting Remains from	<u>Rock</u>
Taking Body to	<u>Love Rock</u>
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>517.00</u>
Less	\$
Balance	
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$	By Cash
<u>P. B. Keith & Kenneth Todd, Owen Holloway, Ted Land, Harvey & Paul Campbell</u>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. White Signed _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1577 Yearly No. 38 Date Nov. 26, 1935
 Name of Deceased Isaac Alon Mowse (Single - Married - Divorced)
Edna Valley, Wyoming (What State) (Where Born)

Husband - Wife - Widow } I da. C. Mowse
 or.....

Vocation Retired Farmer

Name of Employer.....

Charge to Mr. J. A. Mowse

Address.....

Connection.....

Order given by.....

How Secured.....

Date of Funeral 11/26/35 (Date) Tues. 2 P. (Day of Week) (Hour) M.

Services at State Funeral Home

Clergyman J. A. Tunledge; Blair Jensen

His Address.....

Certifying Physician E. E. Damm
(or Coroner)

His Address.....

Cause of Death Senility
Hypertension; advanced arteriosclerosis

Contributory Causes.....

Remarks.....

Date of Death Nov. 24, 1935

Place of Death Laramie, Wyo.

Religion L.O.S.

Resided in the State Wyo. (Years) (Months)

Date of Birth Oct. 15, 1855

Age 80 Years 1 Month 9 Days

Name of Father James T. Mowse

His Birthplace England

Maiden Name of Mother Charlotte Bell

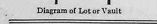
Her Birthplace England

Motor Ship } Body to.....

Size and Style of Casket #201 Oct 1/2 c. - C. V. Nelson

Manufactured by Root

Interment at Rock Hill { Cemetery
 Crematory



Lot No. 349

Grave No. 2

Section No.....

Owner.....

Complete Funeral	\$ 230.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	with <u>Fluor</u> Fluid
Barber	Hair Dressing
Dressing Body	
Suit or Dress	Hose
Underwear	Slippers
Folding Chairs	Tarpaulin
Candelabrum	Candles
Door Badge	Gloves
Hearse	Ambulance
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	@ \$
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	

Outlay for Lot	
Death Notices in Newspapers	
Flowers	Rental of Palms
Rental of Tent	of Temporary Tomb
Lowering Device	Cremation
Opening of Grave or Tomb	
Lining Grave	Matting
Outlay for Shipping Charges	
Minister	Singers
Railroad Tickets	Aeroplane Service
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Total Footing of Bill	\$ 230.00
Less	\$
Balance	
Entered into Ledger, page.....	or below \$

To Funeral Charges	Total \$	By Cash	\$
<u>P. B. Roy, Wm. J. Werry, Wm. Bell, R. H. Hall, P. G. Kelley, D. M. Vandenberg</u>			
SINCEAS - <u>Mr. + Mrs. V. L. Brien, Mrs. Carl T. Higdon, Henry Winters (Sons)</u>			
<u>Mrs. J. M. Lyinger - Grand</u>			

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....

Funeral Director Root Signed.....
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. 1578 Yearly No. 39 Date December 2 1935
 Name of Deceased Vernie L. Ray King (Single Married Divorced) Lamoni Iowa (What Race) (Where Born)
 Husband—Wife—Widow—
 or of

Vocation
 Name of Employer
 Charge to Vernie L. King
 Address R. 1. #2, Lamoni, Iowa
 Connection Father
 Order given by
 How Secured 7/04
 Date of Funeral 11/3/35 (Date) (Day of Week) (Hour) M. Tues.
 Services at Camisville Cem.
 Clergyman
 His Address
 Certifying Physician Dr. James J. Slenton (or Coroner)
 His Address M. Ayr, Iowa
 Cause of Death B. diphtheria
 Contributory Causes Circumstantialy
 Remarks
 Date of Death Dec. 2, 1935
 Place of Death Paley Exp. Kinggold Co, Iowa
 Religion
 Resided in the State
 Date of Birth Oct. 28, 1935 (Years) (Months)
 Age 0 Years 1 Month 5 Days
 Name of Father Vernie L. King
 His Birthplace Mercer Co. Mo.
 Maiden Name of Mother Laura Crystal Wright
 Her Birthplace Mercer Co., Mo.
 Motor } Body to
 Ship } 7/0 Square
 Size and Style of Casket
 Manufactured by Wat.
 Interment at Dosken Cem, Camisville, Mo. Cemetery Crematory

Complete Funeral	\$	
Casket <u>7/0 Square & Box</u>	10.00	
Metallic Lining	(State Kind)	
Outside Box <input checked="" type="checkbox"/>	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body <input checked="" type="checkbox"/> with <u>Wolfram</u> Fluid	5.00	
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body		
Suit or Dress, \$.....	Hose, \$.....	
Underwear, \$.....	Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulin, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Badge, \$.....	Gloves, \$.....	
Hearse, \$.....	Ambulance, \$.....	
Limousines to Cemetery @ \$.....		
Autos to R. R. Station @ \$.....		
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges <input checked="" type="checkbox"/>		
Pall Bearer Service		
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$.....	Rental of Palms, \$.....	
Rental of Tent, \$.....	of Temporary Tomb, \$.....	
Lowering Device, \$.....	Cremation, \$.....	
Opening of Grave or Tomb		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges		
Minister, \$.....	Singers, \$.....	Organist, \$.....
Railroad Tickets, \$.....	Aeroplane Service, \$.....	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced	<u>School tax</u>	30
Total Footing of Bill	\$	<u>15.30</u>
Less	\$	
Balance		
Entered into Ledger, page.....		or below \$.....

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

	To Funeral Charges... Total, \$		By Cash		\$

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness A. White Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1579 Yearly No. 40 Date Dec. 7, 1935
 Name of Deceased: Emily Morrow (Single—Married—Divorced) Hallack Co., Wis. (What Race) (Where Born)

Husband—Wife—Widow—
 or.....of.....of.....

Vocation.....
 Name of Employer.....
 Charge to Saints Home
 Address.....
 Connection Inmate
 Order given by.....
 How Secured Cash
 Date of Funeral 12/5/35 Sch 10 A. M.
(Date) (Day of Week) (Hour)
 Services at Saints Home
 Clergyman.....
 His Address.....
 Certifying Physician E. E. Samak
(or Coroner)
 His Address.....
 Cause of Death Acute suppurative cholecystitis
 Contributory Causes.....
 Remarks Autopsy
 Date of Death 12/5/35
 Place of Death Saints Home - Lamoni, Ia.
 Religion.....
 Resided in the State.....
 Date of Birth July 3, 1852
 Age 83 Years 5 Month 2 Days
 Name of Father Eliza Palmer
 His Birthplace Canada
 Maiden Name of Mother Hanney Hill
 Her Birthplace Canada
 Motor Ship } Body to.....
 Size and Style of Casket Light Cab. Crepe
 Manufactured by Chicago Casket Co.
 Interment at Hill Hill { Cemetery
 Crematory

Complete Funeral	\$ 70.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	with <u>Suan</u> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	1 @ \$
Autos to R. R. Station	1 @ \$
Getting Remains from	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	<u>Sales Tax</u>
Total Footing of Bill	\$ 77.70
Less	<u>Of 4.70</u>
Balance	70.00
Entered into Ledger, page	..... or below \$

Diagram of Lot or Vault

Lot No. 1258
 Grave No. 3
 Section No.....
 Owner.....

To Funeral Charges..... Total, \$	By Cash..... \$
<u>P. B. J. M. Stubbart, Mr. Elliott, Mr. Spauld, Mr. Lewis, W. T. Lee, J. S. Wilder</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof

Witness W. T. Lee Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

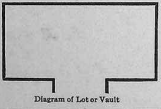
RECORD OF FUNERAL

Total No. 1580 Yearly No. 41 Date Dec. 9 1935
 Name of Deceased Alice Sadie Sunsdorff (Single - Married - Divorced) Mendenham, Hamilton Co., Iowa (Where Born)
 Husband - Wife - Widow - or of James E. Sunsdorff

Vocation _____
 Name of Employer _____
 Charge to _____
 Address _____
 Connection _____
 Order given by _____
 How Secured Final estate Mtg.
 Date of Funeral Dec 9 (Day) Mon (Day of Week) 2 P. (Hour) M.
 Services at Fun. Home
 Clergyman Prof. A. Chaville
 His Address _____
 Certifying Physician E. E. Samuels (or Coroner)
 His Address _____
 Cause of Death Cerebral Hemorrhage
 Contributory Causes Hypertensive Pneumonia
 Remarks _____
 Date of Death Dec. 6, 1935
 Place of Death St. Louis, Iowa
 Religion S. D. S.
 Resided in the State Iowa (Years) 7 (Months)
 Date of Birth Feb. 14, 1861
 Age 74 (Years) 9 (Month) 22 (Days)
 Name of Father David Sunsch
 His Birthplace _____
 Maiden Name of Mother Henny Hutchinson
 Her Birthplace _____
 Motor Ship } Body to _____
 Size and Style of Casket 201 - CW Melan 1/2 C.
 Manufactured by W. H. Hill
 Interment at West Hill { Cemetery Crematory

Complete Funeral	\$ 230.00
Casket	
Metallic Lining	<small>(State Kind)</small>
Outside Box	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body	<u>with Susan</u> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery, @ \$	Autos to R. R. Station, @ \$
Getting Remains from <u>St. Louis</u>	
Taking Body to	
Delivering Box to <u>St. Louis</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	<small>(State Number and District)</small>
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot <u>7 1/2 # 1532</u>	25.00
Death Notices in _____ Newspapers	
Flowers, \$	<small>(Names of Newspapers)</small> 4.50
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 259.50
Less Lot	25
Balance	\$ 234.50
Entered into Ledger, page _____ or below \$	

Lot No. 1533
 Grave No. 4
 Section No. _____
 Owner _____



To Funeral Charges... Total, \$	By Cash \$
<u>B. B. Art Lane, Fred Ballentine, Fred De Long, Mervin Fry, Philard Worn, Clarence Hyde</u>	
<u>S. J. Adams - S. J. Brandall, Harmon Davis, Kenneth Reynolds, Markette Martin, Mayor Denny - Prinic</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Witness Rollin S. White Signed _____
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1581 Yearly No. 42 Date Dec. 12, 1935

Name of Deceased Thomas James Allen (Single - Married - Divorced) Deatur Co., Iowa (What Race) (Where Born)

Husband - Wife - Widow - or of Ella Allen

Vocation Retired Farmer

Name of Employer Mr. T. J. Allen

Charge to Mr. T. J. Allen

Address Retired Farmer

Connection Retired Farmer

Order given by Fred, Elmer & Yela

How Secured Contract agreement

Date of Funeral Wed. Thus. 2 P. M.

Services at White Funeral Home

Clergyman W. E. Prall; J. A. Lane

His Address W. M. Hills (or Coroner)

His Address Buncha Pannawana

Cause of Death Buncha Pannawana

Contributory Causes

Remarks

Date of Death Dec. 10, 1935

Place of Death Lamoni, Iowa

Religion

Resided in the State 77 (Years) (Months)

Date of Birth Feb 14, 1858

Age 77 Years 9 Month 76 Days

Name of Father Jacob Allen

His Birthplace Ohio

Maiden Name of Mother Roda Anne

Her Birthplace Unknown

Motor Ship Body to 201 Cedar Road 1/2 c.

Size and Style of Casket 201 Cedar Road 1/2 c.

Manufactured by Robt.

Interment at Rose Hill { Cemetery Crematory

Lot No. 1510

Grave No. 4

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$ 295.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	<u>Burial Vault & tax</u> 102.00
Embalming Body	with <u>Iowa</u> Fluid
Barber	Hair Dressing, \$
Dressing Body	
Suit or Dress	Hose, \$
Underwear	Slippers, \$
Folding Chairs	Tarpaulin, \$
Candelabrum	Candles, \$
Door Badge	Gloves, \$
Hearse	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	<u>Re</u>
Taking Body to	
Delivering Box to	<u>Cam</u>
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	40.80
Death Notices in Newspapers	
Flowers	Rental of Palms, \$ 5.60
Rental of Tent	of Temporary Tomb, \$
Lowering Device	Cremation, \$
Opening of Grave or Tomb	9.00
Lining Grave	Matting, \$
Outlay for Shipping Charges	
Minister	Singers, \$ Organist, \$
Railroad Tickets	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 452.80
Less <u>Ch. & op. th.</u>	\$ 49.80
Balance	\$ 402.60
Entered into Ledger, page	or below \$

To Funeral Charges, Total, \$ P. B. Hill, Harold Oscar Bringer, Phil Seaman, Char White, Ed Scott, John Sawry By Cash

SINCERS: Mr. L. N. Cook, Mrs. Marna Fry, Henry M. News, Roy Chiville

Printed: Mr. Fred S. Shepherd

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed Rollin S. White Signed

Witness

RECORD OF FUNERAL

Total No. 1582 Yearly No. 43 Date December 22, 1935
 Name of Deceased Thomas Jefferson Bell, Widowed near Borden, Indiana
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or James H. Bell, Dec.

Vocation Retired Minister
 Name of Employer _____
 Charge to J. A. Lane
 Address So. in law.
 Connection Daughter
 Order given by Confidant Note
 How Secured Confidant Note
 Date of Funeral 12/23/35 Sunday 2 P. M.
(Day of Week) (Hour)
 Services at Columbus
 Clergyman B. H. Jensen; T. D. Williams
 His Address _____
 Certifying Physician E. E. Samml.
(or Coroner)
 His Address _____
 Cause of Death Cerebral Hemorrhage
 Contributory Causes Hypertension
 Remarks _____
 Date of Death Dec. 20, 1935
 Place of Death Laman, Iowa
 Religion S.P.S.
 Resided in the State 60
(Years) (Months)
 Date of Birth Apr. 30, 1851
 Age 84 Years 7 Month 20 Days
 Name of Father James Bell
 His Birthplace Unknown
 Maiden Name of Mother Frances M. Sutherland
 Her Birthplace Unknown
 Motor Ship Body to _____
 Size and Style of Casket 817 Gray, Heavy State
 Manufactured by West
 Interment at West Hill Cemetery
Crematory

Complete Funeral	\$ 260.00
Casket	-
Metallic Lining	-
Outside Box	- <small>(State Kind)</small>
Burial Vault	- <small>(State Kind)</small>
Embalming Body	- with <u>General</u> Fluid <small>(State Kind)</small>
Barber, \$	- Hair Dressing, \$
Dressing Body	-
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery, 2 @ \$	-
Autos to R. R. Station, @ \$	-
Getting Remains from <u>Reh</u>	-
Taking Body to _____	-
Delivering Box to <u>Cin</u>	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit	- <small>(State Number and District)</small>
Certified Copies of Death Certificates	-
Personal Charges	-
Pall Bearer Service	-
Outlay for Lot	-
Death Notices in _____ Newspapers	-
Flowers, \$ <u>20</u> <small>(Names of Newspapers)</small>	Rental of Palms, \$ <u>20.00</u>
Rental of Tent, \$ _____ of Temporary Tomb, \$	-
Lowering Device, \$ _____ Cremation, \$	-
Opening of Grave or Tomb	<u>7.00</u>
Lining Grave, \$ _____ Matting, \$	-
Outlay for Shipping Charges	-
Minister, \$ _____ Singers, \$ _____ Organist, \$	-
Railroad Tickets, \$ _____ Aeroplane Service, \$	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	<u>5.00</u>
<u>Goldman Rental</u>	<u>5.00</u>
Total Footing of Bill	\$ <u>292.00</u>
Less <u>Cash Adv. & Pawns</u>	\$ <u>32.00</u>
Balance	\$ <u>260.00</u>
Entered into Ledger, page _____ or below \$	-

Diagram of Lot or Vault

Lot No. 1526
 Grave No. 1
 Section No. _____
 Owner _____

To Funeral Charges	Total, \$	By Cash	\$
<u>P. B. Eldred & Bell Bell, Newark</u>	<u>Edmund J. Jurgens, Chicago</u>	<u>Charles Archibald, Bunker Hill</u>	
<u>SINGERS: Lois Crandall, Rutha Melgarden, Marion Fry, Roy Chiville, Mark Carlisle, Grand.</u>			
<u>USHERS: Eloy Sedwell, Lottie Downey, Lillian White, Blorson Gaudin.</u>			
<u>SAKS: J. W. Carr, Wm. Blair, L. N. Bugge, Evan Hadden.</u>			

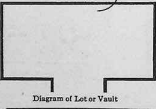
Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness L. R. White Signed _____
 Signed _____

RECORD OF FUNERAL

Total No. 1583 Yearly No. 44 Date Dec. 24, 1935
Name of Deceased Frances Lydia M. Holloway - married - Hamilton Supp. Harrison Co.
(Single - Married - Divorced) (What Race) (Where Born)
Husband - Wife - Widow - Geo. M. Holloway Mo.
et. of }

Vocation.....
Name of Employer.....
Charge to Geo. M. Holloway
Address RR #1 Hatfield Mo.
Connection.....
Order given by.....
How Secured. Critical Note
Date of Funeral 12/24/35 Tues 1 P. M.
(Day) (Day of Week) (Hour)
Services at 10th Rock Church
Clergyman Blair Jensen, Paul Campbell
His Address.....
Certifying Physician W. A. Broyles
His Address Eagleville, Mo.
Cause of Death.....
Contributory Causes.....
Remarks.....

Date of Death Dec. 23, 1935
Place of Death Mrs. - Harrison Co., Mo.
Religion.....
Resided in the State 65 (Years) (Months)
Date of Birth March 4, 1868
Age 67 Years 9 Month 19 Days
Name of Father Chas. J. Brown
His Birthplace Ch. Va.
Maiden Name of Mother Elizabeth Moore
Her Birthplace Indiana
Motor Ship } Body to.....
Size and Style of Casket #3450 Prof. Slide
Manufactured by Mo.
Interment at Louis Rock { Cemetery
Crematory



Lot No.....
Grave No.....
Section No.....
Owner.....

Complete Funeral	\$ 185.00
Casket	
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with <u>Disposal</u> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$ + tax <u>12.75</u>
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$ <u>10.00</u>
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Body to	
Delivering Box to	<u>Com.</u>
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	(Name of Newspapers)
Rental of Palms, \$	<u>10.20</u>
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>207.75</u>
Less	\$
Balance	
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$	By Cash... \$
<u>P. B. Ray, May, Bud Martin, Henry Cassidy, Eugene Cratt, Bud Todd, Ed Lane</u>	
<u>S. ABERS: Bertha M. Jorden, M. W. H. Hays, Roy or Perry - P. Smith</u>	

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof.....
Witness P. B. Martin Signed.....
Signed.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1935.

RECORD OF FUNERAL

Total No. 1584 Yearly No. 45 Date Dec 29, 1935
 Name of Deceased George Henry Allen married - Deatrice G. Swan
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - } Margaret A. Allen
 or

Vocation Cafe Prop.

Name of Employer Self

Charge to Mrs. G. H. Allen

Address

Connection

Order given by

How Secured Cash

Date of Funeral 12-29 Sun 2 P. M.
(Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman W. E. Bull; J. C. Lane

His Address

Certifying Physician C. C. Gensch
(or Coroner)

His Address Sensitivity

Cause of Death

Contributory Causes Cerebral Hemorrhage

Remarks

Date of Death 12/26/35

Place of Death Sumner, Ia.

Religion

Resided in the State 70
(Years) (Months)

Date of Birth Nov 30, 1863

Age 72 Years 0 Month 26 Days

Name of Father Jacob Allen

His Birthplace Iowa

Maiden Name of Mother Roda Jensen

Her Birthplace Anderson

Motor } Body to
 Ship }

Size and Style of Casket #201. cd. velvet i/c.

Manufactured by North Lilly

Interment at Lilly { Cemetery
 Crematory

Lot No.

Grave No.

Section No.

Owner

Entered into Ledger, page or below \$

Complete Funeral	\$230.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault <u>Burial Vault</u>	107.00
Embalming Body with <u>Swan</u> Fluid	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery, @ \$	
Autos to R. R. Station, @ \$	
Getting Remains from <u>Pa.</u>	
Taking Body to	
Delivering Box to <u>Pa.</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ <u>5.60</u>	5.60
Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Minister, \$ Singers, \$ Organist, \$	
Railroad Tickets, \$ Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$537.60
Less	\$
Balance	

To Funeral Charges	Total \$	By Cash
<u>P. B. Dalton & Williams, A. F. Edquist, H. A. Lipscomb, Will Rasmussen, John Swartz, Olan Buziger</u>		
<u>S. W. REKS: Mrs. A. L. Bodley, Mrs. M. Brown, Fry, Henry Mucus, Ray Charlie, W. W. Vogel, Sheppard - Pruned</u>		

Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Rollin S. White Signed

RECORD OF FUNERAL

Total No. 1585 Yearly No. 1 Date January 15, 1936
 Name of Deceased Laura Eva Mae Bell, Single Quintman Co., Indiana
(Single Married — Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—Blava B. Pool
 or Sister of (What Relation)

Vocation.....
 Name of Employer.....
 Charge to Blava B. Pool
 Address.....
 Connection.....
 Order given by.....
 How Secured Cash
 Date of Funeral Jan 15 1936 Wed 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman C. E. Harper
 His Address.....
 Certifying Physician Dr. A. Boyles
(or Coroner)
 His Address Loggville, Mo.
 Cause of Death Chronic Myocarditis
 Contributory Causes.....
 Remarks.....
 Date of Death Jan. 13, 1936
 Place of Death Blytheville, Mo.
 Religion.....
 Resided in the State 36
(Years) (Months)
 Date of Birth Jan. 26, 1854
 Age 81 Years 11 Month 17 Days
 Name of Father Sheba Bell
 His Birthplace Cincinnati, Ohio
 Maiden Name of Mother Mary Kelley
 Her Birthplace Ohio
 Motor Ship } Body to
 Size and Style of Casket 201 6 11 Velour 1/2 c
 Manufactured by Both
 Interment at Rose Hill { Cemetery
 Crematory
 Lot No. 734
 Grave No. 4
 Section No.....
 Owner.....

Complete Funeral	\$ <u>230.00</u>
Casket	
Metallic Lining	
Outside Box <input checked="" type="checkbox"/> <u>Pool</u>	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body <input checked="" type="checkbox"/> <u>with Devan</u>	<small>(State Kind)</small> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body <input checked="" type="checkbox"/>	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$ <input checked="" type="checkbox"/>	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$ <input checked="" type="checkbox"/>	Ambulance, \$
Limousines to Cemetery <input checked="" type="checkbox"/>	@ \$
Autos to R. R. Station <input checked="" type="checkbox"/>	@ \$
Getting Remains from <u>Pool</u>	<small>(Name of Newspaper)</small>
Taking Body to	
Delivering Box to <u>Crem</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit <input checked="" type="checkbox"/>	<small>(State Number and District)</small>
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in <u> </u> Newspapers	
Flowers, \$ <u>5.10</u>	<u>5.10</u>
Rental of Palms, \$	
Rental of Tent, \$ <input checked="" type="checkbox"/>	of Temporary Tomb, \$
Lowering Device, \$ <input checked="" type="checkbox"/>	Cremation, \$
Opening of Grave or Tomb	<u>7.00</u>
Lining Grave, \$ <input checked="" type="checkbox"/>	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>242.10</u>
Less <u>Op. R. & Flowers</u>	\$ <u>12.10</u>
Balance	<u>230.00</u>
Entered into Ledger, page <u> </u> or below \$	

To Funeral Charges... Total, \$ By Cash \$
C. L. W. A. Jordan, John Dancy, Ch. Britman, Chas. Jaeger, Fred De Long, G. J. Young
 SINCERS: Ms. Floyd Mortimer, Mrs. R. Robinson, Mrs. J. M. Lyngren

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. S. Holt Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1586 Yearly No. 2 Date January 20 1936
 Name of Deceased Robert Turner widow - Virginia
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or of Ellie Turner, Dec.

Vocation
 Name of Employer
 Charge to Estate
 Address
 Connection
 Order given by C. V. Anderson
 How Secured Cash
 Date of Funeral 1/20/36 Mon 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Coliseum
 Clergyman J. V. Gray
 His Address Albany Mo.
 Certifying Physician E. G. Lemak
(or Coroner)
 His Address Lansing
 Cause of Death Bronchial Pneumonia
 Contributory Causes
 Remarks
 Date of Death January 18, 1936
 Place of Death Residence
 Religion
 Resided in the State
 Date of Birth Dec. 2, 1835
(Years) (Months)
 Age 100 Years 1 Month 16 Days
 Name of Father Anderson
 His Birthplace
 Maiden Name of Mother
 Her Birthplace

Complete Funeral	\$	325.00
Casket <u>Oak</u>		
Metallic Lining		
Outside Box <u>Pine</u>	<small>(State Kind)</small>	
Burial Vault	<small>(State Kind)</small>	
Embalming Body <u>with Swain</u>	Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$ <u>12.50</u>	Hose, \$ <u>2</u>	13.50
Underwear, \$ <u>10</u>	Slippers, \$	1.00
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	<small>(State Number and District)</small>	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		

Motor } Body to
 Ship }
 Size and Style of Casket 1 1/2 Oak
 Manufactured by York Casket Co
 Interment at Rock Hill { Cemetery
 Crematory
 Diagram of Lot or Vault

Outlay for Lot <u>70 1/2 1572</u>	25.00		
Death Notices in Newspapers			
Flowers, \$	Rental of Palms, \$	10.70	
Rental of Tent, \$	of Temporary Tomb, \$		
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb		7.00	
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Minister, \$	Singers, \$	Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
<u>Coliseum Rented</u>			5.00
Total Footing of Bill	\$	386.70	
Less <u>Cash Adv.</u>	\$	39.28	
Balance	\$	347.42	
Entered into Ledger, page		or below \$	

To Funeral Charges Total \$
P. B. A. St. Dub, Dr. A. Memorial, J. B. Davidson, Chas. Washburn, W. C. Hayes, J. Smith
 By Cash \$
S. W. & F. S. Mr. L. T. Barker, Manda Dewy, Ellen Price, Donald Long, Mabel Keyser, C.

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. S. White Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1587 Yearly No. 3 Date January 26 1936

Name of Deceased Jessie Alice Sullivan - Infant (Single - Married - Divorced) Samoa, Iowa (What Race) (Where Born)

Relationship Wife
 Husband - Wife - Widow -
 or Infant - of

Vocation _____
 Name of Employer _____
 Charge to James L. Sullivan
 Address _____
 Connection _____

Order given by _____
 How Secured 7th
 Date of Funeral _____ M.
 (Date) (Day of Week) (Hour)

Services at _____
 Clergyman _____
 His Address _____
 Certifying Physician J. P. Reed
 (Physician)

His Address Davis 6th
 Cause of Death Wt. removal ab. Birth
Lived only 15 Min.
 Contributory Causes _____

Remarks _____
 Date of Death Jan 26, 1936
 Place of Death Home
 Religion _____

Resided in the State _____ (Years) (Months)
 Date of Birth Jan 26, 1936
 Age 0 Years 0 Month 15 Days

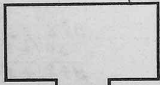
Name of Father James L. Sullivan
 His Birthplace Jefferson, Mo.
 Maiden Name of Mother Theresa G. Wastler
 Her Birthplace Samoa, Iowa

Motor } Body to
 Ship } _____
 Size and Style of Casket 7 1/2 square feet top
 Manufactured by John Walker Co.
 Interment at Grass Hill { Cemetery
 Crematory

Complete Funeral	\$	10	70
Casket			
Metallic Lining	(State Kind)		
Outside Box	(State Kind)		
Burial Vault	(State Kind)		
Embalming Body	with _____ Fluid		
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$		
Underwear, \$	Slippers, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Badge, \$	Gloves, \$		
Hearse, \$	Ambulance, \$		
Limosines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Body to			
Delivering Box to			
Flower Wagons			
Removal Charges			
Getting Burial Permit	(State Number and District)		
Certified Copies of Death Certificates			
Personal Charges			
Pall Bearer Service			

Outlay for Lot			
Death Notices in	Newspapers		
	(Name of Newspaper)		
Flowers, \$	Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$		
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Minister, \$	Singers, \$	Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			

Total Footing of Bill	\$	10	70
Less	\$		
Balance			
Entered into Ledger, page			or below \$



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

To Funeral Charges... Total, \$		By Cash	\$
<u>No. Service Held</u>			
<u>Carroll and Papena furnished only</u>			

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness J. P. Reed Signed _____
 Signed _____

RECORD OF FUNERAL

Total No. 1588 Yearly No. 4 Date January 31, 1936
 Name of Deceased Infant of Carl and Josephine Outinick (Single - Married - Divorced) Lemoui, Ia. (What Race) (Where Born)
 Husband - Wife - Widow - of of

Vocation
 Name of Employer
 Charge to Carl E. Outinick
 Address Father
 Connection
 Order given by
 How Secured
 Date of Funeral 1/31/36 Tu (Date) (Day of Week) (Hour) M.
 Services at Home
 Clergyman
 His Address
 Certifying Physician E. E. Hessel (or Coroner)
 His Address
 Cause of Death General Hemorrhage
 Contributory Causes
 Remarks
 Date of Death Jan. 30, 1936
 Place of Death Lemoui
 Religion
 Resided in the State (Years) (Months)
 Date of Birth Jan 30, 1936
 Age 0 Years 0 Month 0 Days
 Name of Father Carl E. Outinick
 His Birthplace Pratt, Ia., Iowa
 Maiden Name of Mother Josephine Smith
 Her Birthplace Keokukville, Mo.
 Motor Ship Body to
 Size and Style of Casket 7 1/2 Square Dub. Top
 Manufactured by
 Interment at St. Rose Hill (Cemetery Crematory)

Complete Funeral	\$	15.30
Casket		
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from <u>Rest.</u>		
Taking Body to <u>Cem.</u>		
Delivering Box to <u>Cem.</u>		
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in Newspapers	(Name of Newspaper)	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		2.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	17.30
Less <u>Op. H. & Son</u>	\$	2.30
Balance		15.00
Entered into Ledger, page	or below \$	

Diagram of Lot or Vault
 Lot No. 1088
 Grave No. 1
 Section No.
 Owner

To Funeral Charges... Total, \$	By Cash	\$
<u>No service held</u>		
<u>Burial at head of Mrs. Olive A. Outinick Grave</u>		

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness William D. White Signed
 Signed

RECORD OF FUNERAL

Total No. 1589 Yearly No. 5 Date Feb. 7, 1936
 Name of Deceased David Meeley Widow Randolph, Indiana
(Single - Married - Divorced) (What He Was) (Where Born)

Husband - Wife - Widow -
 or _____ of _____

Vocation _____
 Name of Employer _____
 Charge to Santa Home
 Address _____
 Connection Inmate
 Order given by J. F. Wildermuth
 How Secured Cash
 Date of Funeral Feb 26 June 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Santa Home
 Clergyman J. F. Wildermuth, G. E. Hays
 His Address _____
 Certifying Physician G. E. Damm
(or Coroner)
 His Address _____
 Cause of Death Myocardial Degeneration
with Coronary Sclerosis
 Contributory Causes Senility
 Remarks _____
 Date of Death 2/1/36
 Place of Death Santa Home - Hamlet
 Religion S. P.
 Resided in the State _____ 3
(Years) (Months)

Date of Birth March 31, 1850
 Age 85 Years 10 Month 0 Days
 Name of Father John Meeley
 His Birthplace Virginia
 Maiden Name of Mother Elizabeth Slake
 Her Birthplace Indiana
 Motor } Body to _____
 Ship } _____
 Size and Style of Casket Hospital No.
 Manufactured by Wagon
 Interment at East Hill { Cemetery
 Crematory

Complete Funeral	\$	7.00	
Casket			
Metallic Lining	(State Kind)		
Outside Box	(State Kind)		
Burial Vault			
Embalming Body	with <u>Swan</u>	Fluid	
Barber	Hair Dressing	\$	
Dressing Body			
Suit or Dress	Hose	\$	
Underwear	Slippers	\$	
Folding Chairs	Tarpaulin	\$	
Candelabrum	Candles	\$	
Door Badge	Gloves	\$	
Hearse	Ambulance	\$	
Limousines to Cemetery	@	\$	
Autos to R. R. Station	@	\$	
Getting Remains from	@	\$	
Taking Body to			
Delivering Box to			
Flower Wagons			
Removal Charges			
Getting Burial Permit	(State Number and District)		
Certified Copies of Death Certificates			
Personal Charges			
Pal Bearer Service			
Outlay for Lot			
Death Notices in	Newspapers		
Flowers	(Names of Newspapers)		
Rental of Palms	\$		
Rental of Tent	of Temporary Tomb	\$	
Lowering Device	Cremation	\$	
Opening of Grave or Tomb		6.00	
Lining Grave	Matting	\$	
Outlay for Shipping Charges			
Minister	Singers	Organist	\$
Railroad Tickets	Aeroplane Service	\$	
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			

Diagram of Lot or Vault

Lot No. 1258
 Grave No. 1
 Section No. _____
 Owner _____

Total Footing of Bill	\$	76.00
Less <u>Op. Fr.</u>	\$	6.00
Balance		70.00
Entered into Ledger, page _____	or below \$	

To Funeral Charges... Total, \$	By Cash	\$
<u>P. B. L. S. Kelley, G. E. Postman, M. Elliott, G. E. Hays, Rob. Ballentine, W. H. Math</u>		
<u>S. H. CRAS: Miss Wiggodon, Miss M. Conly, Franklin Hysinger - Receipt</u>		

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness Rollin S. White Signed _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1935.

RECORD OF FUNERAL

Total No. 1590 Yearly No. 6 Date Feb. 17, 1936
 Name of Deceased Andrew Nelson Woods Mauid-Rockford, Illinois
(Single Married - Divorced) (What Place) (Where Born)

Relationship Wife Melissa Woods
 Location Reh. Sumner
 Name of Employer
 Charge to Barbara & Elita Woods
 Address
 Connection Son & Daughter
 Order given by
 How Secured Note
 Date of Funeral 7:15/36 Mon. 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman Blair Jensen; C. E. Harpe
 His Address
 Certifying Physician C. E. Jensen
(or Coroner)

His Address
 Cause of Death Senility
 Contributory Causes Legitima
 Remarks
 Date of Death 2/17/36
 Place of Death Reh. - Sumner
 Religion S. O. S.
 Resided in the State 32
(Years) (Months)
 Date of Birth 7/11/29, 1950
 Age 8.5 Years 2 Month 15 Days
 Name of Father Hannibal Woods
 His Birthplace W. Va.
 Maiden Name of Mother W. G. Ellison
 Her Birthplace Unknown
 Motor Ship } Body to
 Size and Style of Casket 76.8 Ruelle Hgd. Cpf.
 Manufactured by W. G. H.
 Interment at York Hill { Cemetery
 Crematory

Complete Funeral	\$ <u>165.00</u>
Casket	
Metallic Lining	
Outside Box <u>Pink</u>	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body <u>with Susan</u>	<small>(State Kind)</small> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limosines to Cemetery <u>2</u>	@ \$
Autos to R. R. Station <u>2</u>	@ \$
Getting Remains from <u>Reh.</u>	
Taking Body to	
Delivering Box to <u>Car</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	<small>(State Number and District)</small>
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in <u>Newspapers</u>	
Flowers, \$	<small>(Names of Newspapers)</small>
Rental of Palms, \$	<u>4.32</u>
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	<u>6.00</u>
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	Railroad Tickets, \$
Aeroplane Service, \$	Telegr., Phone, Cable or Radio Charges
Cash Advanced	
Total Footing of Bill	\$ <u>175.32</u>
Less <u>C. E. Harpe</u>	\$ <u>10.32</u>
Balance	<u>165.00</u>
Entered into Ledger, page	or below \$

Diagram of Lot or Vault
 Lot No. 357
 Grave No. 2
 Section No.
 Owner

To Funeral Charges... Total, \$	By Cash... \$
<u>C. E. Harpe, A. E. Lewis, Ed. Dancy, Dr. Bennett, A. M. Seale, Prof. De Long</u>	
<u>Singers: Maggie Anthony, Emily Anthony</u>	

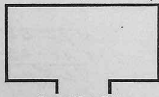
Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Witness R. B. White Signed _____

RECORD OF FUNERAL

Total No. 1591 Yearly No. 7 Date Feb. 29 1936
 Name of Deceased E. M. E. Kinder Married - Love Rock, Harrison Co., Mo.
(Single Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - Blanche K. Kistner
or

Vocation Farmer
 Name of Employer Sgt.
 Charge to Clifford N. Kinder
 Address St. Paul, Mo.
 Connection Sister
 Order given by Cliff Kinder
 How Secured Cash
 Date of Funeral Feb 29/36 Sa. 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Love Rock Church
 Clergyman J. O. Stead
 His Address _____
 Certifying Physician Dr. A. S. Shetty
(or Coroner)
 His Address Bethany, Mo.
 Cause of Death Lobar Pneumonia
 Contributory Causes _____
 Remarks _____
 Date of Death Feb. 28, 1936
 Place of Death Home
 Religion None
 Resided in the State 35
(Years) (Months)
 Date of Birth 1900
 Age 35 Years Month _____ Days _____
 Name of Father Edw. Kinder
 His Birthplace Harrison Co., Mo.
 Maiden Name of Mother Walter Ellen Gull
 Her Birthplace Harrison Co., Mo.
 Motor Ship } Body to _____
 Size and Style of Casket #31 Mottled Cloths L.C.
 Manufactured by St. Paul
 Interment at Love Rock { Cemetery
 Crematory

Complete Funeral	\$ <u>135.00</u>
Casket	
Metallic Lining	
Outside Box	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body	with _____ Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Body to	
Delivering Box to	<u>Gen.</u>
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	<small>(State Number and District)</small>
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	<small>(Names of Newspapers)</small>
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$ Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>135.00</u>
Less <u>Sy. Wise</u>	\$ <u>35.00</u>
Balance	<u>100.00</u>
Entered into Ledger, page	_____ or below \$



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

To Funeral Charges... Total, \$	By Cash... \$
<u>G. C. Otto, O'Neil, Raymond & Ivan Jones, Wayne Kinder, Everett & Owen Johnston</u>	
<u>SINGERS: Mrs. Ella Thompson, Mrs. Alma Parsons, Miss Sarah King</u>	
<u>(Note: Funeral via train & wagon. Went by train to Rev. Eric C. M., embalmed body, stayed all night, conducted funeral Sat. & walked home.)</u>	

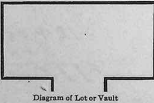
Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness Rollin S. White Signed _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1592 Yearly No. 8 Date March 10 1936
 Name of Deceased E. Melba Bartholomew - Widow - Greensburg, Indiana
(Single - Married - Divorced) (What Race) (1935, Both)
 Husband - Wife - Widow - or of J. L. Bartholomew, Dec.

Vocation _____
 Name of Employer _____
 Charge to A. E. Lewis
 Address _____
 Connection Son in law
 Order given by A. E. Lewis
 How Secured Free
 Date of Funeral 3/13/36 10 A.M. 1:30 P.M.
(Date) (Day of Week) (Hour)
 Services at Residence (Memorial Service)
 Clergyman Blair Jensen
 His Address _____
 Certifying Physician E. E. Samuel
(or Coroner)
 His Address _____
 Cause of Death Erysipelas
 Contributory Causes _____
 Remarks _____
 Date of Death 3/5/36
 Place of Death Res. Hammond
 Religion _____
 Resided in the State _____ 16 (Years) (Months)
 Date of Birth Oct. 18, 1849
 Age 86 Years 4 Month 30 Days
 Name of Father Edward Simmons
 His Birthplace Ind.
 Maiden Name of Mother Howard Anderson
 Her Birthplace _____
 Motor Ship } Body to Woodhead, Iowa
 Size and Style of Casket Hospital "A" Casket
 Manufactured by York
 Interment at Woodhead { Cemetery Crematory

Complete Funeral	\$	100	00
Casket			
Metallic Lining			
Outside Box			
Burial Vault			
Embalming Body			
Barber, \$			
Dressing Body			
Suit or Dress, \$			
Underwear, \$			
Folding Chairs, \$			
Candelabrum, \$			
Door Badge, \$			
Hearse, \$			
Limousines to Cemetery			
Autos to R. R. Station			
Getting Remains from			
Taking Body to			
Delivering Box to			
Flower Wagons			
Removal Charges			
Getting Burial Permit			
Certified Copies of Death Certificates			
Personal Charges			
Pall Bearer Service			
Outlay for Lot			
Death Notices in Newspapers			
Flowers, \$			
Rental of Palms, \$			
Rental of Tent, \$			
Lowering Device, \$			
Opening of Grave or Tomb			
Lining Grave, \$			
Outlay for Shipping Charges			
Minister, \$			
Railroad Tickets, \$			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Total Footing of Bill	\$	122	85
Less	\$		
Balance			
Entered into Ledger, page			



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

To Funeral Charges... Total, \$		
By Cash	\$	
P.B. None - Body not returned & Ke's Memorial Service only S.M. REKS: Mrs. Baker, Mrs. Anthony, Henry Muckus, Harrison Daves,		

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Rollin S. White
 Signed _____

Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1593 Yearly No. 9 Date March 19, 1936

Name of Deceased Anna E. Deale Married James M. Deale (Single - Married - Divorced) White (What Race) Illinois (Where Born)

Husband - Wife - Widow - Grace M. Deale or of Deale

Vocation Hatchman - Domestic Name of Employer _____

Charge to Max A. Deale Address Tulsa, Okla.

Connection Son Order given by _____

How Secured Cash Date of Funeral 3/19/36 Thurs. 10:30 A.M. (Day of Week) (Hour)

Services at White Funeral Home Clergyman Wm. M. Smith

His Address Independence, Mo. Certifying Physician Frank J. Nelson

His Address 108 W. 6th, Tulsa, Okla. Cause of Death Carcinoma of L.P. with Secondary Metastasis

Contributory Causes _____ Remarks _____

Date of Death March 17, 1936 Place of Death Tulsa, Okla.

Religion _____ Resided in the State _____ (Years) (Months)

Date of Birth April 7, 1873 Age 62 Years 11 Month 10 Days

Name of Father Thomas Deale His Birthplace England

Maiden Name of Mother Ann Heston Her Birthplace _____

Motor Ship } Body to Tulsa, Okla. Size and Style of Casket _____

Manufactured by _____ Interment at Rock Hill { Cemetery Crematory

Lot No. 797 Grave No. 3 v. N/22 Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral Org. Serv. \$ 25.00

Casket _____ Metallic Lining _____ (State Kind)

Outside Box _____ (State Kind) Burial Vault Berkley 700⁰⁰ Less Box 90.00 (State Kind)

Embalming Body _____ with _____ Fluid Barber, \$ _____ Hair Dressing, \$ _____ Dressing Body _____

Suit or Dress, \$ _____ Hose, \$ _____ Underwear, \$ _____ Slippers, \$ _____

Folding Chairs, \$ _____ Tarpaulin, \$ _____ Candelabrum, \$ _____ Candles, \$ _____

Door Badge, \$ _____ Gloves, \$ _____ Hearse, \$ _____ Ambulance, \$ _____

Limousines to Cemetery 2 @ \$ _____ Autos to R. R. Station 2 @ \$ _____

Getting Remains from R.R. Taking Body to _____

Delivering Box to _____ Flower Wagons 2 Removal Charges _____

Getting Burial Permit _____ (State Number and District) Certified Copies of Death Certificates _____

Personal Charges _____ Pall Bearer Service _____

Outlay for Lot _____ Death Notices in _____ Newspapers

Flowers, \$ _____ Rental of Palms, \$ _____ Rental of Tent, \$ _____ of Temporary Tomb, \$ _____

Lowering Device, \$ _____ Cremation, \$ _____ Opening of Grave or Tomb _____ 9.00

Lining Grave, \$ _____ Matting, \$ _____ Outlay for Shipping Charges _____

Minister, \$ _____ Singers, \$ _____ Organist, \$ _____ Railroad Tickets, \$ _____

Aeroplane Service, \$ _____ Telegr., Phone, Cable or Radio Charges _____ Cash Advanced _____

Total Footing of Bill \$ 124.00

Less Org. Serv. \$ 9.00

Balance \$ 115.00

Entered into Ledger, page _____ or below \$ _____

To Funeral Charges, Total, \$ _____ By Cash _____

Shipping & Funeral Directors: Stanley & M. G. Gume, Tulsa, Okla.

P.B.: 4 Sons.

Music - None.

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____

Witness Rollin D. White Signed _____

Signed _____

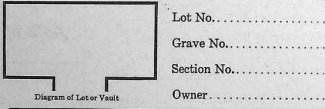
RECORD OF FUNERAL

Total No. 1594 Yearly No. 10 Date March 19, 1936
 Name of Deceased Simon Stanley Married - Procheater, England
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - Mina Stanley
 or

Vocation Farmer
 Name of Employer Self
 Charge to Mrs. Mina Stanley
 Address
 Connection
 Order given by
 How Secured Note
 Date of Funeral 3/21/36 2 P. M.
(Day of Week) (Hour)
 Services at White Funeral Home
 Clergyman Fred De Long; Carl Ballantyne
 His Address
 Certifying Physician G. P. Reed
(In Coroner)
 His Address Davis City, Iowa
 Cause of Death Affected with Peritonitis

Complete Funeral Casket	\$ 215.00
Metallic Lining	
Outside Box	
Burial Vault	100.00
Embalming Body	with <u>Quo Re Co.</u> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousine to Cemetery	@ \$ <u>No. Clg.</u>
Autos to R. R. Station	@ \$
Getting Remains from	<u>Hospital - No Clg.</u>
Taking Body to	<u>Re. Cem.</u>
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$ <u>6.00</u>	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	<u>7.00</u>
Lining Grave, \$	Mating, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Contributory Causes
 Remarks
 Date of Death March 16, 1936
 Place of Death Dec. Co. Hosp - Fern, Ia.
 Religion
 Resided in the State 30
(Years) (Months)
 Date of Birth Nov. 16, 1860
 Age 75 Years 4 Month 0 Days
 Name of Father Wm Stanley
 His Birthplace England
 Maiden Name of Mother Maryann Whitehouse
 Her Birthplace England
 Motor } Body to Andover, Mo.
 Ship }
 Size and Style of Casket 70x1/2 x 12 Pl. 1/2 c.
 Manufactured by Chi. C. Co.
 Interment at Andover { Cemetery
 Crematory



Total Footing of Bill	\$ 323.50
Less	\$
Balance	
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$	By Cash	\$
<u>P. B. G. Schmitt Stanley, Harold & Marion Hutton, Ben Brown, Neal Sandage</u> <u>J. R. EKS: Mrs. F. Boyd Matman; Mrs. Virgil Sheppard, Clyde Eckling,</u> <u>Mrs. Heaves - Beach - Mrs. Maureen Fry</u>		

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness Rollin D. White Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1597 Yearly No. 11 Date April 4, 1936

Name of Deceased Perrell, Infant (Single - Married - Divorced)
Earl Perrell (What Place) (Where Born)

Husband - Wife - Widow - or - of Earl Perrell

Vocation _____
 Name of Employer _____
 Charge to Earl Perrell
 Address Manufacture
 Connection Manufacture
 Order given by _____
 How Secured Cash
 Date of Funeral _____ M.

Services at _____
 Clergyman _____
 His Address _____
 Certifying Physician J. O. Reed
 His Address David City
 Cause of Death _____
 Contributory Causes _____

Remarks _____
 Date of Death April 4, 1936
 Place of Death Marion Co., Mo.

Religion _____
 Resided in the State _____ (Years) (Months)

Date of Birth Apr. 3, 1936
 Age 0 Years 0 Month 1 Days

Name of Father Earl Perrell
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____

Motor } Body to
 Ship } _____
 Size and Style of Casket #150-70 (W. Hamaker)
 Manufactured by Wood
 Interment at Andover { Cemetery
 Crematory

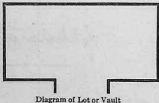


Diagram of Lot or Vault

Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Complete Funeral	\$	15.00
Casket <input checked="" type="checkbox"/>		
Metallic Lining (State Kind)		
Outside Box <input checked="" type="checkbox"/> (State Kind)		
Burial Vault (State Kind)		
Embalming Body with _____ Fluid		
Barber, \$ _____ Hair Dressing, \$ _____		
Dressing Body _____		
Suit or Dress, \$ _____ Hose, \$ _____		
Underwear, \$ _____ Slippers, \$ _____		
Folding Chairs, \$ _____ Tarpaulin, \$ _____		
Candelabrum, \$ _____ Candles, \$ _____		
Door Badge, \$ _____ Gloves, \$ _____		
Hearse, \$ _____ Ambulance, \$ _____		
Limousines to Cemetery @ \$ _____		
Autos to R. R. Station @ \$ _____		
Getting Remains from _____ @ \$ _____		
Taking Body to _____		
Delivering Box to _____		
Flower Wagons _____		
Removal Charges _____		
Getting Burial Permit (State Number and District)		
Certified Copies of Death Certificates _____		
Personal Charges _____		
Pall Bearer Service _____		

Outlay for Lot _____		
Death Notices in _____ Newspapers (Names of Newspapers)		
Flowers, \$ _____ Rental of Palms, \$ _____		
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____		
Lowering Device, \$ _____ Cremation, \$ _____		
Opening of Grave or Tomb _____		
Lining Grave, \$ _____ Matting, \$ _____		
Outlay for Shipping Charges _____		
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____		
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____		
Telegr., Phone, Cable or Radio Charges _____		
Cash Advanced _____		

Total Footing of Bill	\$	75.00
Less _____	\$	
Balance _____	\$	
Entered into Ledger, page _____ or below \$ _____		

To Funeral Charges... Total, \$ _____								
By Cash _____	\$							

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____

Witness Rollin S. Shurt Signed _____
 _____ Signed _____

RECORD OF FUNERAL

Total No. 1598 Yearly No. 12 Date April 6, 1936

Name of Deceased Estella Helen Spaulding (Single - Married - Divorced) Harlem County, Mo. (What Race) (Where Boro)

Husband - Wife - Widow of James Spaulding

Vocation Café Operator

Name of Employer James Spaulding

Charge to James Spaulding

Address

Connection

Order given by

How Secured Contract - Ind.

Date of Funeral 4/6/36 Mon. 2 P. M. (Day of Week) (Hour)

Services at Columbus

Clergyman Blair Jensen, W.E. Hager

His Address

Certifying Physician E.E. Daniel (or Coroner)

His Address

Cause of Death Cerebral Hemorrhage

Contributory Causes Hypertension

Remarks

Date of Death April 3, 1936

Place of Death DeCATIE County Hospital

Religion

Resided in the State 35 (Years) (Months)

Date of Birth June 28, 1891

Age 44 Years 9 Month 5 Days

Name of Father Geo. Randy

His Birthplace Mo?

Maiden Name of Mother Jana Ellen Brown

Her Birthplace Java

Motor Ship Body to

Size and Style of Casket #15 Amoco Joseph Iron

Manufactured by Chicago Casket Co.

Interment at Rock Hill (Cemetery Crematory)

Lot No. 825

Grave No. 1

Section No.

Owner

Complete Funeral	\$	470	00
Casket			
Metallic Lining			
Outside Box			
Burial Vault		100	00
Embalming Body			
Barber			
Dressing Body			
Suit or Dress			
Underwear			
Folding Chairs			
Candelabrum			
Door Badge			
Hearse			
Limousines to Cemetery			
Autos to R. R. Station			
Getting Remains from Hospital			
Taking Body to			
Delivering Box to			
Flower Wagons			
Removal Charges			
Getting Burial Permit			
Certified Copies of Death Certificates			
Personal Charges			
Pall Bearer Service			

Outlay for Lot			
Death Notices in Newspapers			
Flowers			
Rental of Palms			
Rental of Tent			
Lowering Device			
Opening of Grave or Tomb			
Lining Grave			
Outlay for Shipping Charges			
Minister			
Railroad Tickets			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			

Total Footing of Bill	\$	577	73
Less <u>Ch. to v. Columbus</u>	\$	100	00
Balance	\$	477	73
Entered into Ledger, page			

To Funeral Charges	Total	\$	
<u>C.B. Paul Roberts, Ralph Silver, Bud Downey, Geo. Schurr, Clarence Allen, Jay Spar</u>			
<u>SIRENS: Maggie Anthony, Helen Matters, Fay Little, Maude Perry,</u>			
<u>U.S.ERS: Myrtle Likens, Dorothy Ranch, Belle Richardson, Mrs. Ann V. Minkley</u>			

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Rollin S. White Signed

Signed

RECORD OF FUNERAL

Total No. 1599 Yearly No. 13 Date April 16, 1936

Name of Deceased Isaac Milton Overman (Single — Married — Divorced) Adams Co., Iowa (What Race) (Where Born)

Husband — Wife — Widow
 Father in Law of Pete Northrup

Vocation Stock Buyer - Speculator

Name of Employer Pittman Funeral Home

Charge to Pittman Funeral Home

Address Villisca, Iowa

Connection Receiving Fun. Director

Order given by Pete Northrup

How Secured Call by Pittman

Date of Funeral 4/16/36 (Date) (Day of Week) (Hour) M.

Services at Villisca

Clergyman

His Address

Certifying Physician E. E. Hamel (or Coroner)

His Address

Cause of Death Tuberculosis

Contributory Causes

Remarks

Date of Death April 16, 1936

Place of Death Lamoni, Ia.

Religion

Resided in the State (Years) (Months)

Date of Birth Nov. 4, 1875

Age 60 Years 5 Month 12 Days

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Body to

Size and Style of Casket

Manufactured by

Interment at Villisca { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$
Casket	
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalsming Body	with <u>Supramul</u> Fluid <u>2.50</u>
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	<u>Res.</u> ✓
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Organist, \$
Telegr., Phone, Cable or Radio Charges	Aeroplane Service, \$
Cash Advanced	
Total Footing of Bill	\$
Less	\$
Balance	<u>25.00</u>
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$	By Cash... \$
<u>Body Embalmed and Dressed</u>	
<u>Called for by Pittman Funeral Home, Villisca</u>	

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness P. B. Hittick Signed

Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1600 Yearly No. 14 Date April 19 1936

Name of Deceased Howard Steven Spaulding Tucson, Ariz.
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - of Ruth Spaulding

Vocation Foreman of construction

Name of Employer Mrs. Howard Spaulding

Charge to Mrs. Howard Spaulding

Address Oklahoma, Okla.

Connection

Order given by Cash

How Secured Cash

Date of Funeral April 19 2 PM M.
(Date) (Day of Week) (Hour)

Services at White's Funeral Home

Clergyman John Garver

His Address Danville Iowa

Certifying Physician R. H. Bennett
(or Coroner)

His Address 110 S. Scott St.

Cause of Death Pulmonary and Intestinal Tuberculosis

Contributory Causes none

Remarks

Date of Death April 15 1936

Place of Death St. Meth. Hospital

Religion

Resided in the State Ill.
(Years) (Months)

Date of Birth March 21 1887
(Date) (Day of Week) (Hour)

Age 49 Years 24 Days

Name of Father M. J. Spaulding

His Birthplace no record

Maiden Name of Mother Laura Hovey

Her Birthplace W. Wisconsin

Motor Ship } Body to

Size and Style of Casket not sold here

Manufactured by

Interment at Cemetery
(Cemetery Crematory)

Lot No. 872

Grave No. 4

Section No.

Owner

Complete Funeral	\$	30.00
Casket		
Metallic Lining		
Outside Box	<small>(State Kind)</small>	
Burial Vault	<small>(State Kind)</small>	
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery, @ \$		
Autos to R. R. Station		
Getting Remains from <u>R.R. Station</u>		
Taking Body to		
Delivering Box to <u>Gen.</u>		
Flower Wagons		
Removal Charges		
Getting Burial Permit	<small>(State Number and District)</small>	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	<small>(Names of Newspapers)</small>	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	7.00
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	37.00
Less <u>CP In.</u>	\$	7.00
Balance	\$	30.00
Entered into Ledger, page		or below \$

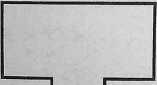


Diagram of Lot or Vault

To Funeral Charges... Total, \$

Lee Kelly

P.B. Art. Lark

Ed. Lowrey

Miss Vandorflute

Clare Hanson

Ray Hammer

Shipping Funeral Director Parke Mortuary Tucson, Ariz.

Insurance, \$

Names of Lodges

Names of Insurance Companies

By Cash \$

Surge

Wanda Henry

Helen Watteraf

Walt Walden

Gene Nixon

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Rollin S. White

Signed

RECORD OF FUNERAL

Total No. 1601 Yearly No. 15 Date April 20 1936

Name of Deceased Jonas H. Stead (Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - or of

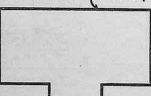
Vocation minister
 Name of Employer L.D.S. Church
 Charge to Stead estate
 Address Lamoni, Iowa

Connection
 Order given by Wale Stead
 How Secured By home
 Date of Funeral April 20 2 P.M. (Date) (Day of Week) (Hour)

Services at Whites Funeral Home
 Clergyman
 His Address
 Certifying Physician (or Coroner)
 His Address
 Cause of Death Auto accident -
laceration of brain

Contributory Causes
 Remarks
 Date of Death April 17 1936
 Place of Death Independence, Mo.
 Religion Latter Day Saint
 Resided in the State (Years) (Months) (Days)

Date of Birth
 Age Years Month Days
 Name of Father
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor Ship } Body to
 Size and Style of Casket #2450 Prof. Shaver
 Manufactured by W. H. H. Co.
 Interment at St. Joseph Hill { Cemetery
 Crematory



Lot No. 1534
 Grave No. 1
 Section No.
 Owner

Complete Funeral	\$ <u>195.00</u>
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body <u>35.00</u> with <u>Med-Calm</u> Fluid	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ <u>85.00</u>	
Hose, \$ <u>1.75</u>	8 67
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Judys No. 10</u>	No. chg.
Taking Body to <u>Lamoni, Ia.</u>	No. chg.
Delivering Box to <u>Stead</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates (State Number and District)	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ <u>4.50</u> (Name of Newspapers)	4 50
Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	6 00
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Minister, \$ Singers, \$ Organist, \$	
Railroad Tickets, \$ Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>214 20</u>
Less <u>Op. H.</u>	\$ <u>6 00</u>
Balance	<u>208 20</u>
Entered into Ledger, page or below \$	

To Funeral Charges, Total, \$
P. B. L. H. Valley, Mrs. Brown, Ed. Downey, Miss Vandepute, Mrs. Hoops, Ch. J. Galloway, S. Marks, J. E. Winton, Mrs. Alice Hall, Mrs. Marion Day, Beaudin.

Body Embalmed by Geo. Carlson, Judys No. 10 - Chgo. 25 00
The went to Judys + returned by

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Witness W. H. H. Co. Signed

RECORD OF FUNERAL

Total No. 1602 Yearly No. 76 Date April 21, 1936

Name of Deceased William A. Hopkins Married (Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - or of

Vocation Acting Banker

Name of Employer W. A. Hopkins; G. S. Smith

Charge to W. A. Hopkins; G. S. Smith

Address

Connection

Order given by

How Secured

Date of Funeral 21 Tues 2:30 P. M. (Date) (Day of Week) (Hour)

Services at 6:00 p.m.

Clergyman J. L. Lawer; Roy Chiville

His Address

Certifying Physician J. L. Cook, Registrar (or Coroner)

His Address Independence, Mo.

Cause of Death Carcinoma of Stomach

Contributory Causes

Remarks

Date of Death 4-18-36

Place of Death Independence, Mo.

Religion R.O.S.

Resided in the State (Years) (Months) (Days)

Date of Birth

Age 68 Years Month Days

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Body to

Size and Style of Casket

Manufactured by

Interment at Woods Hill Cemetery Crematory

Diagram of Lot or Vault

Lot No. 290

Grave No. A

Section No.

Owner

Complete Funeral	\$	<u>35.00</u>
Casket		
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Body to	<u>Funeral Home</u>	
Delivering Box to		
Flower Wagons	<u>2</u>	
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$ <u>12</u>	Rental of Palms, \$	<u>12.24</u>
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		<u>11.00</u>
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
<u>Casket Rental</u>		<u>5.00</u>
Total Footing of Bill	\$	<u>63.24</u>
Less <u>Col. & Op. Ch.</u>	\$	<u>16.00</u>
Balance	\$	<u>47.24</u>
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$

By Cash \$

PAYERS: J. M. Blair, J. C. Davidson, V. A. Derry, A. W. Emanuel, J. D. Smith, J. W. Kille

SHARES: Manda Derry, Gertrude Walden, Nell Walden, Ellen Fox, Helen Wiley, Eunice

USERS: Louise Derry, Ruth Scott, Dorothy Rand, Pauline Kuehn

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

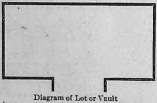
Witness R. S. White Signed

RECORD OF FUNERAL

Total No. 1603 Yearly No. 17 Date April 26, 1936
 Name of Deceased Oliver Hayer Married La Salle Co., Ill.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—Susan S. Hayer
 or—, of Retired Farmer

Vocation Retired Farmer
 Name of Employer _____
 Charge to Estate
 Address _____
 Connection _____
 Order given by O. Hayer & Sister
 How Secured Cont. Note
 Date of Funeral Apr 26 Sunday 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Furness Home
 Clergyman Ray Merrill; O. H. Hall
 His Address _____
 Certifying Physician E. L. Lamm
(or Coroner)
 Cause of Death Carcinoma of Pancreas
 Contributory Causes Senility

Remarks _____
 Date of Death 4-24-36
 Place of Death Gen. Co. Hospital
 Religion R.O.S.
 Resided in the State _____
 Date of Birth Dec 27, 1852 (Years) (Months)
 Age 83 Years 3 Month 27 Days
 Name of Father Oliver Hayer
 His Birthplace Norway
 Maiden Name of Mother Julia Stevan
 Her Birthplace Norway
 Motor Ship } Body to _____
 Size and Style of Casket 201 C.R. Velum 1/2 c.
 Manufactured by York
 Interment at Rose Hill { Cemetery Crematory



Lot No. 458
 Grave No. 3
 Section No. _____
 Owner _____

Complete Funeral	\$ 250.00
Casket	
Metallic Lining	
Outside Box <input checked="" type="checkbox"/>	<small>(State Kind)</small>
Burial Vault	
Embalming Body <input checked="" type="checkbox"/>	<small>(State Kind)</small>
Barber, \$	with <u>Scrub</u> Fluid
Dressing Body	Hair Dressing, \$
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$ <input checked="" type="checkbox"/>	Ambulance, \$ <input checked="" type="checkbox"/>
Limousines to Cemetery <input checked="" type="checkbox"/>	@ \$
Autos to R. R. Station <input checked="" type="checkbox"/>	@ \$
Getting Remains from <u>Hospital</u>	
Taking Body to _____	
Delivering Box to <u>Com</u>	
Flower Wagons <input checked="" type="checkbox"/>	
Removal Charges	
Getting Burial Permit	<small>(State Number and District)</small>
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in _____	Newspapers
Flowers, \$ <u>10.50</u>	Rental of Palms, \$
Rental of Tent, \$ <input checked="" type="checkbox"/>	of Temporary Tomb, \$
Lowering Device, \$ <input checked="" type="checkbox"/>	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$ <input checked="" type="checkbox"/>	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 267.50
Less <u>OK</u>	\$ 7.00
Balance	260.50
Entered into Ledger, page _____	or below \$ _____

	To Funeral Charges, Total, \$	By Cash, \$
<u>G.B. Oles, Prof. Phil Drayminger, John & Ovi. Midgarden, Dave Hansen.</u>		
<u>J. W. Sells, Mrs. J. H. Watson; Mrs. E. J. Sappard, Marion Fry, Hall Chadden.</u>		
<u>Funeral: Katherine Cato</u>		

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness Rollin S. White Signed _____
 Signed _____
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1604 Yearly No. 18 Date April 30, 1936
 Name of Deceased Carl Barr Nicholson, Married Lamoni, Iowa
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or Martha Emma Nicholson

Vocation Traveling Salesman
 Name of Employer J. B. Gordon Co.
 Charge to Mrs. Carl Nicholson
 Address Garden Grove, Iowa
 Connection _____
 Order given by _____
 How Secured Cash - Insurance
 Date of Funeral 4/30/36 Thurs 2:30 P. M.
(Day) (Day of Week) (Hour)
 Services at Coliseum
 Clergyman Rev. Stoddard Lamb, Church
 His Address Des Moines
 Certifying Physician Dr. L. W. Miles
(or Coroner)
 His Address Empire Trust Bldg, Des. Mo.
 Cause of Death Natural O. Extension

Complete Funeral	\$	327.00
Casket		
Metallic Lining		
Outside Box	<small>(State Kind)</small>	
Burial Vault	<u>Barker Air Seal</u> <small>(State Kind)</small>	90.00
Embalming Body	<u>with supper</u> Fluid	
Barber, \$	<u>0.00</u> Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	<u>2</u> @ \$	
Autos to R. R. Station	@ \$	
Getting Remains from <u>Des Moines</u>		11.00
Taking Body to <u>Lynd Home</u>		
Delivering Box to <u>Des</u>		
Flower Wagons	<u>2</u>	
Removal Charges		
Getting Burial Permit	<small>(State Number and District)</small>	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		

Contributory Causes Carcinoma of Esophagus
 Remarks _____
 Date of Death April 28, 1936
 Place of Death St. Anthony Hospital, Des. Mo.
 Religion _____
 Resided in the State _____
(Years) (Months)
 Date of Birth Aug. 29, 1905
(Years) (Months) (Days)
 Age 30 Years 8 Month 4 Days
 Name of Father J. B. Nicholson
 His Birthplace Salt Lake City, Utah
 Maiden Name of Mother Velva Barr
 Her Birthplace Lamoni, Iowa
 Motor Ship } Body to _____

Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	<small>(Names of Newspapers)</small>	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	of Cremation, \$	
Opening of Grave or Tomb		9.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
<u>Esophagus Rental</u>		5.00

Size and Style of Casket 201 No. 2 C. Oak Case
 Manufactured by West
 Interment at Des. Hill Cemetery
 Crematory _____

Lot No.	<u>427</u>
Grave No.	<u>4</u>
Section No.	
Owner	<u>J. B. Nicholson</u>
Total Footing of Bill	\$ <u>426.00</u>
Less <u>Op. Ex. Coliseum</u>	\$ <u>14.00</u>
Balance	\$ <u>412.00</u>
Entered into Ledger, page	_____ or below \$

To Funeral Charges Total, \$ _____ By Cash _____
 C.B. Dean Dyer, C. Rutz, Mammals, A. M. Reed, Ben Reed, Willard W. Wm.
 SINGERS: Hebeek Lucy - Soloist; Miss Joy Harder, Pianist
 USHERS: Pauline Hyden, Lorraine Derry, Thelma Derry, Dorothy Ranch

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness Rollin S. White Signed _____
 Witness _____ Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1605 Yearly No. 19 Date May 8, 1936

Name of Deceased Samuel Beilkin Moving Hamilton, Ohio
(Single - Married - Divorced) (What Here) (Wife Here)

Husband - Wife - Widow - Katharine Tarkenton Beilkin
 or of Samuel Beilkin

Vocation Richard L. Ammer

Name of Employer

Charge to Mr. Beilkin

Address

Connection

Order given by

How Secured

Date of Funeral May 8 2 P. M.
(Date) (Day of Week) (Hour)

Services at St. Stanislaus - German

Clergyman Frank Stauder, Leonard Johnson

His Address

Certifying Physician H. M. Hills
(or Coroner)

His Address German St.

Cause of Death Arterio Sclerosis

Contributory Causes

Remarks

Date of Death May 5, 1936

Place of Death Beilkin

Religion

Resided in the State 16 (Years) (Months)

Date of Birth Sept. 7, 1859

Age 76 Years 7 Month 28 Days

Name of Father Jerome Beilkin

His Birthplace Germany

Maiden Name of Mother Mary E. Jones

Her Birthplace Germany

Motor Ship } Body to

Size and Style of Casket #201 X.C.C.H. Yellow

Manufactured by Adair

Interment at Andover { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$262.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault <u>Basket with Seal</u>	90.00
Embalming Body	
Barber, \$	
Dressing Body	
Suit or Dress, \$	
Underwear, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Badge, \$	
Hearse, \$	
Limousines to Cemetery	2 @ \$10.00
Autos to R. R. Station	
Getting Remains from	
Taking Body to <u>Andover</u>	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	
Flowers, \$	
Rental of Tent, \$	
Lowering Device, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Outlay for Shipping Charges	
Minister, \$	
Railroad Tickets, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$367.50
Less	
Balance	
Entered into Ledger, page	
or below \$	

To Eternal Charges... Total, \$ G. B. Hardy, Berger, and Gruene; John Longman; C. A. Lamm; Ed. Stoll; Howard Stecker

By Cash \$ Samuel Stecker

Funeral Expenses: Sam. Beilkin, Louis Grunwald, Alta May Kunkle, Dora S. Keatland, Bernice, Kathryn Sato

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Rollin S. White Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1606 Yearly No. 20 Date May 16, 1926

Name of Deceased Fred Hartman Widow (What Race) (Where Born)

Husband—Wife—Widow— or of Maudie Hartman, Dec.

Vocation Retired Merchant

Name of Employer Estate, M. A. Hynden, Adm.

Charge to Estate, M. A. Hynden, Adm.

Address Children, Francis & Joyce

Connection Children, Francis & Joyce

Order given by Children, Francis & Joyce

How Secured Not Secured

Date of Funeral July 26, Sat. 2 P. M.

Services at Fun. Home

Clergyman Rev. Lane

His Address Paris, Mo.

Certifying Physician J. H. Wailes

His Address Paris, Mo.

Cause of Death Carcinoma of Stomach

Contributory Causes

Remarks

Date of Death 5/13/26

Place of Death Dec. Co. Hosp. - Leon

Religion

Resided in the State

Date of Birth July 4, 1873

Age 62 Years 10 Month 9 Days

Name of Father William F. Hartman

His Birthplace Illinois

Maiden Name of Mother Elean Driskill

Her Birthplace Arkansas

Motor } Body to
Ship } Casket 1. G. T. Vassar H. Co.

Size and Style of Casket 1. G. T. Vassar H. Co.

Manufactured by 1. G. T. Vassar H. Co.

Interment at Horseshoe Hill { Cemetery
Crematory

Lot No. 110

Grave No. 2

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$ 262.00
Casket	
Metallic Lining	
Outside Box <u>None</u>	
Burial Vault	
Embalming Body <u>with</u> Fluid	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery, \$ @ \$ <u>1.00</u>	
Autos to R. R. Station, \$ @ \$	
Getting Remains from <u>Fun. Home</u>	
Taking Body to <u>Fun. Home</u>	
Delivering Box to <u>Fun. Home</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ - Rental of Palms, \$ <u>5.00</u>	
Rental of Tent, \$ - of Temporary Tomb, \$	
Lowering Device, \$ - Cremation, \$	
Opening of Grave or Tomb, \$ <u>1.00</u>	
Lining Grave, \$ - Matting, \$	
Outlay for Shipping Charges	
Minister, \$ - Singers, \$ - Organist, \$	
Railroad Tickets, \$ - Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Total Footing of Bill 274.00

Less 9.00

Balance 265.00

Entered into Ledger, page or below \$

To Funeral Charges, Total, \$

By Cash, \$

By Mr. T. S. Baker, Mrs. and E. Crowell, Council - Margaret Martin

The Old Kuggel Opera, The beautiful Garden of Prayer, Praise My God & The

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Rollin D. White Signed _____

RECORD OF FUNERAL

Total No. 1607 Yearly No. 21 Date May 16, 1936

Name of Deceased Evelyn M. Akers (Single - Married - Divorced) Married Decatur Co., Iowa (What Here) (Where Born)

Husband—Wife—Widow—
or.....of } Alley Akers

Vocation.....

Name of Employer.....

Charge to Thomas M. & Frank Akers

Address.....

Connection Son

Order given by.....

How Secured 705

Date of Funeral 5/16/36 Sat. 2 P. M. (Day of Week) (Hour)

Services at M.E. Church, Decatur City, Ia.

Clergyman Rev. Leg. Lamb

His Address Leon, Ia.

Certifying Physician J. St. Wailes

His Address Decatur, Iowa

Cause of Death Peach, Bk.

Contributory Causes Wetted, Cold, While at Work

Remarks.....

Date of Death May 14, 1936

Place of Death Cal - Decatur, Iowa

Religion.....

Resided in the State..... (Years) (Months)

Date of Birth Sept. 4, 1892

Age 43 Years 8 Month 10 Days

Name of Father Peter & Clara

His Birthplace.....

Maiden Name of Mother Etta Siefert

Her Birthplace Dec. Co., Iowa

Motor } Body to 6th Chapel
Ship

Size and Style of Casket J.P. Kuelle Hg. Cap

Manufactured by 6th Chapel

Interment at 6th Chapel { Cemetery
Crematory

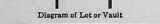


Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Owner.....

Complete Funeral	\$ 168.00
Casket	
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with <u>Je. Perf.</u> Fluid
Barber	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery <u>2</u> @ \$	
Autos to R. R. Station <u>2</u> @ \$	
Getting Remains from <u>Decatur</u>	
Taking Body to <u>6th Chapel</u>	
Delivering Box to <u>6th Chapel</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in..... Newspapers	
Flowers, \$..... (Names of Newspapers)	
Rental of Palms, \$	
Rental of Tent, \$..... of Temporary Tomb, \$	
Lowering Device, \$..... Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$..... Matting, \$	
Outlay for Shipping Charges	
Minister, \$..... Singers, \$..... Organist, \$	
Railroad Tickets, \$..... Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 168.00
Less	\$
Balance	
Entered into Ledger, page..... or below \$	

To Funeral Charges. Total, \$.....
 By Cash..... \$.....
 P.B. Clyde Smith, Virgil Norman, Mike Cicek, Earl Hayes, Isaac Norman, Russell Bultman
 Witnesses: Mr. & Mrs. David Krause, Ralph Sutton, Lola Williams

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....
Witness R.S. White Signed.....

RECORD OF FUNERAL

Total No. 1608 Yearly No. 22 Date May 17, 1936

Name of Deceased George Fowler Widowed - Demby, Ill.
(Single - Married - Divorced) (What Race)
(What Birth)

Husband - Wife - Widow - or of Mary Ellen Fowler, Dec.
(or of)

Vocation Stone Mason & Brick Layer

Name of Employer Self

Charge to Old Age Assistance Commission

Address [Redacted]

Connection [Redacted]

Order given by Andrew Fowler

How Secured [Redacted]

Date of Funeral 5/26 Sunday 2 P. M.
(Day) (Day of Week) (Hour)

Services at East Side Church

Clergyman Carl Sallentour, Sud De Snyg

His Address [Redacted]

Certifying Physician E. C. James
(or Coroner)

His Address [Redacted]

Cause of Death Myocardial Decomposition
Mitral Stenosis, by arteriosclerosis

Contributory Causes Senility

Remarks [Redacted]

Date of Death May 14, 1936

Place of Death Lamoni, Ia - Res.

Religion [Redacted]

Resided in the State 50 (Years) (Months)

Date of Birth April 5, 1859

Age 77 Years 1 Month 9 Days

Name of Father Lewis Fowler

His Birthplace New York

Maiden Name of Mother Esther Holcomb

Her Birthplace Unknown

Motor Ship } Body to

Size and Style of Casket 300 6 High Cap Coupe

Manufactured by Chicago - Cashier Co

Interment at Forest Hill { Cemetery
 Crematory

Lot No. 173

Grave No. 4

Section No. [Redacted]

Owner [Redacted]

Diagram of Lot or Vault

Complete Funeral	\$ 100.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body with Fluid	
Barber, Hair Dressing	
Dressing Body	
Suit or Dress, Hose	
Underwear, Slippers	
Folding Chairs, Tarpaulin	
Candelabrum, Candles	
Door Badge, Gloves	
Hearse, Ambulance	
Limousines to Cemetery	
Autos to R. R. Station	
Getting Remains from Res.	
Taking Body to	
Delivering Box to Cem.	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, Rental of Palms	
Rental of Tent, of Temporary Tomb	
Lowering Device, Cremation	
Opening of Grave or Tomb	
Lining Grave, Matting	
Outlay for Shipping Charges	
Minister, Singers, Organist	
Railroad Tickets, Aeroplane Service	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 100.00
Less	
Balance	
Entered into Ledger, page	or below \$

To Funeral Charges, Total, \$	By Cash, \$
<u>P. B. Randall, Wm. S. H. Wiley, Carl Roth, Karl Wundt, John Anderson, Tom Currier</u>	
<u>SINGERS: Catha Midgarden, Maud Harper, - Grand - Pauline Sath</u>	
<u>SOURCES: Wide with the City Square</u>	

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Hollis J. White Signed

Signed

RECORD OF FUNERAL

Total No. 1609 Yearly No. 23 Date May 17, 1936

Name of Deceased James Calvin Snyder - Husband - Van Wert Co., Ohio
(Single - Married - Divorced) (Wife - Widow) (Where Born)

Husband - Wife - Widow Agnes M. Snyder

Vocation Blacksmith

Name of Employer Self

Charge to John Snyder

Address Chicago, Ill.

Connection Son

Order given by

How Secured

Date of Funeral 5/17/36 Sun. 2 P. M.
(Day of Week) (Hour)

Services at Residence

Clergyman

His Address

Certifying Physician E. E. Samuel
(or Coroner)

His Address Respected Pastor Near

Cause of Death

Contributory Causes Senility

Remarks

Date of Death May 15, 1936

Place of Death Deer Co. Hosp., Van Wert, Ohio

Religion

Resided in the State 30 (Years) (Months)

Date of Birth May 16, 1863

Age 72 Years 11 Month 27 Days

Name of Father James Snyder

His Birthplace Unknown

Maiden Name of Mother

Her Birthplace

Motor Mr. Movich, Mo.
 Body to

Size and Style of Casket Supplied by J. M. Chambers

Manufactured by

Interment at Mr. Movich, Mo. { Cemetery
 Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		
Metallic Lining	<small>(State Kind)</small>	
Outside Box	<small>(State Kind)</small>	
Burial Vault	<small>(State Kind)</small>	
Embalming Body	with Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from Hospital		5.00
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	<small>(State Number and District)</small>	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	<small>(Names of Newspapers)</small>	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	30.00
Less	\$	
Balance		
Entered into Ledger, page	or below \$	

To Funeral Charges... Total, \$	By Cash \$
Body returned from Hospital, Ambulance, Undertaker & Returned Home. Casket furnished & Service conducted by J. M. Chambers, Funeral Director, Mr. Movich, Mo.	

Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness [Signature] Signed

Signed

RECORD OF FUNERAL

Total No. 16.10 Yearly No. 24 Date May 31, 1936
 Name of Deceased James Vennard - Single - Canada
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow or
 Vocation Labour - (Lumber)
 Name of Employer
 Charge to Santa Home
 Address
 Connection
 Order given by Mrs. Ruby
 How Secured
 Date of Funeral 5/31/36 Thurs 2 P. M.
(Day of Week) (Hour)

Services at Santa Home
 Clergyman Chas. Harper
 His Address
 Certifying Physician E. E. Zarah
(or Coroner)
 His Address
 Cause of Death Diabetic Malnutrition

Contributory Causes Senility
 Remarks
 Date of Death May 19, 1936
 Place of Death Santa Home - Lacombe
 Religion
 Resided in the State 1 (Years) (Months)
 Date of Birth Dec. 26, 1845
 Age 70 Years 4 Month 13 Days

Name of Father Robert Vennard
 His Birthplace Ireland
 Maiden Name of Mother Jane White
 Her Birthplace Ireland
 Motor } Body to
 Ship }
 Size and Style of Casket Hospital "A"
 Manufactured by York
 Interment at Rose Hill { Cemetery
 Crematory

Diagram of Lot or Vault
 Lot No. 1259
 Grave No. 4
 Section No.
 Owner

Complete Funeral	\$ <u>7000</u>
Casket	
Metallic Lining	
Outside Box <input checked="" type="checkbox"/>	
Burial Vault	
Embalming Body <input checked="" type="checkbox"/> with _____ Fluid	
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body <input checked="" type="checkbox"/>	
Suit or Dress, \$ _____ Hose, \$ _____	
Underwear, \$ _____ Slippers, \$ _____	
Folding Chairs, \$ _____ Tarpaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse, \$ _____ Ambulance, \$ _____	
Limousines to Cemetery <u>1</u> @ \$ _____	
Autos to R. R. Station _____ @ \$ _____	
Getting Remains from _____	
Taking Body to _____	
Delivering Box to _____	
Flower Wagons _____	
Removal Charges _____	
Getting Burial Permit _____	
Certified Copies of Death Certificates _____	
Personal Charges _____	
Pall Bearer Service _____	
Outlay for Lot _____	
Death Notices in _____ Newspapers	
Flowers, \$ _____	
Rental of Papers, \$ _____	
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	
Lowering Device, \$ _____ Cremation, \$ _____	
Opening of Grave or Tomb _____	6.00
Lining Grave, \$ _____ Matting, \$ _____	
Outlay for Shipping Charges _____	
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Total Footing of Bill	\$ <u>76.00</u>
Less <u>Of Cash</u>	<u>6.00</u>
Balance	<u>70.00</u>
Entered into Ledger, page _____ or below \$ _____	

P.B.	Mr. <u>Harlock</u> , Mr. <u>Elliott</u> , <u>Chas. R. P.</u> , <u>Andrew Anderson</u> , <u>John Widgren</u> , <u>Willsmouth</u>	By Cash	\$ _____		
S.W.R.	Mrs. <u>Floyd Mortimer</u> , <u>Mrs. J. A. Anthony</u> , <u>Brewer</u> , <u>Gerris Widgren</u>				

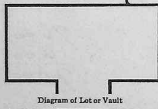
Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness Wm. A. Marsh Signed _____
 _____ Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1611 Yearly No. 25 Date May 23, 1936
 Name of Deceased Catherine Strong Widow M. Mercer Co., Ill.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow Daniel Strong
 or of

Vocation _____
 Name of Employer _____
 Charge to Santa Home
 Address _____
 Connection _____
 Order given by J. I. Wildermuth
 How Secured _____
 Date of Funeral 5/23/36 Sat. 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Santa Home
 Clergyman J. A. Dunneley; C. E. Harper
 His Address _____
 Certifying Physician E. E. Samch
(or Coroner)
 His Address Lamoni, Iowa
 Cause of Death Bronchial Pneumonia
M. yocardial failure
 Contributory Causes Senility
 Remarks _____
 Date of Death May 21, 1936
 Place of Death Santa Home - Lamoni
 Religion _____

Resided in the State _____ 50 (Years) (Months)
 Date of Birth Mar. 7, 1895
 Age 41 Years 2 Month 14 Days
 Name of Father Jesse L. Adams
 His Birthplace Ohio
 Maiden Name of Mother Sarah Fisher
 Her Birthplace Iowa
 Motor } Body to _____
 Ship } _____
 Size and Style of Casket 3006 - Crisp - L.C.
 Manufactured by Chi. C. Co.
 Interment at Rose Hill { Cemetery
 Crematory



Lot No. 158
 Grave No. 2
 Section No. _____
 Owner _____

Complete Funeral	\$	<u>70.00</u>
Casket		
Metallic Lining		
Outside Box		
Burial Vault		
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		<u>6.00</u>
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	<u>76.00</u>
Less <u>Of \$</u>	\$	<u>6.00</u>
Balance		<u>70.00</u>
Entered into Ledger, page		_____ or below \$

To Funeral Charges... Total, \$	By Cash... \$
<u>P. B. C. E. Sartman, James Seligfeld, John M. Gordon, J. I. Wildermuth,</u>	
<u>Ralph Johnson, Mr. Elliott</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness Rollin D. White Signed _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1612 Yearly No. 26 Date May 24, 1936
 Name of Deceased Jesse Melvin Lysinger - Married - Mission Falls Co. Ill.
(Single - Married - Divorced) (What Place) (Where Born)
 Husband - Wife - Widow - Lucy Lysinger
 or of

Vocation Salesman
 Name of Employer
 Charge to Mrs. J. M. Lysinger
 Address
 Connection Wife
 Order given by
 How Secured Insurance Assignment
 Date of Funeral May 26 Sunday 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Corsum
 Clergyman W. E. Pratt; J. A. Hunsell
 His Address
 Certifying Physician J. M. Hill
(or Coroner)

His Address
 Cause of Death Flu
High Blood Pressure and Arteriosclerosis
 Contributory Causes
 Remarks
 Date of Death May 22, 1936
 Place of Death Hammond, Ind.
 Religion W.M.

Resided in the State 35 (Years) (Months)
 Date of Birth July 25, 1882
 Age 53 Years 7 Months 27 Days
 Name of Father Franklin Lysinger
 His Birthplace Pa.
 Maiden Name of Mother Marjorie Hayer
 Her Birthplace Pa.
 Motor } Body to
 Ship }
 Size and Style of Casket #4000 Red Oak, Shaded Oak, H.C.
 Manufactured by Cherry's Casket Co.
 Interment at West Hill { Cemetery
 Crematory

Diagram of Lot or Vault
 Lot No. 966
 Grave No. 2
 Section No.
 Owner

Complete Funeral	\$ <u>185</u> 00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	with <u>Formal</u> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery, ! @ \$	Autos to R. R. Station, ! @ \$
Getting Remains from <u>Rid.</u>	
Taking Body to	
Delivering Box to <u>Cem.</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers) Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	<u>7 00</u>
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr. Phone, Cable or Radio Charges	
Cash Advanced	<u>Corsum Rental</u> <u>5 00</u>
Total Footing of Bill	\$ <u>177</u> 00
Less <u>Of 14 00</u> (Paid Cash)	\$ <u>163</u> 00
Balance	<u>185</u> 00
Entered into Ledger, page or below \$	

To Funeral Charges... Total, \$	By Cash
<u>P. B. Lee & Sons, Quills, Midgarden, Dave Hansen, W. E. Hayer, Lynn W. Hill, Raymond Peterson</u>	
<u>S. L. & Co.; U. Capella Chorus</u>	

Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Rolland White Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1613 Yearly No. 27 Date June 18, 1936
 Name of Deceased Mary Ann Harmon, Shiloh, Harrisburg, Pa.
(Single - Married - Divorced) (What Name) (Where Born)
 Husband—Wife—Widow Harrison J. Harmon, Dec.
et. of

Vocation
 Name of Employer
 Charge to C. H. Harmon
 Address 1900 Arlington Ave., Dec. Md.
 Connection Son
 Order given by
 How Secured Cash in advance
 Date of Funeral 6/18/36 Thurs 3 P. M.
(Day) (Day of Week) (Hour)
 Services at L. W. Church - Davis City
 Clergyman Rev. Dan Sorden
 His Address Lamoni
 Certifying Physician J. H. Strider
(Physician)
 His Address Davis City
 Cause of Death Senility
 Contributory Causes Exhaustion
 Remarks
 Date of Death June 16, 1936
 Place of Death Davis City, Iowa
 Religion
 Resided in the State 61
(Years) (Months)
 Date of Birth January 14, 1874
 Age 62 Years 5 Month 2 Days
 Name of Father Andrick Shaver Pa.
 His Birthplace
 Maiden Name of Mother Elyaher Sytes
 Her Birthplace Wisconsin
 Motor } Body to
 Ship }
 Size and Style of Casket 5 So Overhead Utterman H.C.
 Manufactured by North Casket Co.
 Interment at Davis City (Old) Cemetery
Crematory

Complete Funeral	\$ <u>225</u>	00
Casket	✓	
Metallic Lining	<u>Shelton</u>	
Outside Box		
Burial Vault	<u>Barker</u>	<u>8.5</u>
Embalming Body	with <u>Supplement</u> Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body	✓	
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	✓	Ambulance, \$
Limousines to Cemetery	1 @ \$	✓
Autos to R. R. Station	2 @ \$	✓
Getting Remains from	<u>Wis.</u>	✓
Taking Body to		✓
Delivering Box to	<u>Ohio</u>	✓
Flower Wagons	1	✓
Removal Charges		
Getting Burial Permit		✓
Certified Copies of Death Certificates		
Personal Charges		✓
Pall Bearer Service		

Outlay for Lot
 Death Notices in Newspapers
(Names of Newspapers)
 Flowers, \$ Rental of Palms, \$
 Rental of Tent, \$ of Temporary Tomb, \$
 Lowering Device, \$ Cremation, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Matting, \$
 Outlay for Shipping Charges
 Minister, \$ Singers, \$ Organist, \$
 Railroad Tickets, \$ Aeroplane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced

Diagram of Lot or Vault

	Lot No.
	Grave No.
	Section No.
	Owner

Total Footing of Bill	\$ <u>370</u>	00
Less		\$
Balance		<u>310</u>
Entered into Ledger, page		or below \$

To Funeral Charges . . . Total, \$ <u>Stacy Simpson, Edmon Weaver, Elizabeth Anthony Kodank, Orville Snagles, Curd Powell</u>	By Cash . . . \$ <u>SINAGLES: Mrs. Clupe, Mrs. R. W. Clark, Mrs. R. T. Clark, Prof. M. E. Clark</u> <u>P. A. M. S. - Mrs. Clupe</u>
--	---

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. S. White Signed
 Witness Signed
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1933.

RECORD OF FUNERAL

Total No. 1614 Yearly No. 28 Date July 10, 1936
 Name of Deceased Mary M. Midgorden - Married Norway
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow } Olaf N. Midgorden
or of

Vocation _____
 Name of Employer _____
 Charge to Sons
 Address _____
 Connection _____
 Order given by Silas & M. W. Midgorden
 How Secured Casket for 30 days
 Date of Funeral July 10, 1936 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Sun's Home
 Clergyman W. E. Prall; D. Jordan
 His Address Lamoni
 Certifying Physician C. E. Hamet
(or Coroner)
 His Address _____
 Cause of Death Pneumonia
Senility
 Contributory Causes Hypertension
 Remarks _____
 Date of Death July 9, 1936
 Place of Death Lamoni, Iowa
 Religion _____
 Resided in the State _____
(Years) (Months)
 Date of Birth Dec. 8, 1860
 Age 75 Years 7 Month 0 Days
 Name of Father Nels Nelson
 His Birthplace Norway
 Maiden Name of Mother Unknown
 Her Birthplace _____
 Motor } Body to _____
 Ship }
 Size and Style of Casket #340 Prof. Dr. W. Sander
 Manufactured by W. H. Hill
 Interment at W. H. Hill { Cemetery
Crematory

Complete Funeral	\$ 216.00
Casket	-
Metallic Lining	-
Outside Box	-
Burial Vault	-
Embalming Body	with <u>Superior Fluid</u>
Barber, \$	Hair Dressing, \$
Dressing Body	-
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery, / @ \$	-
Autos to R. R. Station @ \$	-
Getting Remains from	-
Taking Body to	-
Delivering Box to	-
Flower Wagons	-
Removal Charges	-
Getting Burial Permit	-
Certified Copies of Death Certificates	-
Personal Charges	-
Pall Bearer Service	-
Outlay for Lot	-
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	5.00
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	7.00
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	-
Minister, \$	Singers, \$
Organist, \$	-
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-
Total Footing of Bill	\$ 228.00
Less <u>Op. H. & Amos</u>	\$ 12.00
Balance	216.00
Entered into Ledger, page _____	or below \$

Diagram of Lot or Vault

Lot No. 356
 Grave No. 1
 Section No. _____
 Owner _____

To Funeral Charges	Total, \$	By Cash	\$
<u>G. B. M. A. Hayden; W. E. Fager; Dave Hansen; Lars Sestum; Skilled Men; Fred Lysinger</u>			
<u>S. I. REKS - Maggie Anthony; Helen Matties; Grace M. Neen</u>			

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Witness R. D. White Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1615 Yearly No. 29 Date July 15, 1926
 Name of Deceased B. Kerley New (What Race) Samon (Where Born)
 Husband—Wife—(Widow—) or Daughter of Mr. & Mrs. Clarence New (Single—Married—Divorced)

Vocation.....
 Name of Employer.....
 Charge to Clarence New
 Address.....
 Connection.....
 Order given by.....
 How Secured Note
 Date of Funeral July 13, 1926 (Day) Wed (Day of Week) 2 P. (Hour) M.
 Services at Funeral Home
 Clergyman Rev. Van Sorden
 His Address.....
 Certifying Physician Paul S. Samon (or Coroner)
 His Address S. W. S. Hosp., La City
 Cause of Death Heah Exhaustion
 Contributory Causes.....
 Remarks.....
 Date of Death July 13, 1926
 Place of Death La City Hosp.
 Religion.....
 Resided in the State..... (Years) (Months)
 Date of Birth..... (Years) (Months) (Days)
 Age..... Years 13 Month..... Days.....
 Name of Father Clarence New
 His Birthplace.....
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor } Body to
 Ship } Casket W.C. Plunk
 Size and Style of Casket.....
 Manufactured by.....
 Interment at W. De Hill { Cemetery
 Crematory
 Lot No. 385
 Grave No. 3
 Section No.....
 Owner.....

Complete Funeral..... \$ 35.00
 Casket.....
 Metallic Lining.....
 Outside Box (State Kind)
 Burial Vault..... (State Kind)
 Embalming Body with..... Fluid
 Barber, \$..... Hair Dressing, \$.....
 Dressing Body
 Suit or Dress, \$..... Hose, \$.....
 Underwear, \$..... Slippers, \$.....
 Folding Chairs, \$..... Tarpaulin, \$.....
 Candelabrum, \$..... Candles, \$.....
 Door Badge, \$..... Gloves, \$.....
 Hearse, \$..... Ambulance, \$.....
 Limousines to Cemetery 2 @ \$
 Autos to R. R. Station..... @ \$.....
 Getting Remains from.....
 Taking Body to.....
 Delivering Box to.....
 Flower Wagons.....
 Removal Charges.....
 Getting Burial Permit..... (State Number and District)
 Certified Copies of Death Certificates.....
 Personal Charges.....
 Pall Bearer Service.....
 Outlay for Lot.....
 Death Notices in..... Newspapers.....
 Flowers, \$ (Names of Newspapers) Rental of Palms, \$ 2.00
 Rental of Tent, \$ of Temporary Tomb, \$.....
 Lowering Device, \$ Cremation, \$.....
 Opening of Grave or Tomb..... \$ 2.00
 Lining Grave, \$..... Matting, \$.....
 Outlay for Shipping Charges.....
 Minister, \$..... Singers, \$..... Organist, \$.....
 Railroad Tickets, \$..... Aeroplane Service, \$.....
 Telegr., Phone, Cable or Radio Charges.....
 Cash Advanced.....
 Total Footing of Bill..... \$ 43.00
 Less W.C. Plunk..... \$ 8
 Balance..... \$ 35.00
 Entered into Ledger, page..... or below \$.....

To Funeral Charges... Total, \$	By Cash..... \$

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness Rollin S. Mutt Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1926.

RECORD OF FUNERAL

Total No. 1616 Yearly No. 30 Date July 22, 1936
 Name of Deceased Aminda Jane Blossom - Widow - Brandon, Maine
 Husband—Wife—Widow } Franklin Eugene Blossom, Dec. (Single) (Married - Divorced) (What Race) (Where Born)

Vocation.....
 Name of Employer.....
 Charge to E. E. Blossom
 Address.....
 Connection Son
 Order given by.....
 How Secured Cash
 Date of Funeral 7/23/36 Wed 10:30 A. M.
 (Day) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman Roy Cheville, D. B. Sorden
 His Address.....
 Certifying Physician E. E. Hamel
 (or Coroner)

Complete Funeral	\$	168.00
Casket	✓	
Metallic Lining	✓	
Outside Box	✓	(State Kind)
Burial Vault	✓	(State Kind)
Embalming Body	✓	with <u>St. Mumf.</u> Fluid
Barber, \$	✓	Hair Dressing, \$
Dressing Body	✓	
Suit or Dress, \$	✓	Hose, \$
Underwear, \$	✓	Slippers, \$
Folding Chairs, \$	✓	Tarpaulin, \$
Candelabrum, \$	✓	Candles, \$
Door Badge, \$	✓	Gloves, \$
Hearse, \$	✓	Ambulance, \$
Limousines to Cemetery	1 @ \$	✓
Autos to R. R. Station	@ \$	✓
Getting Remains from	✓	
Taking Body to	✓	
Delivering Box to	✓	
Flower Wagons	✓	
Removal Charges	✓	
Getting Burial Permit	✓	(State Number and District)
Certified Copies of Death Certificates	✓	
Personal Charges	✓	
Pall Bearer Service	✓	

His Address.....
 Cause of Death Incomplete Obstruction of Cecum
due to Adhesion
 Contributory Causes Chronic Cholecystitis
Stomach - Keel on Operation
 Remarks.....
 Date of Death July 20, 1936
 Place of Death Brandon - Me.
 Religion Methodist

Outlay for Lot		46.00
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	✓ Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	✓ Matting, \$	7.00
Outlay for Shipping Charges		
Minister, \$	✓ Singers, \$	Organist, \$
Railroad Tickets, \$	✓ Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		

Resided in the State 3 (Years) (Months)
 Date of Birth 7/11, 9, 1856
 Age 79 Years 7 Month 11 Days
 Name of Father Carroll Souden
 His Birthplace Maine
 Maiden Name of Mother Abigail W. Farland
 Her Birthplace Maine
 Motor } Body to
 Ship }
 Size and Style of Casket 768 High Cap - Wood
 Manufactured by Woods
 Interment at Rose Hill { Cemetery
 Crematory

Total Footing of Bill	\$	215.00
Less <u>Lot & Cap</u>	\$	47.00
Balance	\$	168.00
Entered into Ledger, page.....	or below \$	

Diagram of Lot or Vault
 Lot No. 1588
 Grave No. 1
 Section No.....
 Owner.....

To Funeral Charges	Total \$	By Cash	\$
<u>P. B. D. Suggs & A. Blatz</u>		<u>J. C. Bugman</u>	
<u>J. C. Bugman</u>		<u>Roy Williams</u>	
<u>J. W. Anthony</u>		<u>A. H. Gilbert</u>	
<u>S. D. S. S. S. - Anna Jean Brown</u>		<u>Lois Mason</u>	
<u>Marion Fry</u>		<u>Forest Moley</u>	
<u>B. Radist - Dorothy Paul</u>			

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....

Witness Robt. S. White Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1617 Yearly No. 31 Date July 25 1936
 Name of Deceased Miss Annie Jane Cruden White England
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow— } Single
 or of

Vocation None
 Name of Employer Saints Home
 Charge to Saints Home
 Address
 Connection
 Order given by J. F. Wildermuth
 How Secured
 Date of Funeral July 25/36 Sat 2 P.M.
(Date) (Day of Week) (Hour)
 Services at Saints Home
 Clergyman The Solly
 His Address
 Certifying Physician Dr. Gamet
(or Coroner)

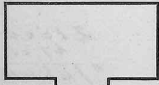
His Address
 Cause of Death Senility and body contusions from fall.
 Contributory Causes

Remarks
 Date of Death July 24 1936
 Place of Death Saints Home
 Religion L.D.S.

Resided in the State 25 yrs
(Years) (Months)
 Date of Birth May 31 1894
 Age 42 Years 1 Month 23 Days

Name of Father Robert Cruden
 His Birthplace England
 Maiden Name of Mother Barbara Ketterby
 Her Birthplace England

Motor Ship } Body to
 Size and Style of Casket 3006 Chi Crp. Co
 Manufactured by Chi. Casket Co.
 Interment at Rose Hill { Cemetery
 Crematory



Lot No. 5769
 Grave No. 1
 Section No.
 Owner

Complete Funeral	\$	70	00
Casket			
Metallic Lining			
Outside Box			
Burial Vault			
Embalming Body	with <u>Sauroil</u>	Fluid	
Barber	Hair Dressing	\$	
Dressing Body			
Suit or Dress	Hose	\$	
Underwear	Slippers	\$	
Folding Chairs	Tarpaulin	\$	
Candelabrum	Candles	\$	
Door Badge	Gloves	\$	
Hearse	Ambulance	\$	
Limousines to Cemetery	@	\$	
Autos to R. R. Station	@	\$	
Getting Remains from			
Taking Body to			
Delivering Box to			
Flower Wagons			
Removal Charges			
Getting Burial Permit			
Certified Copies of Death Certificates			
Personal Charges			
Pall Bearer Service			
Outlay for Lot			
Death Notices in	Newspapers		
Flowers	Rental of Palms	\$	
Rental of Tent	of Temporary Tomb	\$	
Lowering Device	Cremation	\$	
Opening of Grave or Tomb			6 00
Lining Grave	Matting	\$	
Outlay for Shipping Charges			
Minister	Singers	Organist	\$
Railroad Tickets	Aeroplane Service	\$	
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Total Footing of Bill		\$	76 00
Less <u>of. fr.</u>		\$	6 00
Balance			
Entered into Ledger, page			or below \$ 70 00

To Funeral Charges	Total \$	By Cash	\$
<u>Call Charges</u>	<u>N. N. Gold</u>	<u>Mr. Roth</u>	<u>Mr. Steebart</u>
<u>Dr. Elliot</u>	<u>Mr. Spaulock</u>	<u>Mr. Jamington</u>	
<u>Dr. J. J. O'Leary</u>	<u>Baron Cliles</u>	<u>Mr. J. H. H. H. H.</u>	
<u>Dr. H. H. H. H.</u>	<u>Mr. H. H. H. H.</u>		
<u>Jesus my Savior</u>			
<u>Beautiful Home</u>			
<u>God be with you</u>			

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Wm. H. Marsh Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

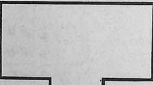
RECORD OF FUNERAL

Total No. 1618 Yearly No. 37 Date July 26 1936
 Name of Deceased Jesse Roberts (Single - Married - Divorced) W. H. Roberts (What Race) Marion Co. Ia. (Where Born)
 Husband - Wife - Widow or of Mrs. Iona Roberts

Vocation Farmer
 Name of Employer _____
 Charge to Mrs. Iona Roberts
 Address Lanum
 Connection Wife
 Order given by Mrs. Iona Roberts
 How Secured _____
 Date of Funeral 7/26/36 Sun 10:30 A.M.
(Date) (Day of Week) (Hour)
 Services at White Home
 Clergyman Rev. Jordan - Wildermuth
 His Address _____
 Certifying Physician H. Samet
(or Coroner)

His Address _____
 Cause of Death Senility
 Contributory Causes _____
 Remarks _____
 Date of Death July 23 1936
 Place of Death Lanum
 Religion L. S. S.
 Resided in the State _____
 Date of Birth Nov. 19 1856 (Years) (Months)
 Age 79 Years 8 Month 4 Days

Name of Father Virgil Roberts
 His Birthplace Indiana
 Maiden Name of Mother Carlisle
 Her Birthplace Indiana
 Motor Ship } Body to _____
 Size and Style of Casket 5650 N.C. All Pl.
 Manufactured by Root Casket Co
 Interment at Rose Hill { Cemetery Crematory

Diagram of Lot or Vault 
 Lot No. 751
 Grave No. 3
 Section No. _____
 Owner _____

Complete Funeral	\$	240	00
Casket			
Metallic Lining			
Outside Box <input checked="" type="checkbox"/>	<small>(State Kind)</small>		
Burial Vault <input checked="" type="checkbox"/>	<small>(State Kind)</small>		
Embalming Body <input checked="" type="checkbox"/>	with <u>Fluid</u>		
Barber, \$	Hair Dressing, \$ <input checked="" type="checkbox"/>		
Dressing Body <input checked="" type="checkbox"/>			
Suit or Dress, \$	Hose, \$		
Underwear, \$	Slippers, \$		
Folding Chairs, \$ <input checked="" type="checkbox"/>	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Badge, \$	Gloves, \$		
Hearse, \$ <input checked="" type="checkbox"/>	Ambulance, \$		
Limousines to Cemetery <u>1</u> @ \$ <input checked="" type="checkbox"/>			
Autos to R. R. Station <u>1</u> @ \$ <input checked="" type="checkbox"/>			
Getting Remains from <input checked="" type="checkbox"/>			
Taking Body to <input checked="" type="checkbox"/>			
Delivering Box to <input checked="" type="checkbox"/>			
Flower Wagons <input checked="" type="checkbox"/>			
Removal Charges <input checked="" type="checkbox"/>			
Getting Burial Permit <input checked="" type="checkbox"/>	<small>(State Number and District)</small>		
Certified Copies of Death Certificates <input checked="" type="checkbox"/>			
Personal Charges <input checked="" type="checkbox"/>			
Pall Bearer Service <input checked="" type="checkbox"/>			
Outlay for Lot _____			
Death Notices in _____ Newspapers			
Flowers, \$ <small>(Names of Newspapers)</small>	Rental of Palms, \$		
Rental of Tent, \$ <input checked="" type="checkbox"/>	of Temporary Tomb, \$		
Lowering Device, \$ <input checked="" type="checkbox"/>	Cremation, \$		
Opening of Grave or Tomb <input checked="" type="checkbox"/>			7 00
Lining Grave, \$ <input checked="" type="checkbox"/>	Matting, \$ <input checked="" type="checkbox"/>		
Outlay for Shipping Charges _____			
Minister, \$	Singers, \$	Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$		
Telegr., Phone, Cable or Radio Charges _____			
Cash Advanced _____			
Total Footing of Bill	\$	247	00
Less <u>op. Li.</u>	\$	7	00
Balance		240	00
Entered into Ledger, page _____ or below \$ _____			

Musical by _____
 To Funeral Charges - Total \$ _____
Mrs. M. Anthony, Wanda Deary, Walt Waldo, Forrest Maly
It Is Well With My Soul
Beautiful Isle
Lead Kindly Light

By Cash \$ _____
 Bearers - Wayne Peters, Keny Durham, Jess Durham, Gale Maddox, Geo. Orr, Clarence Rees

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness Wm. Marsh Signed _____
 Signed _____
 Complied by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1619 Yearly No. 33 Date July 28 1936
 Name of Deceased Mary E. Weedmark (Single - Married - Divorced) White Canada (What Race) (Where Born)
~~Household~~ ~~Wife~~ ~~Widow~~ } E. Edw. Weedmark (or ... of)

Vocation
 Name of Employer
 Charge to Saints Home
 Address
 Connection
 Order given by H. Wildermuth
 How Secured
 Date of Funeral 7/28/36 Tues. 10:30 A.M.
(Day) (Day of Week) (Hour)
 Services at Saints Home Old Age Cm.
 Clergyman John Garver, Dist. Jordan
 His Address
 Certifying Physician E. E. Lanet
(or Coroner)
 His Address
 Cause of Death Heart Exhaustion
 Contributory Causes Emphysema
 Remarks
 Date of Death July 26 1936
 Place of Death Saints Home
 Religion L.D.S.
 Resided in the State about 50
(Years) (Months)
 Date of Birth Feb. 5 1857
 Age 79 Years 5 Month 21 Days
 Name of Father Not known
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor } Body to
 Ship } #165 Litt cap. emp. Cope
 Size and Style of Casket
 Manufactured by Abernathy Casket Co.
 Interment at Rose Hill { Cemetery
 Crematory

Complete Funeral	100.00	70.00
Casket		
Metallic Lining		
Outside Box		
Burial Vault		
Embalming Body	with <u>Supernal</u> Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	<small>(Names of Newspapers)</small>	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		6.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill		160.00
Less <u>sp. gr.</u>		60.00
Balance		100.00
Entered into Ledger, page	or below \$	100.00

Diagram of Lot or Vault

	Lot No. <u>345</u>
	Grave No. <u>3</u>
	Section No.
	Owner

Music by <u>Mr. J. H. Anthony, Emily Cutler, Helen Walker, Annadian Brown, Lora Sawyer, Jordan</u> The Saints Shall Wear Robes as the Lilies They Go to a Land Immortal Blessed Be the Tree That Brings	Total \$ By Cash \$ <u>pleas - Mr. Roth, Mr. Stubbart, Mr. Midgarden, Mr. Elliot, Mr. Sparlock, Mr. Revere</u>
--	--

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Witness Wm A. Marsh Signed

RECORD OF FUNERAL

Total No. 1620 Yearly No. 34 Date August 1 1936
 Name of Deceased Infant son of Berh. Lane Hanson Co. Mo.
(Single - Married - Divorced) (What Place) (Where Born)

Husband—Wife—Widow—
 or.....of }
 Vocation.....
 Name of Employer.....
 Charge to Berh. R. Lane,
 Address Hatfield, Mo.
 Connection.....
 Order given by.....
 How Secured Chg.
 Date of Funeral Aug 1 (Date) (Day of Week) (Hour) M.
 Services at.....
 Clergyman.....
 His Address.....
 Certifying Physician Dr. A. Bryles,
 His Address Earleville, Mo.
 Cause of Death.....
 Contributory Causes.....
 Remarks.....
 Date of Death Aug 1, 1936
 Place of Death Hanson Co., Mo
 Religion (Fear Hatfield)
 Resided in the State..... (Years) (Months)
 Date of Birth Aug 1, 1936
 Age 0 Years 0 Month 0 Days
 Name of Father Berh. Lane
 His Birthplace Waris City, Ia.
 Maiden Name of Mother Agnes Cummings
 Her Birthplace Hanson Co., Mo.
 Motor Ship } Body to.....
 Size and Style of Casket 2 1/2 square
 Manufactured by W. H. P.
 Interment at 2. Oak Rock { Cemetery
 Crematory

Complete Funeral.....	\$ <u>10.00</u>
Casket.....	
Metallic Lining.....	
Outside Box..... (State Kind)	
Burial Vault..... (State Kind)	
Embalming Body..... with..... Fluid	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$.....	
Underwear, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse, \$..... Ambulance, \$.....	
Limousines to Cemetery..... @ \$.....	
Autos to R. R. Station..... @ \$.....	
Getting Remains from.....	
Taking Body to.....	
Delivering Box to.....	
Flower Wagons.....	
Removal Charges.....	
Getting Burial Permit..... (State Number and District)	
Certified Copies of Death Certificates.....	
Personal Charges.....	
Pall Bearer Service.....	
Outlay for Lot.....	
Death Notices in..... Newspapers	
Flowers, \$..... (Names of Newspapers)	
Rental of Palms, \$.....	
Rental of Tent, \$..... of Temporary Tomb, \$.....	
Lowering Device, \$..... Cremation, \$.....	
Opening of Grave or Tomb.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Minister, \$..... Singers, \$..... Organist, \$.....	
Railroad Tickets, \$..... Aeroplane Service, \$.....	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Total Footing of Bill.....	\$ <u>10.00</u>
Less.....	
Balance.....	
Entered into Ledger, page..... or below \$.....	

Diagram of Lot or Vault

Lot No.....
 Grave No.....
 Section No.....
 Owner.....

To Funeral Charges... Total, \$	By Cash..... \$
<u>No Service</u>	<u>Casket Sale Only</u>

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Funeral Director R. H. White
 Witness..... Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1621 Yearly No. 35 Date August 7, 1936
 Name of Deceased Gontha Lucille Straight married Decatur Co., Iowa
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - Hilton Straight
 or (State - Married - Divorced)

Vocation Laborer
 Name of Employer Oil Conservation Service
 Charge to Hilton Straight
 Address _____

Connection _____
 Order given by _____
 How Secured Note - Chattel

Date of Funeral July 28, 1936 2 P. M.
(Date) (Day of Week) (Hour)

Services at Residence, (Lawn)
 Clergyman D. B. Jordan

His Address Lamoni
 Certifying Physician E. E. Hamsh
(City or Town)

His Address Lamoni
 Cause of Death Cerebral Hemorrhage;
Microbial sepsis;

Contributory Causes Small Pox
 Remarks _____

Date of Death Aug 5, 1936
 Place of Death Feb. Lamoni

Religion M. C.
 Resided in the State 23
(Years) (Months)

Date of Birth April 2, 1910
 Age 26 Years 4 Month 3 Days

Name of Father Isaac Bradell
 His Birthplace Decatur Co., Ia.

Maiden Name of Mother Gontha Taylor
 Her Birthplace Decatur Co. Iowa

Motor Ship } Body to _____
 Size and Style of Casket 3x6 - L.H. Cap. Maple

Manufactured by Chicago Casket Co.
 Interment at Decatur City { Cemetery
(Crematory)

Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

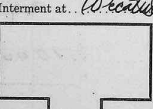


Diagram of Lot or Vault

Complete Funeral	\$ 100.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	
Barber, \$	
Dressing Body	
Suit or Dress, \$	
Underwear, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Badge, \$	
Hearse, \$	
Limousines to Cemetery	
Autos to R. R. Station	
Getting Remains from	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	
Flowers, \$	
Rental of Palms, \$	
Rental of Tent, \$	
Lowering Device, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Outlay for Shipping Charges	
Minister, \$	
Railroad Tickets, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 107.50
Less	
Balance	
Entered into Ledger, page	

To Funeral Charges	Total \$	By Cash	\$
<u>D. B. Jordan</u>	<u>100.00</u>	<u>107.50</u>	<u>107.50</u>
<u>W. L. Taylor</u>	<u>7.50</u>		
S.M.C.B.S. - <u>Maggie, Emily, Helen Anthony, Lura M. Owsen</u>			
S.O.M.S. - <u>Dr. Christians, Lord Wright</u>			

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____

Witness Rollin D. White Signed _____
 Signed _____

RECORD OF FUNERAL

1622

Total No. 36 Yearly No. 36 Date August 17, 1936
 Name of Deceased Sarah Emma Butler (What Here) Crawford Co., Indiana (Where Born)
 Husband—Wife—Widow— or of Geo. Butler (Single—Married—Divorced)

Vocation Farmer
 Name of Employer
 Charge to Geo. Butler
 Address Hatfield, Mo.
 Connection
 Order given by
 How Secured Catholic mtg
 Date of Funeral 8/17/36 Mon. 2 P. M.
 Services at Lone Rock Church
 Clergyman W. S. Gordon
 His Address
 Certifying Physician Dr. J. H. Hill (or Coroner)
 His Address Mo. Ave. 1, Dawn
 Cause of Death Arteriosclerosis of Heart Disease
 Contributory Causes General Arteriosclerosis
 Remarks
 Date of Death August 16, 1936
 Place of Death Crawford Co., Mo.
 Religion C. O. S.
 Resided in the State 50 (Years) (Months)
 Date of Birth May 20, 1870
 Age 66 Years 2 Month 26 Days
 Name of Father J. B. Baggs
 His Birthplace Indiana
 Maiden Name of Mother Fanny Partin
 Her Birthplace Indiana
 Motor Ship } Body to
 Size and Style of Casket #131 L. J. G. Mottled Oak
 Manufactured by W. Post
 Interment at Lone Rock { Cemetery
 Crematory

Complete Funeral	\$ 100.00
Casket	
Metallic Lining	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(State Kind)
Barber, \$	with Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	1 @ \$ No chg.
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Body to	
Delivering Box to	<u>Lone Rock</u>
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	(Name of Newspaper)
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$ Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Total Footing of Bill \$ 100.00
 Less \$ _____
 Balance \$ _____
 Entered into Ledger, page _____ or below \$ _____

To Funeral Charges... Total, \$	By Cash \$
<u>P. B. Glen, Chas. H. Richardson, Willie J. Frank Baker, Orville W. Glen, Nelson</u>	
<u>S. W. E. S. Helen Walters, Grace Mubens, Oma Gyle Lewis - Priest</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed Rollin S. White
 Signed _____
 Funeral Director
 Witness _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1633 Yearly No. 37 Date Aug. 20, 1936

Name of Deceased Carl Jennings (Single - Married - Divorced) Married - L. E. Roy, Iowa
(What Rate) (Where Born)

Husband - Wife - Widow - or of Grace Jennings

Vocation Laborer

Name of Employer M. P. A. Project

Charge to Quarries Division, M. P. A. Office

Address Royal Union Camp, Dec. M.

Connection Employer

Order given by Grace Jennings

How Secured Approved by State M. P. A. Office

Date of Funeral Aug 26 Thurs. 2 P. M.

Services at L. E. Roy, Iowa; M. E. Church

Clergyman W. D. Hughes

His Address Humboldt, Ia.

Certifying Physician C. E. Lemish
(or Coroner)

His Address Partly Suburban Humboldt
from internal injuries -

Contributory Causes Accidental earth cave-in

Remarks

Date of Death Aug. 18, 1936

Place of Death Ladson, Ia - Waterworks Project

Religion M. E.

Resided in the State

Date of Birth April 13, 1902 (Years) (Months)

Age 34 Years 4 Month 5 Days

Name of Father C. E. Jennings

His Birthplace Wayne Co., Iowa

Maiden Name of Mother Zeta Keller

Her Birthplace Morgan Co., Indiana

Motor } Body to
Ship }

Size and Style of Casket 16 x Hgd Cap - Std. Mole

Manufactured by Local

Interment at Hopewille, Iowa { Cemetery
Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral		
Casket - <u>Arranging & Conducting Funeral</u>	\$ 100 00	
Metallic Lining		
Outside Box - <u>Wood</u>	10 00	(State Kind)
Burial Vault		(State Kind)
Embalming Body	with <u>Swan</u>	Fluid 25 00
Barber, \$	<u>None</u>	Hair Dressing, \$
Dressing Body		
Suit or Dress, \$	<u>Suit</u>	Hose, \$
Underwear, \$	<u>Shirts</u>	Shippers, <u>Army Suit</u>
Folding Chairs, \$	<u>None</u>	Tarpaulin, \$
Candelabrum, \$		Candles, \$
Door Badge, \$		Gloves, \$
Hearse, \$	<u>12.50 M. C.</u>	Ambulance, @ 1.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>M. P. A. Project</u>	
Taking Body to <u>L. E. Roy & Hopewille</u>		
Delivering Box to <u>Hopewille 1104200</u>		
Flower Wagons		
Removal Charges		
Getting Burial Permit		(State Number and District)
Certified Copies of Death Certificates		
Personal Charges		
Pal Bearer Service	<u>4 transportation</u>	
Outlay for Lot		
Death Notices in	<u>None</u>	Newspapers
Flowers, \$	<u>None</u>	(Names of Newspapers)
Rental of Palms, \$		
Rental of Tent, \$	<u>None</u>	Remporary Tomb, \$
Lowering Device, \$	<u>None</u>	Cremation, \$
Opening of Grave or Tomb		
Lining Grave, \$	<u>None</u>	Matting, \$
Outlay for Shipping Charges		
Minister, \$	<u>None</u>	Singers, \$
Railroad Tickets, \$	<u>None</u>	Organist, \$
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$ 186 00	
Less	\$	
Balance	\$	
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$	By Cash	\$
<u>P. B. L. & Co. Payton, Ray, Hammers, Ray Bros, Geo. Williams, Joe Mathews</u>		
<u>Claude P. Rev.</u>		

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Funeral Director Witness Rollin D. White

Signed _____
 Signed _____

RECORD OF FUNERAL

Total No. 1624 Yearly No. 38 Date Aug 23, 1936
 Name of Deceased Clara Bell Pool - Widow - Bartholomew Co., Indiana
(Single - Married - Divorced) (What Place) (Where Born)
 Husband - Wife - Widow of Jamies Williamson Pool

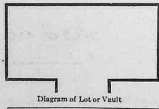
Vocation _____
 Name of Employer _____
 Charge to Clara B. Pool, Estate
 Address _____
 Connection _____
 Order given by Ole Halverson
 How Secured Cash
 Date of Funeral Aug 23/36 Sun. 2 P. M.
(Day) (Day of Week) (Hour)
 Services at First Home
 Clergyman Carl Ballentine - Broad W. Long
 His Address _____
 Certifying Physician C. M. Walker
(or Coroner)
 His Address Kelton, Ia.
 Cause of Death Heart Failure
Arteriosclerosis
 Contributory Causes Arteriosclerosis
 Remarks _____
 Date of Death Aug. 21, 1936
 Place of Death Lemari, Iowa
 Religion M. E.
 Resided in the State _____ 20 (Months) (Years)

Date of Birth May 16, 1847
 Age 87 Years 5 Month 5 Days
 Name of Father Weta Bell
 His Birthplace Cincinnati, Ohio
 Maiden Name of Mother Mary Wiley
 Her Birthplace Ohio
 Motor } Body to _____
 Ship } _____
 Size and Style of Casket 201 C.H. Below Heavy Oak
 Manufactured by W.H. Hill
 Interment at W.H. Hill { Cemetery
 Crematory

Complete Funeral \$262.00
 Casket _____
 Metallic Lining _____
 Outside Box Wood _____
(State Kind) (State Kind)
 Burial Vault _____
 Embalming Body with Formol Fluid
(State Kind)
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body _____
 Suit or Dress, \$ _____ Hose, \$ _____
 Underwear, \$ _____ Slippers, \$ _____
 Folding Chairs, \$ Tarpaulin, \$ _____
 Candelabrum, \$ _____ Candles, \$ _____
 Door Badge, \$ _____ Gloves, \$ _____
 Hearse, \$ _____ Ambulance, \$ _____
 Limousines to Cemetery 1 @ \$ _____
 Autos to R. R. Station _____ @ \$ _____
 Getting Remains from _____
 Taking Body to First Home
 Delivering Box to _____
 Flower Wagons _____
 Removal Charges _____
 Getting Burial Permit _____
(State Number and District)
 Certified Copies of Death Certificates _____
 Personal Charges _____
 Pall Bearer Service _____

Outlay for Lot _____
 Death Notices in _____ Newspapers _____
(Name of Newspaper)
 Flowers, \$ _____ Rental of Palms, \$ _____
 Rental of Tent, \$ _____ of Temporary Tomb, \$ _____
 Lowering Device, \$ _____ Cremation, \$ _____
 Opening of Grave or Tomb _____ 7.00
 Lining Grave, \$ _____ Matting, \$ _____
 Outlay for Shipping Charges _____
 Minister, \$ _____ Singers, \$ _____ Organist, \$ _____
 Railroad Tickets, \$ _____ Aeroplane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____

Lot No. 726
 Grave No. 2
 Section No. _____
 Owner _____
 Total Footing of Bill \$267.00
 Less Op. Dr. \$7.00
 Balance \$262.00
 Entered into Ledger, page _____ or below \$ _____



To Funeral Charges... Total, \$ _____
 By Cash \$ _____
 Paid: Dr. Deacon, Jess Semler, C.H. Baker, O. Hartman, Chas. Spague, M.G. Hayden
S. Smith, Maggie Anthony, Helen Hatters, W.H. Alden, Marion Fry, Mrs. E. Crandall
 Donors: The Saints Hall, Near Rostel
I know My Redeemer Lives,
Jesus Saviour Child Me.

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____

Funeral Director A. White Signed _____
 Witness _____ Signed _____
 Printed by P. J. FEINEMAN, St. Louis, Mo., in the year 1932.

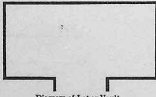
RECORD OF FUNERAL

Total No. 1625 Yearly No. 39 Date Sept. 5, 1936
 Name of Deceased George Calvin Ewins, Married, Zanesville, Ohio
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or of Allice Pearl Ewins

Vocation Farmer
 Name of Employer Self
 Charge to Estate
 Address _____
 Connection _____
 Order given by Mr. Geo. Ewins
 How Secured _____
 Date of Funeral Sept. 3, 1936 1 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home - Zanesville
 Clergyman Roy Christie; W. S. Jordan
 His Address _____
 Certifying Physician E. E. Lamm
(or Coroner)

His Address _____
 Cause of Death Senility; Central Aneurysm
 Contributory Causes _____
 Remarks _____
 Date of Death Sept. 3, 1936
 Place of Death Zanesville, Ia. - Residence
 Religion _____
 Resided in the State 33
(Years) (Months)

Date of Birth Dec. 8, 1855
 Age 80 Years 8 Month 25 Days
 Name of Father David Ewins
 His Birthplace Indiana or Ohio?
 Maiden Name of Mother Martha Dawson
 Her Birthplace Virginia
 Motor Porter, Ill.
Wheeler } Body to _____
 Size and Style of Casket _____
 Manufactured by Funeral Home
 Interment at Zanesville, Ill. { Cemetery
 Crematory



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Complete Funeral	\$	
Casket		
Metallic Lining		
Outside Box		
Burial Vault		
Embalming Body	with <u>Disinfectant</u> Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from <u>Pa.</u>		
Taking Body to _____		
Delivering Box to _____		
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates		
Personal Charges		15.00
Pall Bearer Service		
Outlay for Lot		
Death Notices in _____ Newspapers		
Flowers, \$ _____	(Name of Newspaper)	
Rental of Palms, \$ _____		
Rental of Tent, \$ _____	of Temporary Tomb, \$	
Lowering Device, \$ _____	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$ _____	Matting, \$	
Outlay for Shipping Charges		
Minister, \$ _____	Singers, \$ _____	Organist, \$ _____
Railroad Tickets, \$ _____	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
<u>The Funeral Home & Equip</u>		10.00
Total Footing of Bill	\$	50.00
Less _____	\$	
Balance		
Entered into Ledger, page _____		or below \$ _____

To Funeral Charges... Total, \$	By Cash... \$
<u>P. C. King, Coniger, Haver, W. Morrison, Chas. Roy K. Koff, John Hicks, Mrs. Sawdage.</u>	
SINGERS: <u>Mrs. Jess Sander</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Signed _____
 Witness _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1626 Yearly No. 40 Date October 7, 1936
 Name of Deceased Opal Leora Gilliland Hillsborough, Illinois
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - or Waiver of Ed + Belle Gilliland
(What Race) (Where Born)

Vocation Student - 7th Grade

Name of Employer

Charge to Decatur County

Address

Connection

Order given by

How Secured

Date of Funeral 10/9/36 11 2 P. M.
(Date) (Day of Week) (Hour)

Services at Quinn Home

Clergyman Ray Chevill Elston

His Address Sammi Len

Certifying Physician M. H. Rogers
(City)

His Address Leon

Cause of Death Typhoid Fever

Contributory Causes Bronchus Pneumonia

Remarks

Date of Death Oct. 7, 1936

Place of Death Decatur County Hospital

Religion

Resided in the State

Date of Birth June 26, 1924 (Year) (Month) (Days)

Age 12 Years 3 Month 11 Days

Name of Father Darius Edgar Gilliland

His Birthplace Kingold Co. Ind

Maiden Name of Mother Belle Elizabeth Ford

Her Birthplace Decatur Co. Iowa

Motor Ship } Body to

Size and Style of Casket Flat Top Case

Manufactured by W. H. Hill

Interment at W. H. Hill { Cemetery Crematory

Lot No. 1109

Grave No. 4

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$	40.00
Casket		
Metallic Lining		
Outside Box	<small>(State Kind)</small>	
Burial Vault	<small>(State Kind)</small>	
Embalming Body	with <u>Fluoride</u> Fluid	
Barber	Hair Dressing	
Dressing Body		
Suit or Dress	Hose	
Underwear	Slippers	
Folding Chairs	Tarpaulin	
Candelabrum	Candles	
Door Badge	Gloves	
Hearse	Ambulance	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>Dec. Co. Hosp.</u>	
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	<small>(State Number and District)</small>	
Certified Copies of Death Certificates		
Personal Charges		
Pal Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers	Rental of Palms	
Rental of Tent	of Temporary Tomb	
Lowering Device	Cremation	
Opening of Grave or Tomb		
Lining Grave	Matting	
Outlay for Shipping Charges		
Minister	Singers	Organist
Railroad Tickets	Aeroplane Service	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	40.00
Less	\$	
Balance		
Entered into Ledger, page		or below \$

To Funeral Charges, Total, \$ O. B. Rapp, Hancock, Raymond Hillway, Bud Williams, Richard Siller By Cash

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof

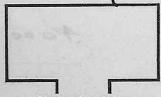
General Director W. H. Hill Signed
 Witness

RECORD OF FUNERAL

Total No. 1627 Yearly No. 41 Date Oct 18, 1936
 Name of Deceased Ardith Marie Kelley Single Lamar, Iowa
(Single - Married - Divorced) (What Here) (Where Born)

Husband—Wife—Widow—
 or Student - L. H. S.
 Vocation Student - L. H. S.
 Name of Employer
 Charge to L. H. Kelley
 Address
 Connection
 Order given by
 How Secured
 Date of Funeral 10/18/36 Sunday 3 P. M.
(Day) (Day of Week) (Hour)
 Services at Coliseum
 Clergyman Ray Churchill, W. B. Sorden
 His Address
 Certifying Physician E. E. Yamah
(or Coroner)
 His Address
 Cause of Death Lymphoid Tumor
 Contributory Causes Pneumonia
 Remarks
 Date of Death Oct 17, 1936
 Place of Death Lamar, Ia.
 Religion L. O. S.
 Resided in the State 18 (Years) (Months)
 Date of Birth June 25, 1918
 Age 18 Years 3 Month 22 Days
 Name of Father L. E. H. Kelley
 His Birthplace Portland, Ohio
 Maiden Name of Mother Bessie Ogelsby
 Her Birthplace Missouri, Illinois
 Motor Ship } Body to
 Size and Style of Casket 40x5 1/2x30x1 1/2
 Manufactured by Chicago Casket Co.
 Interment at Rose Hill { Cemetery
 Crematory

Complete Funeral	\$ 246.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery, @ \$	
Autos to R. R. Station, @ \$	
Getting Remains from	
Taking Body to	
Delivering Box to	
Flower Wagons	(2)
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 246.00
Less <u>Special Disc</u>	\$ 24.00
Balance	\$ 216.00
Entered into Ledger, page	or below \$



Lot No. 962
 Grave No. 7
 Section No.
 Owner

To Funeral Charges	Total, \$	By Cash	\$
<u>P. B. Ode Ballantyne, Prushing Smiley, Vance Lord, Harold Darnley, Chas. Math, Forest Miley</u>			
<u>S. H. G. S. Helen Patton, Leace Mucus, Wanda Derry, Maggie Anthony</u>			

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof

Funeral Director A. L. White
 Witness

Signed
 Signed

RECORD OF FUNERAL

Total No. 1628 Yearly No. 42 Date Oct 19, 1936
 Name of Deceased Martina Ann Hudek - Married W. H. Hudek
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or of J. H. Hudek

Vocation.....
 Name of Employer.....
 Charge to..... "
 Address.....
 Connection.....
 Order given by..... "
 How Secured.....
 Date of Funeral 10/26 Mon 3 P. M.
(Day of Week) (Hour)
 Services at Funeral Home
 Clergyman D. B. Sorden
 His Address.....
 Certifying Physician E. E. Sarnet
(or Coroner)
 His Address.....
 Cause of Death Cerebral Hemorrhage
 Contributory Causes Hypertension
 Remarks.....

Date of Death 10-17-36
 Place of Death Lamoni, Iowa
 Religion.....
 Resided in the State 20
(Years) (Months)
 Date of Birth Sept 5, 1874
 Age 62 Years 1 Month 12 Days
 Name of Father Ernest Marks
 His Birthplace Germany
 Maiden Name of Mother Ida Ticker
 Her Birthplace Wisconsin
 Motor Ship } Body to.....
 Size and Style of Caskets 3450 Prof. Shine
 Manufactured by York
 Interment at Par. Hill Cemetery
Crematory

Diagram of Lot or Vault
 Lot No. 1496
 Grave No. 2
 Section No.....
 Owner.....

Complete Funeral.....	\$ <u>216.00</u>
Casket.....	
Metallic Lining.....	
Outside Box.....	
Burial Vault.....	
Embalming Body..... with..... Fluid	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$.....	
Underwear, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse, \$..... Ambulance, \$.....	
Limousines to Cemetery... 1 @ \$.....	
Autos to R. R. Station..... @ \$.....	
Getting Remains from.....	
Taking Body to.....	
Delivering Box to.....	
Flower Wagons.....	
Removal Charges.....	
Getting Burial Permit.....	
Certified Copies of Death Certificates.....	
Personal Charges.....	
Pall Bearer Service.....	
Outlay for Lot # 50 1/2 # <u>1496</u>	<u>20.00</u>
Death Notices in..... Newspapers	
Flowers, \$..... Rental of Palms, \$.....	
Rental of Tent, \$..... of Temporary Tomb, \$.....	
Lowering Device, \$..... Cremation, \$.....	
Opening of Grave or Tomb.....	<u>7.00</u>
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Minister, \$..... Singers, \$..... Organist, \$.....	
Railroad Tickets, \$..... Aeroplane Service, \$.....	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Total Footing of Bill.....	\$ <u>243.00</u>
Less <u>Lot & Op. Snd.</u>	\$ <u>27.00</u>
Balance.....	\$ <u>216.00</u>
Entered into Ledger, page..... or below \$.....	

To Funeral Charges... Total, \$	By Cash..... \$
<u>P.B. G. J. Huntington, Mable Sanders, I. A. Platz, W. H. Hudek,</u>	
<u>H. B. Heeb, W. A. Somersworth.</u>	
<u>D. H. ASKS: Mary Ann Anthony, Maude Wray, Grace M. News, Maxine Kuchman.</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....

Funeral Director Rollin S. White
 Witness.....

Signed.....
 Signed.....

RECORD OF FUNERAL

Total No. 1629 Yearly No. 42 Date November 4, 1936
 Name of Deceased Mary Abigail Gamme - Married (Decatur Co., Iowa)
 Husband - Wife - Widow - Frank Gamme (What Name) (Where Born)

Vocation _____
 Name of Employer _____
 Charge to _____
 Address _____
 Connection _____
 Order given by _____
 How Secured Cash
 Date of Funeral 11/4/36 Wed. 2 P. M.
 (Date) (Day of Week) (Hour)
 Services at (New) Funeral Home
 Clergyman J. V. Gray
 His Address Albany, Mo.
 Certifying Physician W. M. Hills
 (or Coroner)
 His Address Lamoni
 Cause of Death Cancer of Breast & Stomach

Contributory Causes _____
 Remarks _____
 Date of Death Nov. 4, 1936
 Place of Death Lamoni, Ia.
 Religion _____
 Resided in the State _____
 Date of Birth April 23, 1885 12 (Years) (Months)
 Age 51 Years 6 Month 9 Days
 Name of Father Samuel Smith
 His Birthplace Dubuque
 Maiden Name of Mother Jones
 Her Birthplace Dubuque
 Motor } Body to
 Ship } _____
 Size and Style of Casket 59.50 Dup. & finished
 Manufactured by Lamoni
 Interment at Lamoni Hills { Cemetery
 Crematory

Complete Funeral	\$ 216.00
Casket	✓
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Burial Vault	<u>Under Air</u> (State Kind) 100.00
Embalming Body	with _____ Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	✓
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery, 1 @ \$	✓
Autos to R. R. Station	@ \$
Getting Remains from	✓
Taking Body to	_____
Delivering Box to	✓
Flower Wagons	_____
Removal Charges	_____
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	_____
Personal Charges	_____
Pal Bearer Service	✓
Outlay for Lot	<u>No 1/2 # 1540</u> 20.00
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers) 3.50
Rental of Palms, \$	_____
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	9.00
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	_____
Minister, \$	Singers, \$
Organist, \$	_____
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	_____
Cash Advanced	_____
Total Footing of Bill	\$ 561.00
Less <u>Ch. of Exp. Pp.</u>	\$ 29.00
Balance	\$ 532.00
Entered into Ledger, page	_____ or below \$

Diagram of Lot or Vault

Lot No. 1540
 Grave No. 2
 Section No. _____
 Owner _____

To Funeral Charges, Total, \$	By Cash, \$
<u>A. B. Whittem, Fred Hills, Herman Jannsen, Dora Lee Babb, W. P. Hammer</u>	<u>Ham. Fallick</u>
<u>D. C. R. R. Ruth, William Henry Anderson, Everett Smith,</u>	
<u>Margaret Martin, Alpha Schindler</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Witness Robert S. White Signed _____
 Compiled by J. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1630 Yearly No. FA Date Nov 11, 1936
 Name of Deceased John Edgar Silliland (Single - Married - Divorced) Kellenton, Iowa (What Race) (Where Born)

Husband—Wife—Widow—
 or of of
 Vocation Student

Name of Employer
 Charge to Wreath County
 Address

Connection
 Order given by
 How Secured

Date of Funeral 11/13/36 Def 2 P. M.
 (Date) (Day of Week) (Hour)

Services at Sumner Home
 Clergyman Wm. C. Smith

His Address
 Certifying Physician W. H. Rogers (or Chaplain)

His Address Leora, Ia.
 Cause of Death Intestinal Hemorrhage

Contributory Causes Syphoid Fever
 Remarks

Date of Death Nov. 9, 1936
 Place of Death Dec. Co. Hosp., Dec. Iowa

Religion
 Resided in the State 6 (Years) (Months)

Date of Birth Aug 23, 1930
 Age 6 Years 2 Month 16 Days

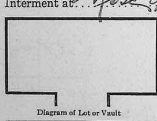
Name of Father J. E. Silliland
 His Birthplace Kingston, Co., Iowa

Maiden Name of Mother Edith J. Silliland
 Her Birthplace Wreath Co., Iowa

Motor Ship } Body to
 Size and Style of Casket No. Hospital
 Manufactured by Boyd

Interment at Wreath Hill Cemetery
 Crematory

Lot No. 1109
 Grave No. 3
 Section No. _____
 Owner _____



Complete Funeral	\$ 40.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body with Fluid	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery, 1 @ \$	
Autos to R. R. Station	
Getting Remains from <u>Dec. Co. Hosp.</u>	
Taking Body to	
Delivering Box to <u>Chm.</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	
Rental of Palms, \$	
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Minister, \$	
Singers, \$	
Organist, \$	
Railroad Tickets, \$	
Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 40.00
Less	\$
Balance	
Entered into Ledger, page	_____ or below \$

To Funeral Charges... Total, \$	\$	By Cash	\$
<u>P. L.: Carol Smith, Lorne Smith, Alta Mae & Alice Silliland</u>			
<u>Friends: Ward Dyer, & College People, Pauline Bitts, & others</u>			

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Witness _____
 Signed _____

RECORD OF FUNERAL

Total No. 1631 Yearly No. 45 Date Nov 25, 1936
 Name of Deceased Emma L. Nixon widow (What Race) White (Where Born) Illinois
 Husband—Wife—Widow } E. Leavenger Nixon
 or _____ of _____

Vocation Housewife
 Name of Employer _____
 Charge to Rev. Nixon
 Address Stratland, Mo.
 Connection son
 Order given by _____
 How Secured Cash
 Date of Funeral 11/25/36 Wed 2 P. M.
 (Date) (Day of Week) (Hour)
 Services at Love Rock Church
 Clergyman W. E. Harpe
 His Address Laborer Iowa
 Certifying Physician James L. Allison
 (or Coroner)
 His Address Stratland, Mo.
 Cause of Death Carcinoma - Stomach
 Contributory Causes Chronic Myocarditis
 Remarks _____
 Date of Death Nov. 21, 1936
 Place of Death Stratland, Mo.
 Religion _____
 Resided in the State _____ (Years) (Months)
 Date of Birth May 30, 1866 (Years) (Months) (Days)
 Age 70 Years 5 Month 21 Days
 Name of Father Newton York
 His Birthplace Unknown
 Maiden Name of Mother _____
 Her Birthplace _____
 Her Birthplace _____
 Motor } Body to Iron Stratland Mo.
 Ship }
 Size and Style of Casket _____
 Manufactured by _____
 Interment at _____ { Cemetery
 Crematory

Complete Funeral	\$ <u>25.00</u>
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	with _____ Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from <u>R.R. Station</u>	
Taking Body to <u>Love Rock</u>	
Delivering Box to _____	<u>2.00</u>
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in _____ Newspapers	
Flowers, \$ <u>10</u> <small>(Rent of Newspapers)</small>	Rent of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$ <u>2.00</u>
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>59.00</u>
Less _____	
Balance	
Entered into Ledger, page _____	or below \$ _____

Diagram of Lot or Vault

Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Shipping Invoice: <u>Delta H. Galt</u>	By Cash
<u>P. B. Galt, Jr., Co., East Montgomery, Pa.; D. A. McCallum, Co., New Haven, Conn.; S. L. Galt, Co., Pa.</u>	
<u>D. H. Co. 451, Mass. - Independence, Mo.; Shipman, - Daniel - Butler - Mac L. Orange</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Witness Rollin S. White
 Signed _____

RECORD OF FUNERAL

Total No. 1632 Yearly No. 46 Date Nov. 29, 1936

Name of Deceased A. Fred Eugene Leonard - Merial - Wisconsin
(Single) (Married - Divorced) (What Race) (Where Born)

Husband—Wife—Widow—
 or of Susan E. (Eugenie) Neale Leonard

Vocation Farmer

Name of Employer Self

Charge to Old age assistance Con.

Address _____

Connection _____

Order given by Sue

How Secured _____

Date of Funeral 12/29/36 Sun. 1:30 P.M.
(Day of Week) (Hour)

Services at S. O. S. Church - Davis City

Clergyman D. B. Lorden

His Address _____

Certifying Physician J. P. Reed
(Dr. Coroner)

His Address _____

Cause of Death Coronary Arteriosclerosis

Contributory Causes _____

Remarks _____

Date of Death Nov. 27, 1936

Place of Death His - New Bush Inf. Detach. Co.

Resided in the State _____

Date of Birth January 26, 1855
(Years) (Months) (Days)

Age 81 Years 10 Month 1 Days

Name of Father Franklin Leonard

His Birthplace Wisconsin

Maiden Name of Mother _____

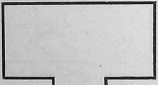
Her Birthplace _____

Motor Ship } Body to _____

Size and Style of Casket 2006 Rph Exp Drape

Manufactured by Chi. C. Co.

Interment at I.O.O.F. Davis City { Cemetery
 Crematory



Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Complete Funeral	\$ 100.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	7.50
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery, 2 @ \$	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	4.00
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 112.10
Less	
Balance	
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$ _____ By Cash \$ _____
C. B. John Jones, Harmon Lewis, Frank W. Olson, Fred Beatty, Will M. Olson
J. Fred Manselator

SINCERS: Maybelle Weston, Ruth Williams, Harry Anderson, Everett Remick
8 Davis - Davis City

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness R. D. White Signed _____

RECORD OF FUNERAL

Total No. 1633 Yearly No. 47 Date Dec. 14, 1936

Name of Deceased Hyram Katsun, Married (Single - Married - Divorced) Jama, Iowa (Where Born)

Husband - Wife - Widow - } Helen E. Katsun
 or of of Iowa

Vocation Truck Driver
 Name of Employer Liberty Trucking Co.
 Charge to Henry Katsun
 Address
 Connection Father
 Order given by "

How Secured "
 Date of Funeral Dec 16 Mon 2 P. M.
 (Day of Week) (Hour)
 Services at Home - (Private)
 Clergyman Prof. Churchill

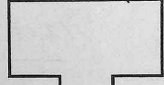
His Address
 Certifying Physician A. J. Ottow
 (or Coroner)
 His Address Bellevue, Wis.
 Cause of Death Bacterial Infection
from deep laceration of right thigh
 Contributory Causes

Remarks
 Date of Death Dec. 11, 1936
 Place of Death Municipal Hosp; Bellevue, Wis.
 Religion
 Resided in the State 1 (Years) (Months)

Date of Birth Jan 20, 1902
 Age 34 Years 10 Month 21 Days
 Name of Father Henry Katsun
 His Birthplace Unknown
 Maiden Name of Mother
 Her Birthplace

Motor } Body to
 Ship }
 Size and Style of Casket
 Manufactured by

Interment at Ross Hill { Cemetery
 Crematory



Lot No. 1496
 Grave No. 3
 Section No.
 Owner

Complete Funeral	\$ <u>35.00</u>
Casket	
Metallic Lining	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with <u>Fluid</u>
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Bells, \$	Gloves, \$
Hearse, \$ <u>2 trips</u>	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Dave City, Iowa</u>	
Taking Body to <u>Wis.</u>	
Delivering Box to <u>Wis.</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ <u>15.00</u>	Rental of Palms, \$ <u>15.00</u>
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>50.00</u>
Less <u>Flowers</u>	\$ <u>15.00</u>
Balance	\$ <u>35.00</u>
Entered into Ledger, page	or below \$

To Funeral Charges. Total, \$ By Cash \$
A. B. Ottow, Leonard Johnson, Prof. W. B. Paul, Katsun, Dave Dancy, A. C. Smith
 SINGERS: Prof. Churchill, Helen Walters, Mauda Perry,
 SHIPPERS FUNERAL DIRECTOR: Ross Hill - Kinsler Co., Bellevue, Wis.

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Signed _____
 Funeral Director A. B. Ottow
 Witness _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

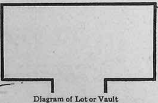
RECORD OF FUNERAL

Total No. 1634 Yearly No. 48 Date Dec 30 1936
 Name of Deceased A. Long Nathan Bates, Widower, Peria, Ill.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - Paulina Bates, Dec.
or of

Vocation Army
 Name of Employer Self
 Charge to Estate of A. N. Bates, Royal
 Address Engleville, Mo.
 Connection Daughter
 Order given by "
 How Secured Personal Note
 Date of Funeral Dec 27, 1936 10 A. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman Rev. Frank A. Call
 His Address W. W. Thomas, Iowa
 Certifying Physician D. M. Wille
(or Coroner)
 His Address Lamoni
 Cause of Death Pneumonia
 Contributory Causes Old
 Remarks
 Date of Death Dec 27, 1936
 Place of Death Peria - Hanson Co., Mo.
 Religion
 Resided in the State 36 (Years) (Months)
 Date of Birth June 16, 1857
 Age 79 Years 6 Month 11 Days
 Name of Father Gen. Bates
 His Birthplace Amherst
 Maiden Name of Mother
 Her Birthplace
 Motor Ship } Body to
 Size and Style of Casket #768 Upright Emb. Oak
 Manufactured by Leon
 Interment at Leon { Cemetery Crematory

Complete Funeral	\$ 168.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery <u>2</u> @ \$	
Autos to R. R. Station <u>2</u> @ \$	
Getting Remains from <u>Peria</u>	
Taking Body to <u>Leon</u>	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ <u>5.10</u> <small>(Names of Newspapers)</small>	5.10
Rental of Tent, \$	
Lowering Device, \$	
Opening of Grave or Tomb	7.00
Lining Grave, \$	
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
<u>Subscriptions & Ed.</u>	2.52
Total Footing of Bill	\$ 182.62
Less <u>Cash Adv.</u>	\$ 176.2
Balance	16.80
Entered into Ledger, page	or below \$

Lot No.
 Grave No.
 Section No.
 Owner



To Funeral Charges... Total, \$	By Cash... \$
<u>P. B. Chas. Wilson, Charles E. Coffey, John Kinner, Jason Bell, John Smirch</u>	
<u>S. M. C. E. S. Alberta Shappard, June Montrose, Bertha Lorange, Gerich</u>	
<u>Relatives - Mrs. P. G. (Lula) Royal, Engleville, Mo. (Daughter)</u>	
<u>W. L. Bates, 2014 1/2 Second Ward House, Dec. Moore (Son)</u>	
<u>Lloyd Bates, South Bend, Indiana - 1247 C. Corty Bldg. (Son)</u>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof

General Director R. S. White Signed
 Witness Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1635 Yearly No. 7 Date Feb 1, 1937

Name of Deceased Ray Ewing Wilson - Single Colo., Iowa
(Single - Married - Divorced) (What Here) (Where Born)

Husband - Wife - Widow - or of Edna Wilson

Vocation Farmer Name of Employer Self

Charge to Mrs. Wilson

Address 220 1/2 2nd Ave., Des Moines

Connection Sister Order given by "

How Secured Wife Date of Funeral 2/1/37 Mon. 2 P. M.
(Date) (Day of Week) (Hour)

Services at Universal Home Clergyman Rev. Chaville; D. B. Jordan

His Address Ray, Chaville; D. B. Jordan Certifying Physician E. E. Jamach
(or Coroner)

His Address Lotar Pannumain Cause of Death Lotar Pannumain

Contributory Causes " Remarks "

Date of Death Jan. 29, 1937 Place of Death Des.

Religion " Resided in the State 50
(Years) (Months)

Date of Birth May 10, 1886 Age 50 Years 8 Month 19 Days

Name of Father Chas. Wilson His Birthplace Iowa

Maiden Name of Mother Emily E. Young Her Birthplace Illinois

Motor Ship } Body to Prof. Drum

Size and Style of Casket 24x0 Prof. Drum Manufactured by W. G. Smith

Interment at Rock Hill { Cemetery Crematory

Lot No. 129 Grave No. 2

Section No. " Owner "

Diagram of Lot or Vault

Complete Funeral	\$ 216 00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	with Fluid
Barber	Hair Dressing
Dressing Body	
Suit or Dress	Hose
Underwear	Slippers
Folding Chairs	Tarpaulin
Candelabrum	Candles
Door Badge	Gloves
Hearse	Ambulance
Limousines to Cemetery	2 @ \$
Autos to R. R. Station	@ \$
Getting Remains from	Des.
Taking Body to	
Delivering Box to	Com.
Flower Wagons	1
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers	(Names of Newspapers)
Rental of Palms	
Rental of Tent	% of Temporary Tomb
Lowering Device	Cremation
Opening of Grave or Tomb	7 00
Lining Grave	Matting
Outlay for Shipping Charges	
Minister	Singers
Organist	
Railroad Tickets	Aeroplane Service
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 223 00
Less <u>Op. H.</u>	7
Balance	216 00
Entered into Ledger, page	or below \$

To Funeral Charges (Total, \$)	By Cash (\$)
<u>B. B. - M. A. Hyman, R. D. Stedley, Ed. D. Wray, M. D. Vanlier, Paul Campbell, Albert Hays</u>	
<u>S. H. G. H. S. Maggie Anthony, Wanda O'Quay, Helen Keltner, Jennie Montemore</u>	

Insurance, \$ " Names of Lodges "
 Names of Insurance Companies "

We hereby authorize the above funeral and agree to pay the expenses thereof

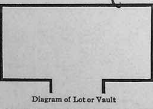
Witness W. G. Smith Signed "
 Signed "

RECORD OF FUNERAL

Total No. 1636 Yearly No. 2 Date Feb 5, 1937
 Name of Deceased E. Otter Franks Widow - England
(Single - Married - Divorced) (What Race) (White Born)
 Husband - Wife - Widow or of Gustave Lodfrey Franks, Dec.

Vocation.....
 Name of Employer.....
 Charge to Sainte Home
 Address.....
 Connection Immater
 Order given by.....
 How Secured cash
 Date of Funeral Feb 3, 1937 Friday 10 A. M.
(Date) (Day of Week) (Hour)
 Services at Sainte Home
 Clergyman Frank Sawley, Chas Harper
 His Address.....
 Certifying Physician C. E. Semak
(or Coroner)
 His Address.....
 Cause of Death Acute Myocardial Infarction
 Contributory Causes Diphtheria
 Remarks.....
 Date of Death Feb 3, 1937
 Place of Death Sainte Home - Hawaii
 Religion.....
 Resided in the State 3 6
(Years) (Months)
 Date of Birth Aug 18, 1853
 Age 83 Years 5 Month 15 Days
 Name of Father Samuel Wells
 His Birthplace England
 Maiden Name of Mother Hannah Storching
 Her Birthplace England
 Motor Ship } Body to
 Size and Style of Casket 7500 - Red St. Wood
 Manufactured by Chi Co. Co.
 Interment at Rose Hill { Cemetery
 Crematory

Complete Funeral	\$	70.00
Casket		
Metallic Lining		
Outside Box	<small>(State Kind)</small>	
Burial Vault	<small>(State Kind)</small>	
Embalming Body	with <u>Fluid</u>	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	<small>(State Number and District)</small>	
Certified Copies of Death Certificates		
Personal Charges		
Pal Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	<small>(Names of Newspapers)</small> Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		7.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Lot No. <u>1259</u>	Total Footing of Bill	\$ <u>77.00</u>
Grave No. <u>5</u>	Less <u>Exp. St.</u>	\$ <u>7.00</u>
Section No.	Balance	\$ <u>70.00</u>
Owner	Entered into Ledger, page	or below \$



To Funeral Charges... Total, \$	By Cash	\$
<u>P. L. Mr. Elliott, Samwells, R. W. & Bill</u>		
<u>S. W. G. S. Mrs. A. V. Boston, Mrs. Mrs. C. A. White - accompanied</u>		

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness C. P. White Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1637 Yearly No. 3 Date Feb 9 1937
 Name of Deceased Harry B. Spurner
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—
 or _____ of _____

Vocation _____
 Name of Employer _____
 Charge to _____
 Address _____
 Connection _____
 Order given by _____
 How Secured _____
 Date of Funeral _____ M.
(Date) (Day of Week) (Hour)
 Services at Grave Service only
 Clergyman _____
 His Address _____
 Certifying Physician Francis R. Probst
(or Doctor)
 His Address Johit, Ill.
 Cause of Death Acute Cardiac Decomp.
 Contributory Causes _____
 Remarks _____
 Date of Death Feb 6, 1937
 Place of Death Johit, Ill.
 Religion _____
 Resided in the State _____
(Years) (Months)
 Date of Birth _____
 Age 67 Years 6 Month 9 Days
 Name of Father _____
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Her Birthplace _____
 Motor Ship } Body of from Johit, Ill.
 Size and Style of Casket _____
 Manufactured by _____
 Interment at Rock Hill { Cemetery
 Crematory
 Lot No. 836
 Grave No. 2
 Section No. _____
 Owner _____

Complete Funeral	\$ <u>25.00</u>
Casket	
Metallic Lining	<small>(State Kind)</small>
Outside Box	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body	with _____ Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	<u>2</u> @ \$
Autos to R. R. Station	<u>2</u> @ \$
Getting Remains from _____	
Taking Body to <u>Rock Hill</u>	
Delivering Box to <u>Com</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	<small>(State Number and District)</small>
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in _____	Newspapers
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$ <u>7.00</u>
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>32.00</u>
Less <u>Op. Exp.</u>	\$ <u>7.00</u>
Balance	\$ <u>25.00</u>
Entered into Ledger, page _____	or below \$ _____

Shipping Mortician	To Funeral Charges	Total, \$	By Cash
Body Recd - 7/9/37	Royal S. Oames	Johit, Ill.	
		7.35	Exp. paid
P. S. Frankham, a. H. Lind, Dan Anderson, J. Huntington	Len W. Key, W. J. Key		

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Witness R. B. White Signed _____

RECORD OF FUNERAL

Total No. 1638 Yearly No. 7 Date Feb 17, 1937

Name of Deceased Stephen Schuster Schroeder (in fact) (Single - Married - Divorced) Lead Iowa (What Race) (Where Born)

Husband - Wife - Widow - or of

Vocation

Name of Employer

Charge to J. H. Schroeder & Sons Butte

Address

Connection Father & Grandfather

Order given by

How Secured Note

Date of Funeral Feb 17, 1937 (Date) (Day of Week) (Hour) 1:30 P.M.

Services at Rose Hill Home Funeral Home

Clergyman O. S. Jordan

His Address

Certifying Physician E. E. Lemke (or Coroner)

His Address

Cause of Death Suicide

Contributory Causes

Remarks

Date of Death Feb 15, 1937

Place of Death McC. Co. Hospital - Lem.

Religion

Resided in the State

Date of Birth Feb 15, 1937 (Years) (Months) (Days)

Age

Name of Father J. H. Schroeder

His Birthplace Lead, Iowa

Maiden Name of Mother Phyllis Butte

Her Birthplace Butte, Mont.

Motor Ship } Body to

Size and Style of Casket No. 144 top

Manufactured by W. H. ...

Interment at Rose Hill (Cemetery or Crematory)

Lot No. 1559

Grave No. 8021

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$	12.00
Casket		
Metallic Lining		
Outside Box		
Burial Vault		
Embalming Body	with	Fluid
Barber		Hair Dressing
Dressing Body		
Suit or Dress		Hose
Underwear		Slippers
Folding Chairs		Tarpaulin
Candelabrum		Candles
Door Badge		Gloves
Hearse		Ambulance
Limousines to Cemetery		@
Autos to R. R. Station		@
Getting Remains from		Lem.
Taking Body to		
Delivering Box to		Cem.
Flower Wagons		
Removal Charges		
Getting Burial Permit		(State Number and District)
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in		Newspapers
Flowers		Rental of Palms
Rental of Tent		of Temporary Tomb
Lowering Device		Cremation
Opening of Grave or Tomb		5.00
Lining Grave		Matting
Outlay for Shipping Charges		
Minister		Singers
Railroad Tickets		Aeroplane Service
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		Grave Marker
Total Footing of Bill	\$	27.00
Less	\$	5.00
Balance	\$	16.00
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$											
By Cash	\$										

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness [Signature] Signed.....

RECORD OF FUNERAL

Total No. 1639 Yearly No. 5 Date Feb. 21 1937

Name of Deceased Joseph La France widow
(Single - Married - Divorced) (What Race) (Where Born)

Husband—Wife—Widow or Emma P. La France, Dec.

Vocation Retired Carpenter

Name of Employer Chas. La France

Charge to Chas. La France

Address San

Connection Son

Order given by Call

How Secured Call

Date of Funeral Feb 27 Sun 29 M.
(Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Ray Chiville; James Schepard

His Address San

Certifying Physician Henry W. Schroeder, Coroner

His Address San

Cause of Death Chronic myocarditis

Contributory Causes

Remarks

Date of Death Feb. 18, 1937

Place of Death Home, Iowa

Religion

Resided in the State

Date of Birth March 14, 1857 (Years) (Months)

Age 79 Years 11 Month 4 Days

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Body from Iowa, Ia.

Size and Style of Casket # 4051 Fun. Home Perf. Sh.

Manufactured by Chicago Washburn Co.

Interment at Forest Hill { Cemetery Crematory

Diagram of Lot or Vault

Lot No. 1535

Grave No. 3

Section No.

Owner

Complete Funeral	\$	185.00
Casket		
Metallic Lining		
Outside Box	<small>(State Kind)</small>	
Burial Vault	<small>(State Kind)</small>	
Embalming Body	with <u>20.00</u>	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from <u>Leaves, Ia.</u>	<u>No. 10</u>	
Taking Body to		
Delivering Box to <u>Fun.</u>		
Flower Wagons		
Removal Charges		
Getting Burial Permit	<small>(State Number and District)</small>	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		

Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	<small>(Name of Newspaper)</small>	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		7.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		

Total Footing of Bill	\$	192.00
Less <u>Op. Fr.</u>	\$	7.00
Balance	\$	185.00
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$	By Cash	\$
<u>Built to Stone, Iowa T. Co. Est. 7/27 for Body</u>		
<u>Body embalmed by Harry Schroeder, Funeral Home - Paid - 20.00</u>		
<u>Chas. La France; John H. Jones; Art. Schepard; Paul Roberts; Abraham Sedy; Washburn</u>		
<u>Funerals; Martin H. Huddeman; Louis C. Cook; Dr. S. L. Cannon; Toward Maloy</u>		

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Signed

RECORD OF FUNERAL

Total No. 1640 Yearly No. 6 Date March 20, 1937

Name of Deceased Laura B. Shroade Married Quamos, Iowa
(Single - Married - Divorced) (Where Born)

Husband—Wid—Widow—
 or..... of Harvey G. Shroade

Vocation Beauty Instructor

Name of Employer H. G. Shroade

Charge to H. G. Shroade

Address Hastings, Neb. No. 6 B & D

Connection D. P. Stuckel

Order given by D. P. Stuckel

How Secured Cash

Date of Funeral 3/20/37 Sat. 2 P. M.
(Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman S. C. Hays; J. A. Dunsolley

His Address Hastings, Neb.

Certifying Physician L. A. Egan
(or Coroner)

His Address Hastings, Neb.

Cause of Death Pneumonia

Contributory Causes Influenza

Remarks

Date of Death 3/16/37

Place of Death Maryanning Hosp., Hastings

Religion

Resided in the State

Date of Birth 8/19/1896 (Years) (Months)

Age 40 Years 6 Month 28 Days

Name of Father David G. Stuckel

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Body to

Size and Style of Casket 19 Youngs Armes - Sateville

Manufactured by Sateville

Interment at Rock Hill { Cemetery Crematory

Lot No. 828

Grave No. 3

Section No.

Owner

Complete Funeral	\$ <u>30.00</u>
Casket	
Metallic Lining	
Outside Box	
Burial Vault <u>Shroade</u>	<u>45.00</u>
Embalming Body with Fluid	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery <u>2 @ \$</u>	
Autos to R. R. Station	
Getting Remains from <u>R. R. Station</u>	<u>X</u>
Taking Body to	
Delivering Box to <u>Obs.</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ <u>5.00</u> (Names of Newspapers)	
Rental of Palms, \$	
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	<u>9.00</u>
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Minister, \$	
Singers, \$	
Organist, \$	
Railroad Tickets, \$	
Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
<u>Flare Marker</u>	<u>2.00</u>
Total Footing of Bill	\$ <u>86.00</u>
Less <u>Op. P.</u>	\$ <u>9.00</u>
Balance	<u>77.00</u>
Entered into Ledger, page	
or below \$	

To Funeral Charges... Total, \$ Shipping Funeral Director: A. D. Velland, Hastings, Neb.

C. B. A. M. Ins., Millard, Minn.; Ray & W. R. Hamann, Ed. Ormsby, Dewey, White

S. M. A. F. S.: Mrs. L. G. Foster, Ruth Williams, Duke Ford, Edwin Bond, Charlene Allen, Primm

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness [Signature] Signed

Signed

RECORD OF FUNERAL

Total No. 1641 Yearly No. 7 Date March 21, 1937

Name of Deceased Christian Wilson widow (Single - Married - Divorced) Denmark (What Race) (Where Born)

Husband - Wife - Widow - or Caroline Wilson, Dec. of

Vocation Farmer

Name of Employer Self

Charge to Estete

Address

Connection

Order given by Children

How Secured Note Contract

Date of Funeral 3/21/37 Sun 2 P. M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman D. B. Sorden; J. S. Lane

His Address

Certifying Physician C. E. Samsch (or Coroner)

His Address

Cause of Death Hypostatic Pneumonia

Contributory Causes Senility

Remarks

Date of Death March 17, 1937

Place of Death Juniata, Iowa

Religion

Resided in the State 45 (Years) (Months)

Date of Birth Aug. 22, 1853

Age 83 Years 6 Month 26 Days

Name of Father Soren Wilson

His Birthplace Denmark

Maiden Name of Mother Unknown

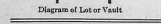
Her Birthplace Unknown

Motor Ship } Body to

Size and Style of Casket #201 C. N. Nelson Heavy Oak

Manufactured by Wright

Interment at Waco Hill (Cemetery) (Crematory)



Lot No. 1564

Grave No. 283

Section No.

Owner

Complete Funeral	\$ 249.00
Casket	
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Burial Vault <u>Barber</u>	90.00
Embalming Body <u>with</u> <u>Barber</u> Fluid	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ <u>5.00</u>	
Hose, \$	75
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	<u>75.00</u>
Autos to R. R. Station @ \$	
Getting Remains from <u>Dec.</u>	
Taking Body to	
Delivering Box to <u>Dec.</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit (State Number and District)	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	
Rental of Palms, \$	
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Matting, \$	9.00
Outlay for Shipping Charges	
Minister, \$	
Singers, \$	
Organist, \$	
Railroad Tickets, \$	
Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 548.75
Less <u>Op. S. + Burial</u>	\$ 9.75
Balance	\$ 539.00
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$	By Cash	\$
<u>P. B. B. Cutting, C. E. Hays, D. W. Sorden, C. E. Samsch, J. S. Lane, J. S. Lane, J. S. Lane</u>		
<u>D. T. G. S. Nelson, J. S. Lane, M. S. Lane, J. S. Lane, J. S. Lane, J. S. Lane</u>		
<u>Waco Hill - Rental</u>		

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness P. White Signed _____

RECORD OF FUNERAL

Total No. 1642 Yearly No. 8 Date March 29, 1937
 Name of Deceased Sarah Archibald Galt (Single—Married—Divorced) John, Ill. (What Part) (Where Born)
 Husband—Wife—Widow of Ed. Galt, Dec.

Vocation Housekeeper
 Name of Employer Chas. Rhodes
 Charge to Old Age Assistance Commission
 Address _____
 Connection _____
 Order given by J. S. Ryan, Ellston, Iowa
 How Secured M. N. Kellie Johnston
 Date of Funeral 3/29/37 MON 2 P. M.
 (Day) (Day of Week) (Hour)
 Services at Rhodie Sun Home, Mt. Airy
 Clergyman Rev. Benzinger
 His Address Mt. Airy
 Certifying Physician A. W. Hill (or Coroner)
 His Address Lamoni
 Cause of Death Stroke
 Contributory Causes Heart Disease (Myocarditis)

Remarks _____
 Date of Death 3-27-37
 Place of Death Chas. Rhodes, Mt. Airy, Lamoni
 Religion _____
 Resided in the State _____ (Years) (Months)
 Date of Birth Nov. 14, 1864 (Years) (Months)
 Age 72 Years 4 Month 13 Days
 Name of Father John Archibald
 His Birthplace New York
 Maiden Name of Mother Anna Galt
 Her Birthplace England
 Motor Ship } Body to Tringley, Iowa
 Size and Style of Casket # 165 2 1/2 x 2 1/2 x 1 1/2
 Manufactured by Abramsony Casket Co.
 Interment at Tringley, Iowa { Cemetery Crematory

Complete Funeral	\$	100.00
Casket		
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with _____ Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from _____		
Taking Body to <u>Tringley, Iowa</u>		
Delivering Box to _____		
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in _____ Newspapers		
Flowers, \$ _____ (Names of Newspapers)	Rental of Palms, \$	
Rental of Tent, \$ _____ of Temporary Tomb, \$		
Lowering Device, \$ _____ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ _____ Matting, \$		
Outlay for Shipping Charges		
Minister, \$ _____ Singers, \$ _____ Organist, \$		
Railroad Tickets, \$ _____ Aeroplane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	100.00
Less	\$	
Balance		
Entered into Ledger, page _____ or below \$		

Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

To Funeral Charges... Total, \$		By Cash	\$
<u>P. B. Neff</u>			
<u>Singer - Mrs. Rev. Benzinger</u>			

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Witness R. White Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1643 Yearly No. 7 Date April 2, 1937

Name of Deceased Mrs. Dale Smith Single Leon, Iowa
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - or Widow of Nelson Smith

Vocation Farmer

Name of Employer Father

Charge to

Address

Connection

Order given by Nelson Smith

How Secured Note

Date of Funeral 4/2/37 Am 2 P. M.
(Date) (Day of Week) (Hour)

Services at Stromington Church

Clergyman Rev. Grant

His Address Leon, Iowa

Certifying Physician C. M. Walker
(or Coroner)

His Address Wetmore, Ia.

Cause of Death Acute Pneumonia

Contributory Causes Influenza

Remarks

Date of Death 3-30-37

Place of Death Res. - Lemari, Iowa

Religion

Resided in the State Ia. (Months)

Date of Birth 9-14-1917 (Years) (Months) (Days)

Age 19 Years 6 Month 16 Days

Name of Father Nelson Smith

His Birthplace Whisper

Maiden Name of Mother Maggie Bell

Her Birthplace Cutman Co., Mo.

Motor Ship Body to #4000 Doric, Prof. S.

Size and Style of Casket Chicago Casket Co.

Manufactured by Chicago Casket Co.

Interment at Elk Chapel { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$ 168.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	with <u>salmon</u> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery, 1 @ \$	
Autos to R. R. Station, @ \$	
Getting Remains from <u>Res.</u>	
Taking Body to	
Delivering Box to <u>Coon</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 182.80
Less	
Balance	
Entered into Ledger, page	or below \$

To Funeral Charges	Total, \$	By Cash	\$
<u>Paid: Home Entice, East Dick Outside, Raymond V. Harold Oliver, Leonard</u>			

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

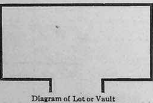
Witness Rollin S. White Signed _____

RECORD OF FUNERAL

Total No. 1644 Yearly No. 10 Date April 4, 1937
 Name of Deceased Edwin Neal Payton, Single (What Race) Decatur County, Iowa
 (Single - Married - Divorced) (Where Born)
 Husband - Wife - Widow - or - Son of Lewis & O. Mpha Payton

Vocation
 Name of Employer
 Charge to Dec. Co. Soldiers Relief Commission
 Address Frank Young, Decatur City, Ia.
 Connection Son of War Veteran
 Order given by Lewis Payton, Frank Young
 How Secured
 Date of Funeral 4/4/37 Sun. 1 P. M.
 (Date) (Day of Week) (Hour)
 Services at Home
 Clergyman Roy Shville
 His Address
 Certifying Physician C. M. Walker
 (or Surgeon)
 His Address Newton, Ia.
 Cause of Death General Peritonitis
 Contributory Causes Perforated Appendix
 Remarks
 Date of Death April 1, 1937
 Place of Death Lamoni, Iowa
 Religion
 Resided in the State (Years) (Months)
 Date of Birth Feb 6, 1935
 Age 2 Years 1 Month 26 Days
 Name of Father Lewis N. Payton
 His Birthplace Winn Co., Kansas
 Maiden Name of Mother Opda M. Laundry
 Her Birthplace W. Co., Iowa
 Motor } Body to Decatur City, Ia.
 Ship }
 Size and Style of Casket #150 3/6
 Manufactured by Roth
 Interment at Decatur City { Cemetery
 Crematory

Complete Funeral	\$	40.00
Casket		
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery <u>2</u> @ \$		
Autos to R. R. Station <u>2</u> @ \$		
Getting Remains from <u>Rice</u>		
Taking Body to		
Delivering Box to <u>Dec. City</u>		
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pal Bearer Service		
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Lot No.		
Grave No.	Total Footing of Bill	\$ 40.00
Section No.	Less	
Owner	Balance	
	Entered into Ledger, page	or below \$



To Funeral Charges... Total, \$	By Cash	\$
<u>P. B. none (Rth. & Sh. M.)</u>		
<u>Sung by Mrs. Myrtle Anthony, Mrs. Helen Weston, Mrs. Donald Lawrence</u>		

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. White Signed
 Signed

RECORD OF FUNERAL

Total No. 1645 Yearly No. 11 Date April 11, 1937
 Name of Deceased Everett Jasper Quirk (widow) (Single - Married - Divorced) Trinidad, Pa. (Where Born)

Husband—Wife—Widow—
 or _____ of _____

Vocation Lumber Camp Employee

Name of Employer _____

Charge to Howard R. Quirk

Address _____

Connection Father

Order given by _____

How Secured none

Date of Funeral 4/11/37 Sun. 1:30 P. M.
(Date) (Day of Week) (Hour)

Services at Catholic Home

Clergyman J. S. Williams; J. A. Beck

His Address Lynn

Certifying Physician B. N. Suber - Registrar
(Coroner)

His Address Everett Washington

Cause of Death Asphyxiation

Contributory Causes _____

Remarks _____

Date of Death April 1, 1937

Place of Death Granite Falls, Washington

Religion _____

Resided in the State _____ (Years) (Months)

Date of Birth Oct. 9, 1907

Age 29 Years 5 Month 22 Days

Name of Father W. R. Quirk

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Motor Ship } Body to _____

Size and Style of Casket Shoulder Cap, No. Super

Manufactured by _____

Interment at Grave Hill { Cemetery
 Crematory

Diagram of Lot or Vault

Lot No. 1087
 Grave No. 1
 Section No. _____
 Owner _____

Complete Funeral	\$	30.00
Casket		
Metallic Lining		
Outside Box		
Burial Vault		
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>R. R. Station</u>	
Taking Body to	<u>Catholic Home</u>	
Delivering Box to	<u>Cem.</u>	
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		9.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	39.00
Less	<u>of \$</u>	9.00
Balance	\$	30.00
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$	\$	
<u>P. B. Edm. Gage, Main Washington, Geo. Lynch, Paul Davis, Clarence Pugh, Don Weston</u>		
<u>S. W. R. Helen Matters, June Motmore, Dr. Danows, James Miley</u>		
<u>Mrs. Lloyd Motmore, Pinner</u>		
By Cash	\$	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____

Witness [Signature] Signed _____
 Witness _____ Signed _____

RECORD OF FUNERAL

Total No. 1646 Yearly No. 12 Date May 2, 1937
 Name of Deceased Andrew Anderson Married Yes La Salle Co., Illinois
(Single - Married - Divorced) (What State) (Where Born)
 Husband - Wife - Widow - or of I. M. Anderson

Vocation Retired Farmer
 Name of Employer
 Charge to Oscar Anderson
 Address
 Connection Brother

Order given by
 How Secured Cash
 Date of Funeral 5/2/37 Sunday 2:30 P. M.
(Date) (Day of Week) (Hour)
 Services at Columbus
 Clergyman D. S. Gordon, J. G. Beck, J. H. O'Connell

His Address
 Certifying Physician E. E. Danvers
(or Coroner)
 His Address
 Cause of Death Hypostatic Pneumonia
 Contributory Causes Cerebral Hemorrhage

Remarks
 Date of Death April 29, 1937
 Place of Death Lamoni, Iowa Res.
 Religion
 Resided in the State 65
(Years) (Months)
 Date of Birth Sept. 7, 1861
 Age 76 Years 2 Month 22 Days

Name of Father Andrew A. Anderson
 His Birthplace Lamoni, Iowa
 Maiden Name of Mother Lucretia Bir Nelson
 Her Birthplace Norway
 Motor Ship Body to
 Size and Style of Casket 406 1/2 - Push Oct. 1/2
 Manufactured by Chi. C. Co.

Interment at Rose Hill {Cemetery
 Crematory

Lot No. 264
 Grave No. 4
 Section No.
 Owner W. H. Dean

Diagram of Lot or Vault

Complete Funeral	\$ 227.00
Casket	✓
Metallic Lining	
Outside Box <u>Pine</u>	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body	✓ with Fluid
Barber	✓ Hair Dressing \$
Dressing Body	✓
Suit or Dress	\$ Hose \$
Underwear	\$ Slippers \$
Folding Chairs	\$ Tarpaulin \$
Candelabrum	\$ Candles \$
Door Badge	\$ Gloves \$
Hearse	\$ Ambulance \$
Limousines to Cemetery	<u>2</u> @ \$
Autos to R. R. Station	<u>2</u> @ \$
Getting Remains from	<u>Box</u>
Taking Body to	<u>Columbus</u>
Delivering Box to	<u>Columbus</u>
Flower Wagons	
Removal Charges	✓
Getting Burial Permit	✓
Certified Copies of Death Certificates	<small>(State Number and District)</small>
Personal Charges	✓
Pall Bearer Service	✓
Outlay for Lot	
Death Notices in	Newspapers
Flowers	<small>(Names of Newspapers)</small>
Rental of Palms	\$
Rental of Tent	\$ of Temporary Tomb \$
Lowering Device	\$ of Cremation \$
Opening of Grave or Tomb	<u>7.00</u>
Lining Grave	\$ Matting \$
Outlay for Shipping Charges	
Minister	\$ Singers \$ Organist \$
Railroad Tickets	\$ of Aeroplane Service \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
	<u>Columbus Rental</u> <u>5.00</u>
Total Footing of Bill	\$ <u>299.00</u>
Less <u>Op. of 1 Col.</u>	\$ <u>12.00</u>
Balance	\$ <u>227.00</u>
Entered into Ledger, page	or below \$

To Funeral Charges	Total \$	By Cash	\$
P. L. Sub. Mr. Gray, J. C. Danaher, J. A. Lane, J. A. Yarnall, C. V. Anderson, J. H. Barr			
SINGERS: Mauda Perry, Helma Lane, Gene Olson, Everett Baird			
Musicians: W. H. Blair, Ed Carney			

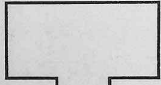
Insurance \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Witness _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1647 Yearly No. 13 Date May 5, 1937
 Name of Deceased Henry Albert Devo Married Linnus Mills, Wis.
 (Single - Married - Divorced) (What Place) (Where Born)
 Husband - Wife - Widow - of Verdun Sealmer

Vocation Asst. Postmaster
 Name of Employer U. S. Postal Service
 Charge to M. A. Devo
 Address _____
 Connection _____
 Order given by _____
 How Secured _____
 Date of Funeral May 3, 1937 Wed. 2 P. M.
 (Date) (Day of Week) (Hour)
 Services at Columbium
 Clergyman D. B. Sorden; S. L. Pettus
 His Address Lemmon, Ia.; Mason Mo.
 Certifying Physician H. M. Hills
 (or Coroner)
 His Address _____
 Cause of Death Angio-Neurotic Edema
(A nervous affection without structural tissue change from injury or direct chemical action by the presence of contributory causes, accumulation of serum in the cellular tissue)
 Remarks _____
 Date of Death May 3, 1937
 Place of Death Lemmon, Iowa, Res.
 Religion _____

Resided in the State Ia. (Years) (Months)
 Date of Birth April 3, 1884
 Age 53 Years Month 0 Days
 Name of Father John Devo
 His Birthplace Iowa
 Maiden Name of Mother Elizabeth Strong
 Her Birthplace Michigan
 Motor Ship } Body to _____
 Size and Style of Casket # 817 Grey Texas State
 Manufactured by 2 York
 Interment at Gate Hill { Cemetery
 (or Crematory)



Lot No. 111
 Grave No. 2
 Section No. _____
 Owner _____

Complete Funeral	\$ 286.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	<u>Barber</u> 90.00
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousine to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Res.</u>	
Taking Body to _____	
Delivering Box to <u>Cum.</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	9.00
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	4.2
Cash Advanced	
<u>Columbium Vault</u>	5.00
Total Footing of Bill	\$ 590.92
Less Cash Adv.	\$ 14.92
Balance	\$ 576.00
Entered into Ledger, page _____	or below \$ _____

To Funeral Charges... Total, \$ _____ By Cash \$ _____
 P. S. C. H. Rauch, Howard Wright, James White, R. Robinson, Tom Lamm, Geo. Bostette
 Hon. P. B. St. A. Blair, J. P. Cochran, Fred Amney
 J. C. & R. S. Mr. & Mrs. Sumner Wiley, Maude Dwyer, Robt. Ballantyne
 USAF&S: Ruth Hamner, Jennie Hunter

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness P. Bostette Signed _____
 Signed _____

RECORD OF FUNERAL

Total No. 1649 Yearly No. 15 Date May 15, 1937

Name of Deceased Nathan E. Bassett (Single - Married - Divorced) Widow - Hambury, Iowa (What Title) (Where Born)

Husband - Wife - Widow - or Emily Bassett

Vocation Farmer

Name of Employer

Charge to Paul Bassett

Address Springdale, Arkansas

Connection Son

Order given by Rayford - (Son in law)

How Secured Time

Date of Funeral 5/13/37 Sat. 10 A. M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman J. D. Sumner

His Address

Certifying Physician P. S. Deary (M.D.)

His Address Springdale, Arkansas

Cause of Death Arteriosclerosis

Contributory Causes

Remarks

Date of Death 5/12/37

Place of Death Daytonville Ark.

Religion

Resided in the State

Date of Birth Dec. 1, 1857 (Years) (Months) (Days)

Age 80 Years Month Days

Name of Father Nathan E. Bassett

His Birthplace England

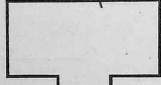
Maiden Name of Mother Hetty M. Estlin

Her Birthplace England

Size and Style of Casket

Manufactured by Rock Hill

Interment at Rock Hill (Cemetery) (Crematory)



Lot No. 456

Grave No. 3

Section No.

Owner

Complete Funeral	\$ <u>25.00</u>
Casket	
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body with Fluid	
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Daytonville</u> @ \$	
Taking Body to <u>Cem.</u>	
Delivering Box to <u>Cem.</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit (State Number and District)	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers (Names of Newspapers)	
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Total Footing of Bill	\$ <u>25.00</u>
Less	\$
Balance	\$
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$	By Cash \$

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness J. M. White

Signed

Signed

RECORD OF FUNERAL

Total No. 1659 Yearly No. 16 Date May 17, 1927
 Name of Deceased Robert Hutchcroft Divorced - Des Moines Co. Iowa
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - Edith Hendrick
 or of

Vocation Tractor Operator - Farmer
 Name of Employer Dr. Schuyler
 Charge to Mrs. Lucy Hutchcroft
 Address Farmer
 Connection Mother

Order given by
 How Secured Note (Contract agreement)
 Date of Funeral 5/17/27 Mon. 2 P. M.
(Day) (Day of Week) (Hour)
 Services at Home
 Clergyman P. S. Williams; R. A. Ballentine
 His Address 11th St. Seashore, Conn
 Certifying Physician Minneapolis, Minn.
 His Address Smashup, Superior, Wis.
 Cause of Death Tractor accident

Contributory Causes
 Remarks
 Date of Death 5/12/27
 Place of Death Intake - Lyndale Ave. So. Y 54 St., Minneapolis, Minn.
 Religion
 Resided in the State 4 (Months)
 Date of Birth 6/21/1899 (Years) (Months) (Days)
 Age 27 Years 10 Month 22 Days
 Name of Father Robert Hutchcroft
 His Birthplace
 Maiden Name of Mother Lucy Marshall
 Her Birthplace
 Motor Ship } Body to
 Size and Style of Casket #3450 Prof. Shrin. Funer.
 Manufactured by Rock
 Interment at Wase Hill { Cemetery
 Crematory

Complete Funeral	\$ 170.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body No. with	Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$ 10.00
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery 2 @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Minneapolis</u>	40.00
Taking Body to	
Delivering Box to <u>Cem.</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ 4.00	Rental of Palms, \$ 4.00
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	7.00
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	2.00
Cash Advanced	
<u>Worces. Mortuary</u>	
<u>Harmon Clark & Co. 174 W. 2d</u>	
<u>M. Minneapolis</u>	
<u>Embalming tray & Paper</u>	40.00
Total Footing of Bill	\$ 175.00
Less <u>Cash Adv.</u>	\$ 149.00
Balance	22.40
Entered into Ledger, page	or below \$

Diagram of Lot or Vault

Lot No. 796
 Grave No. 1
 Section No.
 Owner

To Funeral Charges	Total, \$	By Cash	\$
<u>P. S. Paul Roberts, Ralph Silver, Carl Anderson, Alva Deprott, Ona Ballentine,</u>		<u>W. Hillard W. Orr</u>	
<u>S. McCurtis: Nevada Dwyer, Maggie Anthony, Sarah Mabry, Ruth Ballentine</u>			
<u>Wm. - Ad. J. Williams</u>			

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Witness R. White Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1651 Yearly No. 17 Date May 19, 1937
 Name of Deceased Otto Raymond Larson Married Widow Salt Lake, Wisconsin
(Single - Married - Divorced) (What Race) (Where Born)

Husband—Wife—Widow—
 or of Blanche Larson

Vocation Farmer

Name of Employer Self

Charge to Cora Larson

Address Daughter

Order given by "

How Secured "

Date of Funeral May 19, 1937 Wed 2 P. M.
(Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman O. B. Gordon, S. D. Beck

His Address Dr. A. Bowman

Certifying Physician Leon P. A.
(or Coroner)

His Address C. A. J. Thomas

Cause of Death "

Contributory Causes "

Remarks "

Date of Death May 16, 1937

Place of Death Dec. Co. Hosp. Lem, Ia.

Religion "

Resided in the State " (Years) (Months)

Date of Birth Oct. 2, 1878

Age 58 Years 7 Month 14 Days

Name of Father Old Larson

His Birthplace Wyo. Ia.

Maiden Name of Mother Josephine Gaardner

Her Birthplace Wis.

Motor Ship } Body to #201 C. W. H. D. C.

Size and Style of Casket Woods

Manufactured by Rose Hill { Cemetery Crematory

Interment at "

Lot No. 1621

Grave No. 3

Section No. "

Owner "

Entered into Ledger, page " or below \$

Complete Funeral	\$ 249 00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery, @ \$	
Autos to R. R. Station, @ \$	
Getting Remains from <u>Lem, Ia.</u>	
Taking Body to <u>Fun.</u>	
Delivering Box to <u>Fun.</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	25 00
Death Notices in Newspapers	
Flowers, \$	5 00
Rental of Palms, \$	
Rental of Tent, \$	
Lowering Device, \$	
Opening of Grave or Tomb	7 00
Lining Grave, \$	
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 286 00
Less <u>Comm Exp.</u>	\$ 37 00
Balance	249 00

To Funeral Charges... Total, \$	By Cash... \$
<u>P. B. Isaac Hunter, Alma Hill, John M., Cor. Holtz, Henry Miller, Fred L. Young or</u>	
<u>Wid. F. W. Alberta Shoppard, June M. Starnes, L. Fred Maly, Cor. Fred Lutz</u>	
<u>Grand - Helen Walters</u>	

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness W. H. Hill Signed _____

RECORD OF FUNERAL

Total No. 1652 Yearly No. 18 Date May 20, 1937

Name of Deceased George & Frances Pierson, Widowed, Hannan Co., Mo.
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - or of Bertha Frances Studevant, Dec.

Vocation Farmer

Name of Employer Chas. W. Huffman

Address Sen - in - law

Order given by Car. note

How Secured Car. note

Date of Funeral May 28, 1937 9:00 2 P. M.
(Day) (Day of Week) (Hour)

Services at Lund Home

Clergyman W. B. Jordan, J. A. Beck

His Address Wagonville, Mo.

Certifying Physician J. D. Holcomb
(or Coroner)

His Address Wagonville, Mo.

Cause of Death Subarachnoid hemorrhage with cerebral aneurysm. Hyper-trophy with cystitis.

Contributory Causes

Remarks May 17, 1937

Date of Death May 17, 1937

Place of Death Payette Hosp. Osceola Co.

Resided in the State 12 (Years) (Months)

Date of Birth May 1, 1872

Age 65 Years 0 Month 16 Days

Name of Father Andrew Jackson Pierson

His Birthplace Indiana

Maiden Name of Mother Sarah Mallett

Her Birthplace Indiana

Motor } Body to
Ship } Yes

Size and Style of Casket #200 Gray Crepe

Manufactured by Heggen

Interment at Brown Hannan Co., Mo. Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 100.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	with Fluid
Barber	with Hair Dressing
Dressing Body	
Suit or Dress	with Hose
Underwear	with Slippers
Folding Chairs	with Tarpaulin
Candelabrum	with Candles
Door Badge	with Gloves
Hearse	with Ambulance
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	with
Taking Body to	
Delivering Box to	with
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers	\$ 4.00
Rental of Palms	\$ 4.00
Rental of Tent	of Temporary Tomb
Lowering Device	with Cremation
Opening of Grave or Tomb	
Lining Grave	with Matting
Outlay for Shipping Charges	
Minister	with Singers
Railroad Tickets	with Aeroplane Service
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 104.00
Less	\$
Balance	
Entered into Ledger, page	or below \$

To Funeral Charges... Total	\$	By Cash	\$
<u>P. B. Mark & Jason Bell, John Ames, Lou Payton, E. J. Coffey, Willie Vandipute.</u>			
<u>S. Marks, Miss Lorman, Mrs. Roy Martin, Mrs. J. A. Brunsell.</u>			

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness [Signature] Signed

Witness [Signature] Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1653 Yearly No. 79 Date June 11 1937

Name of Deceased Jimmie Robert Richardson (Single - Married - Divorced) Married Ringgold, Ia.
(What Race) (What Born)

Husband - Wife - Widow Francis Homer Richardson

Vocation Farmer
 Name of Employer Self
 Charge to Mrs. J. R. Richardson
 Address Elton, Iowa
 Connection Self
 Order given by "

How Secured Cash
 Date of Funeral 6/11/37 (Date) Am. 2:30 P. (Day of Week) (Hour)

Services at Mr. Gion Church
 Clergyman Roy G. Beville

His Address "
 Certifying Physician J. A. Mcintosh
(or Surgeon)

His Address Tingler, Iowa
 Cause of Death Bestial Hemorrhage

Contributory Causes Anterior Duodenum
 Remarks "

Date of Death June 9, 1937
 Place of Death Elton, Iowa

Religion "
 Resided in the State " (Years) (Months)

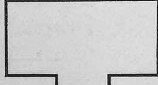
Date of Birth 7/17, 1883 (Years) (Months) (Days)
 Age 53 (Years) (Month) (Days)

Name of Father William Richardson
 His Birthplace Iowa

Maiden Name of Mother Alice Richardson
 Her Birthplace Illinois

Motor Ship } Body to
 Size and Style of Casket 291 C. T. Velum
 Manufactured by "

Interment at Mr. Gion { Cemetery Crematory



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Complete Funeral	\$ 249.00
Casket <input checked="" type="checkbox"/>	
Metallic Lining <small>(State Kind)</small>	
Outside Box <small>(State Kind)</small>	
Burial Vault <small>(State Kind)</small>	
Embalming Body <input checked="" type="checkbox"/> With <input type="checkbox"/> Fluid	
Barber, \$	Hair Dressing, \$
Dressing Body <input checked="" type="checkbox"/>	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Elton</u>	
Taking Body to <u>Mr. Gion</u>	
Delivering Box to <u>"</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit <small>(State Number and District)</small>	
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in <u>News</u> Newspapers	
Flowers, \$ <u>5.00</u> <small>(Name of Newspaper)</small>	
Rental of Palms, \$	3.50
Rental of Tent, \$ <u>1.00</u> of Temporary Tomb, \$	
Lowering Device, \$ <u>1.00</u> Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ <u>1.00</u> Matting, \$	
Outlay for Shipping Charges	
Minister, \$ <u>1.00</u> Singers, \$ <u>1.00</u> Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 352.00
Less	
Balance	352.00
Entered into Ledger, page _____ or below \$ _____	

To Funeral Charges... Total, \$	By Cash \$
<u>P. B. Tved, Hansen, Olson, Allen and Mack Richardson, Orlin Richardson</u>	
<u>STEWARDS: Irene Parker, June Mortimer, Pravit - James McGordon</u>	

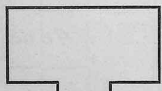
Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness J. White Signed _____
 Witness _____ Signed _____

RECORD OF FUNERAL

Total No. 1655 Yearly No. 71 Date June 27 1937
 Name of Deceased Simon H. Stanley (Single - Married - Divorced) Single Kewanee, Ill. (What Race) (Where Born)

Husband—Wife—Widow—
 or of
 Vocation Merchants Mens Clothing
 Name of Employer Self
 Charge to Simon Stanley
 Address
 Connection Brother
 Order given by
 How Secured
 Date of Funeral 6/27/37 Sunday 2 P M.
 (Date) (Day of Week) (Hour)
 Services at Anderson M. Church
 Clergyman A. M. O. De Long
 His Address Lawrence
 Certifying Physician J. P. Reed
 (or Coroner)
 His Address Waverly City
 Cause of Death Hemorrhage of Brain
 Contributory Causes
 Remarks
 Date of Death June 25, 1937
 Place of Death Anderson, Mo.
 Religion
 Resided in the State (Years) (Months)
 Date of Birth Dec 1, 1884
 Age 52 Years 6 Month 24 Days
 Name of Father John Stanley
 His Birthplace England
 Maiden Name of Mother Jane E. Francis
 Her Birthplace England
 Motor Ship } Body to
 Size and Style of Casket 817 Gray Knox State
 Manufactured by Knox
 Interment at Anderson { Cemetery Crematory

Complete Funeral	\$ <u>286.00</u>
Casket	
Metallic Lining	
Outside Box (State Kind)	
Burial Vault <u>Barber</u> (State Kind)	\$ <u>90.00</u>
Embalming Body with Fluid	
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ Ambulance, \$	
Limousines to Cemetery, @ \$	
Autos to R. R. Station, @ \$	
Getting Remains from <u>Anderson</u>	
Taking Body to	
Delivering Box to <u>Anderson</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit (State Number and District)	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ Rental of Palms, \$	\$ <u>5.00</u>
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Minister, \$ Singers, \$ Organist, \$	
Railroad Tickets, \$ Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>381.00</u>
Less	
Balance	
Entered into Ledger, page or below \$	



Lot No.
 Grave No.
 Section No.
 Owner

To Funeral Charges, Total \$	By Cash
<u>P. C. Everett, Vernon R. Stanley, W. H. Packard & Jack Hutton</u>	
<u>SINGERS: June M. Monroe, Margaret Mungie, Mabel Hyde</u>	
<u>Bismarck: Frances M. Agoston</u>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Witness Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1656 Yearly No. 22 Date July 10, 1937

Name of Deceased Anna Dancer Gimmismann Mission, Ill.
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow of David Dancer, Dec. and John Gimmismann, Dec.

Vocation _____ Complete Funeral \$ 217.00

Name of Employer _____ Casket _____

Charge to E. State Metallic Lining _____

Address _____ Outside Box _____

Connection _____ Burial Vault Christion, Maple 93.00
(State Kind) (State Kind)

Order given by David Jr. & Howard Dancer Embalming Body with Fluid _____

How Secured _____ Barber, \$ _____ Hair Dressing, \$ 1.00

Date of Funeral 7/10/37 Saturday 10 a. m. Dressing Body _____

Services at Funeral Home Suit or Dress, \$ _____ Hose, \$ _____

Clergyman J. J. Town, D. B. Sorden, J. A. Bird Underwear, \$ _____ Slippers, \$ _____

His Address _____ Folding Chairs, \$ _____ Tarpaulin, \$ _____

Certifying Physician E. E. Gamm Candelabrum, \$ _____ Candles, \$ _____

His Address _____ Door Badge, \$ _____ Gloves, \$ _____

Cause of Death Carcinoma of Sigmoid Hearse, \$ _____ Ambulance, \$ _____

Contributory Causes Senility Limousines to Cemetery 2 @ \$ _____

Remarks _____ Autos to R. R. Station 2 @ \$ _____

Date of Death July 7, 1937 Getting Remains from Ria _____

Place of Death R. R. Lamon Taking Body to _____

Religion R.O.S. Delivering Box to cin. _____

Resided in the State _____ Flower Wagons (2) _____

Date of Birth Sept 30, 1864 Removal Charges _____

Age 72 Years 9 Month 7 Days Getting Burial Permit _____

Name of Father Andrew Anderson Certified Copies of Death Certificates _____

His Birthplace Norway Personal Charges _____

Maiden Name of Mother Anger Oie Hansen Pall Bearer Service _____

Her Birthplace Norway Outlay for Lot _____

Motor } Body to _____ Death Notices in _____ Newspapers _____

Ship } _____

Size and Style of Casket #201 Oct - Broadbill Flowers, \$ _____ Rental of Palms, \$ _____

Manufactured by Wagon Rental of Tent, \$ _____ of Temporary Tomb, \$ _____

Interment at St. Rose Hill Lowering Device, \$ _____ Cremation, \$ _____

_____ { Cemetery _____

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Total Footing of Bill \$ 220.00

Less Op. H. & Hair Dress \$ 10.00

Balance \$ 210.00

Entered into Ledger, page _____ or below \$ _____

To Funeral Charges... Total, \$ _____

By Cash \$ _____

C. S. A. M. & Co. Inc. Commonwealth, Connors, J. H. Puggs,

H. M. Deale, A. E. Davis

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____

Signed _____

Witness W. White Signed _____

RECORD OF FUNERAL

Total No. 1662 Yearly No. 28 Date Aug 3, 1937
 Name of Deceased Pearl May Kelley Mauiel Harrison Co., Mo.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or of John William Kelley

Vocation Farmer
 Name of Employer
 Charge to J. W. Kelley
 Address Blytheville, Mo.
 Connection
 Order given by
 How Secured paid
 Date of Funeral Aug 3, '37 28 M.
(Date) (Day of Week) (Hour)
 Services at Mt. Pleasant Baptist Church
 Clergyman
 His Address
 Certifying Physician J. A. Boyles
(or Coroner)
 His Address Blytheville, Mo.
 Cause of Death

Complete Funeral Casket	\$ 227.00
Metallic Lining	
Outside Box	
Burial Vault <u>Western</u> <u>Springfield</u>	75.00
Embalming Body with <u>Supplend</u> Fluid	
Barber, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpsaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>J. W. Kelley's</u>	
Taking Body to <u>Mt. P. Baptist Ch.</u>	
Delivering Box to <u>Mt. P. Baptist Ch.</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ <u>5.00</u>	
Rental of Palms, \$	5.00
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Minister, \$	
Singers, \$	
Organist, \$	
Railroad Tickets, \$	
Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 307.00
Less	\$
Balance	
Entered into Ledger, page	or below \$

Contributory Causes
 Remarks
 Date of Death Aug 1, 1937
 Place of Death Colfax Sup, Harrison Co., Mo.
 Religion
 Resided in the State 54
(Years) (Months)
 Date of Birth Aug 4, 1883
 Age 54 Years 2 Months 27 Days
 Name of Father John W. Bowman
 His Birthplace Dandurva
 Maiden Name of Mother Nancy Mallet
 Her Birthplace Unknown
 Motor Ship Body to
 Size and Style of Casket 201 N.C. Plush
 Manufactured by Atamity
 Interment at Mt. Pleasant Cemetery
 Crematory

Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Owner

To Funeral Charges... Total, \$	By Cash \$
<u>P.B.: Chas. Boyles, Jim Perkins, Roy Mullins, Carl Dale, Robt. Allen, Ralph</u>	
<u>SINCERELY: Mrs. Ray Schindler, Miss Pearl Benge, John Spaulding,</u>	
<u>Alfred Gardner, - - - - - - - - - - Mrs. Vera Barber</u>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. S. White Signed
 Signed

RECORD OF FUNERAL

Total No. 1663 Yearly No. 29 Date Aug 11 1937
 Name of Deceased Ch. N. Midgorden - Widowed (What Race) Flamway (Where Born)

Husband—Wife—Widow—
 or Widower, of Mary Midgorden

Vocation Retired Farmer

Name of Employer

Charge to Sons

Address

Connection

Order given by Sons

How Secured Note

Date of Funeral 9/11/37 wed 4:30 P.M.
(Day) (Day of Week) (Hour)

Services at Funeral Home

Clergyman D. B. Jordan

His Address Lanoni

Certifying Physician E. E. Samet
(or Coroner)

His Address Lanoni

Cause of Death Chronic Myocarditis

Contributory Causes Delirium

Remarks

Date of Death Aug 10 1937

Place of Death Res. Lanoni, Ia

Religion

Resided in the State 34 yrs
(Years) (Months)

Date of Birth Aug 26 1855

Age 81 Years 11 Month 70 Days

Name of Father Harry Midgorden

His Birthplace Norway

Maiden Name of Mother Martha Alesar

Her Birthplace Norway

Motor Ship } Body to

Size and Style of Casket 34x40 - Perf. Sd. Trunkel

Manufactured by Root

Interment at Rose Hill { Cemetery Crematory

Diagram of Lot or Vault

Lot No. 356
 Grave No. 2
 Section No.
 Owner

Complete Funeral	\$ 217.00
Casket	
Metallic Lining	
Outside Box	<u>Rose</u> (State Kind)
Burial Vault	(State Kind)
Embalming Body	with <u>Fluid</u>
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	<u>5.00</u>
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	<u>7.00</u>
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Organist, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 229.00
Less <u>to L. R. H.</u>	\$ 7.00
Balance	\$ 222.00
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$	By Cash... \$
<u>Pall Bearer, David Hanson, Fred Lyngren, Martin Nynden, Willard Moon, Walter Hays, Paul Roberts</u>	
<u>Singer, Mrs. H. Anthony, Helen Anthony, Emil Anthony</u>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness J. M. Marsh Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1664 Yearly No. 30 Date Aug. 21, 1937
 Name of Deceased Ellis Ora Hurst Wilson Harrison Co., Mo.
(Single - Married - Divorced) (What Place) (Where Born)

Husband - Wife - Widow } Franklyn Allen Hurst
 or of

Vocation Housewife

Name of Employer

Charge to Ethel K. Mrs. Gus Bugman

Address Andover Mo.

Connection Daughter

Order given by "

How Secured Vol

Date of Funeral Aug 21, Sat. 2:30 P. M.
(Date) (Day of Week) (Hour)

Services at Fun. Home

Clergyman E. E. Haskins, killed Minn.

His Address

Certifying Physician E. E. Gamble
(or Coroner)

His Address

Cause of Death Senility
Chronic Bronchitis

Contributory Causes

Remarks

Date of Death Aug 19, 1937

Place of Death Harrison Co., Mo. (Colfax)

Religion

Resided in the State 60
(Years) (Months)

Date of Birth Feb. 11, 1894

Age 63 Years 6 Month 8 Days

Name of Father Jessie B. De Long

His Birthplace Washington

Maiden Name of Mother Maudie Oague

Her Birthplace Washington

Motor Ship } Body to

Size and Style of Casket 252 - C. W. Nelson - 1/2 C.

Manufactured by W. J. ...

Interment at West Hill Cemetery

Lot No. 1540

Grave No. 3

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$ 249.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault <u>Marble</u>	100.00
Embalming Body with <u>Supernatural</u> Fluid	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	15.00
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery <u>1</u> @ \$	
Autos to R. R. Station <u>1</u> @ \$	
Getting Remains from <u>Res</u>	
Taking Body to	
Delivering Box to <u>Open</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
<small>(State Number and District)</small>	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ <u>5.00</u> <small>(Name of Newspaper)</small>	5.00
Rental of Palms, \$	
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	9.00
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Minister, \$	
Singers, \$	
Organist, \$	
Railroad Tickets, \$	
Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 378.00
Less	\$
Balance	
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$
P. B. Charles Thompson; Coroner & Nurse Wilson, Lovers Sharp, Ora Beninger,
Edna Hart
 By Cash \$
Sincars: Maggie & Emily Anthony, Helen Dutton, June Mortimer

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

RECORD OF FUNERAL

Total No. 1665 Yearly No. 31 Date Sept. 2, 1927
 Name of Deceased Alice Frances Cantrell, Admrs Winton, Iowa
 Husband—Wife—Widow } Isaac H. Cantrell
 er.....of } (Single—Married—Divorced) (What Here) (Where Born)

Vocation.....
 Name of Employer.....
 Charge to James Cantrell
 Address Ottumwa, Ia
 Connection Sm
 Order given by.....
 How Secured Cash
 Date of Funeral Sept 2, 1927 Thurs 2 P. M.
 (Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman J. A. Kane; J. H. Ban
 His Address.....
 Certifying Physician L. A. Steffen
 His Address Antigo, Wis
 Cause of Death Cardiac Failure
 Contributory Causes Debility
 Remarks.....
 Date of Death Dec 9, 27
 Place of Death Marathon Co., Wisconsin
 Religion.....
 Resided in the State.....
 Date of Birth Dec. 24, 1856 (Years) (Months)
 Age 80 Years 2 Month 3 Days
 Name of Father Hannibal O. Woods
 His Birthplace Unknown
 Maiden Name of Mother E. Letta Allen
 Her Birthplace Unknown
 Body to Antigo, Wis
 Size and Style of Casket.....
 Manufactured by.....
 Interment at Rose Hill { Cemetery
 Crematory

Complete Funeral	\$	25.00
Casket		
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery, @ \$		xx
Autos to R. R. Station	@ \$	
Getting Remains from		xx
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		7.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	27.00
Less <u>Op. Fr.</u>	\$	2.00
Balance		25.00
Entered into Ledger, page		or below \$

Diagram of Lot or Vault

Lot No. 881
 Grave No. 2
 Section No.....
 Owner.....

To Funeral Charges, Total \$
P. B. John Hayward, Ralph Silver, Jim Sullivan, Herman Anthony, Guy Smith,
Frank Sargent
S. M. R. K. S. Helen Vredenburg, Alkata Sippard; Beatha Mae Louisa, Animal
Shipping & Undertaker: Mc Candleless & Hotel Co., Antigo, Wis

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness Mr. White Signed.....
 Signed.....

RECORD OF FUNERAL

Total No. 1666 Yearly No. 33 Date Sept. Oct. 4, 1927
 Name of Deceased Clarence Milton De Sark Married Iowa
(Single - Married - Divorced) (What Race) (Where Born)
 Husband Wife Widower Nettie E. De Sark

Vocation Retired Farmer
 Name of Employer None
 Charge to Old age ann. Commission
 Address _____
 Connection _____
 Order given by _____
 How Secured _____
 Date of Funeral 10/4/27 Sunday 2 P. M.
(Date) (Day of Month) (Hour)
 Services at Rev. Amos Galt, Wm. Brown
 Clergyman Funeral Home
 His Address Indep. Mo.
 Certifying Physician E. E. Daniel
(or Coroner)
 His Address _____
 Cause of Death Diabetes Mellitus
 Contributory Causes Longtime of high foot.
 Remarks _____
 Date of Death Sept. 30, 1927
 Place of Death Indep - Missouri
 Religion _____

Resided in the State Mo. 20 (Months)
 Date of Birth March 21, 1858
 Age 79 Years 6 Month 9 Days
 Name of Father David O. De Sark
 His Birthplace Indiana
 Maiden Name of Mother Mary Jane Brown
 Her Birthplace Indiana
 Motor Ship Body to _____
 Size and Style of Casket 900 Hyd. lid - Riple type
 Manufactured by Heagen
 Interment at St. Rose Hill { Cemetery Crematory

Diagram of Lot or Vault

Lot No. 479
 Grave No. 3
 Section No. _____
 Owner _____

Complete Funeral	\$	100.00
Casket	✓	
Metallic Lining		
Outside Box	✓	
Burial Vault		
Embalming Body	✓ with	Fluid
Barber	\$	Hair Dressing, \$
Dressing Body	✓	
Suit or Dress	\$	Hose, \$
Underwear	\$	Slippers, \$
Folding Chairs	\$	Tarpaulin, \$
Candelabrum	\$	Candles, \$
Door Badge	\$	Gloves, \$
Hearse	\$	Ambulance, \$
Limousines to Cemetery	1 @ \$	-
Autos to R. R. Station	@ \$	-
Getting Remains from	Ret.	
Taking Body to	Indep.	
Delivering Box to	Indep.	
Flower Wagons	1	
Removal Charges		
Getting Burial Permit	✓	
Certified Copies of Death Certificates		
Personal Charges	✓	
Pall Bearer Service		
Outlay for Lot		
Death Notices in		Newspapers
Flowers	\$	(Names of Newspapers)
Rental of Palms	\$	
Rental of Tent	\$	of Temporary Tomb, \$
Lowering Device	\$	Cremation, \$
Opening of Grave or Tomb	6.00	Indep.
Lining Grave	\$	Matting, \$
Outlay for Shipping Charges		
Minister	\$	Singers, \$ Organist, \$
Railroad Tickets	\$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	100.00
Less	\$	
Balance		
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$	By Cash	\$
P. B. Randall Robinson, Arch Lane, Carthage, L. H. Mabey, Tom Curran, Archie Pen.		
Singers - Helen Natties, Margaret Anthony, June Mortimer		

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Witness W. D. White Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1923.

RECORD OF FUNERAL

Total No. 1667 Yearly No. 33 Date Oct. 29, 1937

Name of Deceased Louis Andrew Sitty Married Blanch Sitty (What Race) Manitowish (Where Born) New York City

Husband—Wife—Widow—
or _____ of _____

Vocation Retired R. M. Agent, C. & O. S. & A.

Name of Employer C. & O. S. & A.

Charge to Estimate

Address _____

Connection _____

Order given by Wm. S. Sitty, Ralph Rundley

How Secured _____

Date of Funeral 10/29/37 (Date) Tue (Day of Week) 2:00 (Hour) P. M.

Services at Special Home

Clergyman Dr. C. Paul, J. D. Lane

His Address _____

Certifying Physician H. M. Hills (or Coroner)

His Address _____

Cause of Death Stroke 3 1/2 weeks

Contributory Causes thin branches in carotid arteries killed

Remarks _____

Date of Death Oct 27, 1937

Place of Death Dec. Co. Hosp., Leon, La.

Religion _____

Resided in the State _____ (Years) (Months)

Date of Birth March 6, 1858

Age 79 Years 7 Month 22 Days

Name of Father _____

His Birthplace Germany

Maiden Name of Mother Anderson

Her Birthplace Germany

Motor Ship } Body to _____

Size and Style of Casket #245 Coy. N. Standard

Manufactured by West

Interment at Forest Hill { Cemetery } Crematory

Diagram of Lot or Vault

Lot No. 1508

Grave No. 1

Section No. _____

Owner _____

Complete Funeral	\$ 195.00
Casket	
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Burial Vault <u>Western</u>	95.00
Embalming Body with _____ Fluid	
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body	
Suit or Dress, \$ _____ Hose, \$ _____	
Underwear, \$ _____ Slippers, \$ _____	
Folding Chairs, \$ _____ Tarpaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse, \$ _____ Ambulance, \$ _____	
Limousines to Cemetery, 1 @ \$ _____	
Autos to R. R. Station, @ \$ _____	
Getting Remains from <u>Leon Hosp.</u>	x
Taking Body to _____	
Delivering Box to <u>Cem.</u>	
Flower Wagons _____	
Removal Charges _____	
Getting Burial Permit (State Number and District)	
Certified Copies of Death Certificates _____	
Personal Charges _____	
Pall Bearer Service _____	
Outlay for Lot _____	25.00
Death Notices in _____ Newspapers	
Flowers, \$ <u>12.75</u> Rental of Palms, \$ _____	12.75
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	
Lowering Device, \$ _____ Cremation, \$ _____	
Opening of Grave or Tomb _____	9.00
Lining Grave, \$ _____ Matting, \$ _____	
Outlay for Shipping Charges _____	
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Total Footing of Bill	\$ 334.75
Less <u>Est. & O. P. Y.</u>	\$ 34
Balance	\$ 300.75
Entered into Ledger, page _____ or below \$ _____	

To Funeral Charges. Total, \$ <u>Dr. C. Paul, J. D. Lane, Wm. S. Sitty, Ralph Rundley, Frank Sittyman, J. C. Davidson</u>	By Cash \$ _____
SINGERS - None (no music)	

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____

Witness R. M. White Signed _____

Signed _____

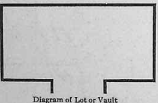
RECORD OF FUNERAL

Total No. 1668 Yearly No. 24 Date Nov. 1, 1937
 Name of Deceased Sarah E. May Widow
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or of _____ of _____

Vocation _____
 Name of Employer _____
 Charge to Cate & Spraks Funeral Home
 Address Independence, Mo.
 Connection with Directors
 Order given by _____
 How Secured _____
 Date of Funeral 11/27 Mon 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Home
 Clergyman A. B. Jordan
 His Address _____
 Certifying Physician J. A. Cook - Registrar M.
(or Coroner)
 His Address Independence, Mo.
 Cause of Death Endocarditis
 Contributory Causes _____
 Remarks _____
 Date of Death Oct. 30, 1937
 Place of Death Indep, Mo.
 Religion _____
 Resided in the State _____
(Years) (Months)

Complete Funeral	\$	
Casket		
Metallic Lining		
Outside Box		7.00
Burial Vault		
Embalming Body with Fluid		
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$		
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Badge, \$		
Gloves, \$		
Hearse, \$		10.00
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Body to <u>Indep. Home</u>		x
Delivering Box to <u>cem</u>		x
Flower Wagons		
Removal Charges		
Getting Burial Permit		x
Certified Copies of Death Certificates		
Personal Charges		x
Pall Bearer Service		
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$		
Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ of Cremation, \$		5.00
Opening of Grave or Tomb		7.00
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Minister, \$ Singers, \$ Organist, \$		
Railroad Tickets, \$ Aeroplane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	29.00
Less <u>Op. H.</u>	\$	7.00
Balance		22.00
Entered into Ledger, page _____ or below \$ _____		

Date of Birth _____
 Age 91 Years _____ Month _____ Days _____
 Name of Father _____
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor Sleigh } Body from Indep. to Harrison
 Size and Style of Casket _____
 Manufactured by _____
 Interment at _____ { Cemetery
 Crematory
 Lot No. 99
 Grave No. 1
 Section No. _____
 Owner _____



To Funeral Charges... Total, \$		By Cash	\$
<u>Family & Friends. Hearses at Funeral Home, Services at Home only.</u>			
<u>Supplied Indep. Home, Funeral Coach, & Cem Equip -</u>			
<u>Cate & Spraks in Charge</u>			

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Witness A. B. Jordan
 Signed _____
 Printed at _____
 Copyrighted by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1669 Yearly No. 35 Date Nov. 2, 1937

Name of Deceased Mary T. Gunn Married Bahama, Iowa
(Single - Married - Divorced) (What Here) (Whole Name)

Husband - Wife - Widow - or of Elo Gunn, Sr.

Vocation Housewife

Name of Employer

Charge to Old Age Assn. Com.

Address

Connection Recipient Old Age Pension

Order given by

How Secured Claim

Date of Funeral Nov 27 June 28 M.
(Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman W. G. Pull; W. G. Sanderson

His Address

Certifying Physician E. E. Gamsh
(or Coroner)

His Address

Cause of Death Coronary Occlusion

Contributory Causes

Remarks

Date of Death Oct 30, 1937

Place of Death Wm. Gunn, Ia.

Religion

Resided in the State (Years) (Months)

Date of Birth Feb 16, 1864

Age 73 Years 8 Month 14 Days

Name of Father Wm. G. Gunn

His Birthplace Washington

Maiden Name of Mother Martha A. Gunn

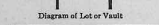
Her Birthplace Arkansas

Motor Ship } Body to

Size and Style of Casket Hght Cap - Sandalwood

Manufactured by Wm. Gunn

Interment at Wm. Hill { Cemetery
Crematory



Lot No. 240
Grave No. 3
Section No.
Owner

Complete Funeral	\$	100.00
Casket		
Metallic Lining	(State Kind)	
Outside Box	✓	
Burial Vault	(State Kind)	
Embalming Body	✓ with	Fluid
Barber, \$		Hair Dressing, \$
Dressing Body	✓	
Suit or Dress, \$		Hose, \$
Underwear, \$		Slippers, \$
Folding Chairs, \$		Tarpaulin, \$
Candelabrum, \$		Candles, \$
Door Badge, \$		Gloves, \$
Hearse, \$		Ambulance, \$
Limousines to Cemetery	✓ @ \$	
Autos to R. R. Station	✓ @ \$	
Getting Remains from Res.	✓	
Taking Body to		
Delivering Box to	✓ Cem	
Flower Wagons		
Removal Charges	✓	
Getting Burial Permit	✓ (State Number and District)	
Certified Copies of Death Certificates		
Personal Charges	✓	
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$		
Rental of Palms, \$		10.00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	✓ Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	✓ Matting, \$	7.00
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$		Aeroplane Service, \$
Telegr. Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	117.00
Less	Op. G.	7
Balance		110.00
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$		By Cash	\$
P. B. James Gunn, Harold Wiley, Carl Gunn, Carl McFadden, E. O. Olen, Emma Boyles			
S. M. C. O. Audrey Henninger, Eddie Olen, Wm. G. Hill, Matt. Winifred Smith			
P. A. D. I. S. Almeta Sheppard			

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness R. W. Hill Signed _____

Witness _____ Signed _____

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

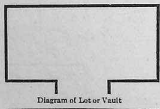
RECORD OF FUNERAL

Total No. 1670 Yearly No. 36 Date Dec. 1, 1937
 Name of Deceased George Wm Brown, Widower Frank Co., Ohio
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—
 or E. Ben Sloan Brown, Dec.

Vocation Retired Brick Mason
 Name of Employer
 Charge to Old Age Club Com.
 Address Principal Old Age Pension
 Order given by Helen Barnett
 How Secured
 Date of Funeral 12/1/37 Wed 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Home
 Clergyman Jos. Lane, Rth. Calcutya
 His Address
 Certifying Physician G. M. Walker
(or Coroner)
 His Address Kellista, Iowa
 Cause of Death Apoplexy

Complete Funeral	\$ 100.00
Casket	
Metallic Lining	
Outside Box <input checked="" type="checkbox"/> <u>Shipping Case</u>	
Burial Vault	
Embalming Body <input checked="" type="checkbox"/> with <u>Fluid</u>	
Barber, \$ <u>1</u> Hair Dressing, \$	
Dressing Body <input checked="" type="checkbox"/>	
Suit or Dress, \$ Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ <u>4</u> Ambulance, \$	
Limousine to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>W. Weston</u>	
Taking Body to <u>W. Weston</u>	
Delivering Box to	
Flower Wagons	
Removal Charges <input checked="" type="checkbox"/>	
Getting Burial Permit <input checked="" type="checkbox"/>	
Certified Copies of Death Certificates <small>(State Number and District)</small>	
Personal Charges <input checked="" type="checkbox"/>	
Pal Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ <small>(Names of Newspapers)</small> Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Minister, \$ Singers, \$ Organist, \$	
Railroad Tickets, \$ Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Contributory Causes
 Remarks
 Date of Death Nov. 29, 1937
 Place of Death Wm. Wilson Hosp., Kingsport, Co., Va.
 Religion
 Resided in the State Iowa 5 (Years) (Months)
 Date of Birth Sept. 6, 1881
 Age 26 Years 2 Month 23 Days
 Name of Father Wm. Brown
 His Birthplace Arkansas
 Maiden Name of Mother Jemima M. Drake
 Her Birthplace Arkansas
 Motor Ship } Body to Kewanee, Ill.
 Size and Style of Casket Hyd. Panel Case
 Manufactured by Wm. Siskin Co.
 Interment at Kewanee { Cemetery
 Crematory



Lot No.
 Grave No.
 Section No.
 Owner

Total Footing of Bill	\$ 100.00
Less <u>of \$ 1</u>	\$
Balance	\$ 99.00

Entered into Ledger, page _____ or below \$ _____

To Funeral Charges... Total, \$		By Cash	\$
Insurance, \$		Names of Lodges	
Names of Insurance Companies			
We hereby authorize the above funeral and agree to pay the expenses thereof			
		Signed	
Witness		Signed	

RECORD OF FUNERAL

Total No. 1671 Yearly No. 27 Date Dec. 5, 1937

Name of Deceased John Luther Grunwald, Married Married Simon, Pa.
(Single - Married - Divorced) (Where Born)

Husband - Wife - Widow of Katherine Grunwald

Vocation Manager Lamb Store

Name of Employer Mrs. Luther Grunwald

Charge to Simon, Colo.

Address Simon, Colo.

Connection Wife

Order given by "

How Secured "

Date of Funeral 12/10/37 Sun. 2 P. M.
(Date) (Day of Week) (Hour)

Services at St. Mary's Church

Clergyman Mr. E. Paul, C. B. Soden

His Address Simon

Certifying Physician J. O. Clavin
(or Coroner)

His Address Simon, Colo.

Cause of Death Cardiac Right Leg
Thrombosis to abdomen

Contributory Causes "

Remarks "

Date of Death Dec. 2, 1937

Place of Death Simon, Colo.

Religion "

Resided in the State 1 (Years) 6 (Months)

Date of Birth Aug. 15, 1881

Age 56 Years 3 Month 17 Days

Name of Father John L. Grunwald

His Birthplace Mo.

Maiden Name of Mother Ann M. Robinson

Her Birthplace Mo.

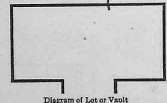
Motor Body to Simon, Colo.

Size and Style of Casket Meta.

Manufactured by "

Interment at St. Paul's Hill Cemetery Crematory

Complete Funeral	\$ 25.00
Casket	
Metallic Lining	
Outside Box	(State Kind)
Burial Vault	(State Kind) <u>None</u> 8.50
Embalming Body	with Fluid
Barber	with Hair Dressing, \$
Dressing Body	
Suit or Dress	Hose, \$
Underwear	Slippers, \$
Folding Chairs	Tarpaulin, \$
Candelabrum	Candles, \$
Door Badge	Gloves, \$
Hearse	Ambulance, \$
Limousines to Cemetery	2 @ \$
Autos to R. R. Station	@ \$
Getting Remains from <u>Chariton - 100 Mo. Co.</u>	1.50
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers	Rental of Palms, \$ 1.50
Rental of Tent	of Temporary Tomb, \$
Lowering Device	Cremation, \$
Opening of Grave or Tomb	9.00
Lining Grave	Matting, \$
Outlay for Shipping Charges	
Minister	Singers, \$ Organist, \$
Railroad Tickets	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
<u>Coanly, Car. & Chariton</u>	6.50
<u>30 Mo. Co.</u>	
Total Footing of Bill	\$ 151.50
Less <u>Of \$</u>	\$ 9.00
Balance	142.50
Entered into Ledger, page	or below \$



Lot No. 873
Grave No. 4
Section No. "
Owner "

To Funeral Charges	Total, \$	By Cash	\$
<u>F. B. Kuntz, Frank Anderson, Gene Stone, Will Menden, Art Lewis, W. E. Meyer</u>			
<u>SINGERS: Albert Lippert, Helen Winkler, Audrey Lutzinger, Gene Parker, Edgy Roberts, Rosemary Bradley</u>			
<u>SHIPPERS: FUNERAL DIRECTOR: (Dette Laurel House)</u>			

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Witness Signed

RECORD OF FUNERAL

Total No. 1672 Yearly No. 38 Date Dec. 16, 1937
 Name of Deceased Refecca Thistetha Kusker, Widow Idaho
(Single — Married — Divorced) (What Race) (Where Born)
 Husband—Wife—Widow or Louis P. Kusker of

Vocation
 Name of Employer
 Charge to Old Age Assistance Com.
 Address
 Connection
 Order given by
 How Secured
 Date of Funeral 12/16/37 Thurs 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman D. B. Jordan
 His Address
 Certifying Physician E. E. Dames
(or Coroner)
 His Address
 Cause of Death Pneumonia
 Contributory Causes
 Remarks

Date of Death Dec. 14, 1937
 Place of Death Decatur County Hospital, Ga.
 Religion
 Resided in the State
 Date of Birth Feb. 2, 1864 (Years) (Months) (Days)
 Age 73 Years 10 Month 12 Days
 Name of Father John Buckingham
 His Birthplace England
 Maiden Name of Mother Black
 Her Birthplace England
 Motor Ship } Body to
 Size and Style of Casket #400 Cypre. High
 Manufactured by Heggen Casket Co.
 Interment at Rt. 7 Hill { Cemetery Crematory

Complete Funeral	\$ 100.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery <u>2</u> @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Fun. Co.</u>	
Taking Body to	
Delivering Box to <u>Fun.</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$ Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Diagram of Lot or Vault

Lot No. 168
 Grave No. 2
 Section No.
 Owner

Total Footing of Bill	\$ 100.00
Less <u>Op. H.</u>	\$ 6.00
Balance	\$ 94.00
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$	By Cash... \$
<u>P. P. Ray, Manager, Fun. Home, N. T. Hill</u>	<u>Walter M. M., N. T. Hill</u>
<u>J. W. Anderson</u>	<u>Walter M. M., N. T. Hill</u>

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Witness M. D. White Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

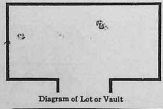
RECORD OF FUNERAL

Total No. 1673 Yearly No. 39 Date Dec. 26, 1937
 Name of Deceased. Donna May Lane Funion Co., Mo.
(Single - Married - Divorced) (What Here) (Where Born)
 Husband—Wife—Widow—
 et of }

Vocation.....
 Name of Employer.....
 Charge to Herb J. Lane
 Address 314 1/2 S. 1st St., Mo.
 Connection.....
 Order given by.....
 How Secured.....
 Date of Funeral 12/27 Sun. 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Andrew Church
 Clergyman A. L. Loring
 His Address.....
 Certifying Physician H. J. Westbrock, Registrar
(or Coroner)
 His Address St. Joe, Mo.
 Cause of Death L. P. Par. Pneumonia
 Contributory Causes.....
 Remarks.....
 Date of Death Dec. 23, 1937
 Place of Death St. Joseph, Mo.
 Religion.....
 Resided in the State.....
(Years) (Months)

Complete Funeral	\$	10	00
Casket			
Metallic Lining			
Outside Box	<small>(State Kind)</small>		
Burial Vault	<small>(State Kind)</small>		
Embalming Body	with	Fluid	
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$		
Underwear, \$	Slippers, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Badge, \$	Gloves, \$		
Hearse, \$	Ambulance, \$		
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Body to			
Delivering Box to			
Flower Wagons			
Removal Charges			
Getting Burial Permit			
Certified Copies of Death Certificates	<small>(State Number and Dairies)</small>		
Personal Charges			
Pall Bearer Service			
Outlay for Lot # <u>1121</u>		20	00
Death Notices in	Newspapers		
Flowers, \$	<small>(Name of Newspaper)</small> Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$		
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb		4	00
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Minister, \$	Singers, \$	Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Total Footing of Bill	\$	24	00
Less <u>Comm. for S. & G. Co.</u>	\$	24	00
Balance	\$	10	00
Entered into Ledger, page			
			or below \$

Date of Birth.....
 Age 1 Years 5 Month 17 Days
 Name of Father Herb J. Lane
 His Birthplace.....
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor Ship } Body to.....
 Size and Style of Casket.....
 Manufactured by.....
 Interment at St. Joe Hill } Cemetery
 Crematory



Lot No. 1121
 Grave No. 4
 Section No.....
 Owner.....

To Funeral Charges... Total, \$	By Cash	\$
<u>Shipping Lumber Director</u>	<u>Sturman & Son, St. Joe, Mo.</u>	
<u>(Sturman & Son Prepared Hdy. & furnished all make)</u>		
<u>S. McC. F. K. S. Misses Vandenberg & Baker</u>		
<u>P. M. S. T. Misses Benton & Co. Lorraine</u>		

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness H. J. Westbrock Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1674 Yearly No. 1 Date January 10 1938
 Name of Deceased Annie L. Shoe Married Chicago, Ill.
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - or of John L. Shoe
 Vocation Housewife
 Name of Employer
 Charge to Funeral Home
 Address
 Connection Daughter
 Order given by

How Secured
 Date of Funeral Jan 11 38 10:30 Am
(Date) (Day of Week) (Hour)
 Services at Northwood, Iowa
 Clergyman
 His Address W.D. Smith
 Certifying Physician Clara State Hospital
 His Address Clara State Hospital
 Cause of Death Exhaustion from
Smile Psychosis - Simple type
 Contributory Causes

Remarks
 Date of Death Jan. 9. 1938
 Place of Death State Hospital, Clara, Ia.
 Religion
 Resided in the State
 Date of Birth Aug. 10. 1871
 Age 66 Years 4 Month 30 Days
 Name of Father Leura B. Lund
 His Birthplace Dak. Norway
 Maiden Name of Mother Antonia Masdahl
 Her Birthplace Dak. Norway
 Body to Northwood, Iowa
 Size and Style of Casket No. 2 R. E. State, Clear Vellum
 Manufactured by North
 Interment at Northwood, Ia. { Cemetery Crematory

Complete Funeral	\$ 5.00.00
Casket	
Metallic Lining	
Outside Box <u>Shipping Case</u>	
Burial Vault	
Embalming Body <u>with</u> Fluid	
Barber, \$	1.00
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	1.20.00
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Clara, Ia.</u>	No. Chg.
Taking Body to <u>Chariton, Iowa</u>	" "
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates <small>(State Number and District)</small>	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ <small>(Names of Newspapers)</small>	7.50
Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Minister, \$ Singers, \$ Organist, \$	
Railroad Tickets, \$ Aeroplane Service, \$	
Teleg., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 52.00.00
Less	\$
Balance	
Entered into Ledger, page	or below \$

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Owner

To Funeral Charges... Total, \$		By Cash	\$
<u>No Services at Lumber</u>			
<u>Funeral by W.D. Smith at Northwood, Ia.</u>			

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof

Witness W.D. Smith Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1675 Yearly No. 2 Date Jan. 18, 1938

Name of Deceased John William Kelley
(Single — Married — Divorced)
 Husband—Wife—Widow Pearl May Kelley, Dec.
(What Race) (Where Born)

Vocation Farmer
 Name of Employer Self
 Charge to Mrs. Kelley
 Address Blythedale, Mo.
 Connection Son
 Order given by "
 How Secured Note - Estate
 Date of Funeral Jan. 18, 1938 2 P. M.
(Day) (Day of Week) (Hour)
 Services at Mt. Pleasant Baptist Church
 Clergyman R. W. Nelson
 His Address Cainsville, Mo.
 Certifying Physician Dr. A. V. Boyles
(or Coroner)
 His Address Bethany, Mo.
 Cause of Death "
 Contributory Causes "
 Remarks "
 Date of Death Jan. 16, 1938
 Place of Death Bethany, Mo. - (Hosp.)
 Religion "
 Resided in the State 68
(Years) (Months)
 Date of Birth Oct. 5, 1869
 Age 68 Years 3 Month 11 Days
 Name of Father John Kelley
 His Birthplace Unknown
 Maiden Name of Mother "
 Her Birthplace Unknown
 Motor Ship } Body to
 Size and Style of Casket #201 Oct. V.C. Club
 Manufactured by Chenault
 Interment at Mt. Pleasant Baptist Church, Mo. Cemetery
Crematory
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Complete Funeral	\$ 227.00
Casket	
Metallic Lining	
Outside Box	75.00
Burial Vault	
Embalming Body with _____ Fluid	
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body	
Suit or Dress, \$ _____ Hose, \$ _____	10.00
Underwear, \$ _____ Slippers, \$ _____	
Folding Chairs, \$ _____ Tarpaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse, \$ _____ Ambulance, \$ _____	
Limousines to Cemetery _____ @ \$ _____	
Autos to R. R. Station _____ @ \$ _____	
Getting Remains from <u>Bethany Hosp.</u>	
Taking Body to <u>Funeral Home</u>	
Delivering Box to <u>Funeral Home</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in _____ Newspapers	
Flowers, \$ _____ Rental of Palms, \$ _____	6.00
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	
Lowering Device, \$ _____ Cremation, \$ _____	
Opening of Grave or Tomb	
Lining Grave, \$ _____ Matting, \$ _____	
Outlay for Shipping Charges	
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 217.00
Less _____	
Balance	
Entered into Ledger, page _____ or below \$ _____	

To Funeral Charges... Total, \$	By Cash... \$
<u>P. B. Van Bowles, Jr., Yeakins, Ralph Phillips, O. P. Elmore, Ray Mullins, Carl Dale</u>	

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness A. B. White Signed _____

Signed _____

RECORD OF FUNERAL

Total No. 1676 Yearly No. 3 Date Jan. 28, 1938
 Name of Deceased Lydia Annemie Roth, married Sutton, Iowa
(Single - Married Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - } Ch. C. Roth
 or of

Vocation
 Name of Employer
 Charge to
 Address
 Connection
 Order given by Daughters
 How Secured Casket
 Date of Funeral Jan 28 Am 8 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman D. B. Sorden; J. A. Beck
 His Address
 Certifying Physician E. C. Gault
(or Coroner)
 His Address
 Cause of Death Arteriosclerosis followed
by stroke
 Contributory Causes Diabetes Mellitus
 Remarks
 Date of Death Jan 26, 1938
 Place of Death Dec. Co. Hosp - Leon Ia

Complete Funeral	\$	210	00
Casket			
Metallic Lining			
Outside Box			
Burial Vault			
Embalming Body	with	Fluid	
Barber		Hair Dressing	
Dressing Body			
Suit or Dress		Hose	
Underwear		Slippers	
Folding Chairs		Tarpaulin	
Candelabrum		Candles	
Door Badge		Gloves	
Hearse		Ambulance	
Limousines to Cemetery	@		
Autos to R. R. Station	@		
Getting Remains from		Leon	
Taking Body to			
Delivering Box to		Leon	
Flower Wagons			
Removal Charges			
Getting Burial Permit			
Certified Copies of Death Certificates			
Personal Charges			
Pal Bearer Service			

Resided in the State
 Date of Birth Oct 22, 1865
(Year) (Month)
 Age 72 Years 3 Month 4 Days
 Name of Father John Carter
 His Birthplace Ohio
 Maiden Name of Mother Cordelia Simon
 Her Birthplace Indiana
 Motor Ship } Body to
 Size and Style of Casket #201 Cop. H.C. Blue
 Manufactured by Alexander
 Interment at North Hill Cemetery
 Crematory

Outlay for Lot			
Death Notices in		Newspapers	
Flowers	\$		4.00
Rental of Palms	\$		
Rental of Tent	\$	of Temporary Tomb	
Lowering Device	\$	Cremation	
Opening of Grave or Tomb			7.00
Lining Grave	\$	Matting	
Outlay for Shipping Charges			
Minister	\$	Singers	
Railroad Tickets	\$	Aeroplane Service	
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			

Diagram of Lot or Vault
 Lot No. 396
 Grave No. 4
 Section No.
 Owner

Total Footing of Bill	\$	221	00
Less	\$	7	
Balance	\$	214	00
Entered into Ledger, page			or below \$

To Funeral Charges. Total, \$
C. B. John McGorden; Tom Cunn, J. Williams, J. W. Moley, Marvin Day, E. Bidwell
 SINGERS: Margaret Mandy, Cuccilla Breckman,
Wesley Sumner, Dora Allen
 PIANISTS: Delpha S. Adkins

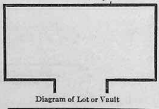
Insurance, \$..... Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. S. White Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1677 Yearly No. 4 Date Sept. 2, 1938
 Name of Deceased Marian E. Mira Bangdon Single Head St. Louis
(Single - Married - Divorced) (What Race) (Where Born)

Husband—Wife—Widow
 or
 Vocation Secretary
 Name of Employer Columbia Trust Co.
 Charge to Mrs. Ruthma Studtaker
 Address 1017 E. 6th, 600, Chicago
 Connection Sister
 Order given by "
 How Secured Cash
 Date of Funeral Sept 7 10 A. M.
(Day) (Day of Week) (Hour)
 Services at A Funeral Home
 Clergyman W. B. Jordan, First Parish
 His Address
 Certifying Physician C. E. Jamik
(or Coroner)
 His Address
 Cause of Death Bronchial Pneumonia
 Contributory Causes Collapsed R. Lung
 Remarks
 Date of Death Feb. 1, 1938
 Place of Death Decatur Co. Hospital
 Religion
 Resided in the State
 Date of Birth March 15, 1902
(Year) (Month)
 Age 35 Years 7 Month 16 Days
 Name of Father Wm. B. Bangdon
 His Birthplace Monticello, Iowa
 Maiden Name of Mother Sarah Mat. Wood
 Her Birthplace So. Karwin, Iowa
 Motor Independent, Mo.
Simp-} Body to
 Size and Style of Casket Crowley's Half Crow
 Manufactured by Heggen
 Interment at St. Louis { Cemetery
 Crematory

Complete Funeral	\$ 286.00
Casket	
Metallic Lining	
Outside Box <u>Birmingham</u>	25.00
Burial Vault	
Embalming Body <u>with Japanese Fluid</u>	
Barber, \$	
Hair Dressing, \$	1.00
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery <u>2 @ \$</u>	
Autos to R. R. Station	
Getting Remains from <u>St. Louis</u>	
Taking Body to <u>St. Louis</u>	25.00
Delivering Box to <u>"</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ <u>12.00</u> <small>(Name of Newspaper)</small>	12.75
Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	17.50
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Minister, \$ Singers, \$ Organist, \$	
Railroad Tickets, \$ Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 272.50
Less <u>OP. FINE</u>	\$ 17.50
Balance	409.75
Entered into Ledger, page _____ or below \$	



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

To Funeral Charges. Total, \$ _____ By Cash \$ _____
Wm. B. Bangdon, Mrs. Ruthma Studtaker, Mrs. Mira Bangdon, Frank G. G. G., J. B. G., Thos. G.
STREETS - Mrs. Oliver, Mrs. Jean Brown.

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____

Witness R. S. White Signed _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

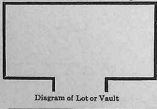
RECORD OF FUNERAL

Total No. 1678 Yearly No. 5 Date Sept. 4, 1938
 Name of Deceased Evelyn Anna Gilleland Single Decatur Co., Iowa
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or Survant of David E. Gilleland

Vocation _____
 Name of Employer _____
 Charge to _____
 Address _____
 Connection _____
 Order given by _____
 How Secured Emb.
 Date of Funeral Sept. 3, 1938 Am. 2 P. M.
(State) (Day of Week) (Hour)
 Services at Stamington Church
 Clergyman C. E. Barpe
 His Address _____
 Certifying Physician E. E. Lanuit
(or Coroner)
 His Address _____
 Cause of Death Pneumonia
 Contributory Causes _____
 Remarks _____
 Date of Death Feb. 3, 1938
 Place of Death Decatur Co., Ia.
 Religion _____
 Resided in the State _____
 Date of Birth Dec. 28, 1927 (Years) (Months)
 Age 0 Years 1 Month 5 Days
 Name of Father David E. Gilleland
 His Birthplace Coffeyville, Kans.
 Maiden Name of Mother Clara Kueffner
 Her Birthplace Garnock, Iowa
 Motor Ship } Body to _____
 Size and Style of Casket 180 - 7 1/2 H. Plush
 Manufactured by Boon
 Interment at West Hill { Cemetery
 Crematory

Complete Funeral	\$ 30.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body with _____ Fluid	
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body	
Suit or Dress, \$ _____ Hose, \$ _____	
Underwear, \$ _____ Slippers, \$ _____	
Folding Chairs, \$ _____ Tarpaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse, \$ _____ Ambulance, \$ _____	
Limousines to Cemetery, \$ _____ @ \$ _____	
Autos to R. R. Station, \$ _____ @ \$ _____	
Getting Remains from _____	
Taking Body to _____	
Delivering Box to _____	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	40.00
Death Notices in _____ Newspapers	
Flowers, \$ _____ <small>(Names of Newspapers)</small>	
Rental of Palms, \$ _____	
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	
Lowering Device, \$ _____ Cremation, \$ _____	
Opening of Grave or Tomb	4.00
Lining Grave, \$ _____ Matting, \$ _____	
Outlay for Shipping Charges	
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 79.00
Less <u>Bob & Op. G.</u>	\$ 44.00
Balance	\$ 35.00
Entered into Ledger, page _____ or below \$ _____	

Lot No. 1498
 Grave No. 1
 Section No. _____
 Owner _____



To Funeral Charges... Total, \$	By Cash... \$
<u>P.B. - Mrs. (M.H.)</u>	
SIGNERS: <u>Walter Vandenberg</u>	<u>Sheppard, Centa Mae Lamer, Priddy</u>

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness W. White Signed _____
 Signed _____
Compiled by F. J. FEINERMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1679 Yearly No. 6 Date Feb 5, 1938

Name of Deceased George Washington Johnson (What Race) De. Whit, Iowa
 (Single - Married - Divorced) (Where Born)

Husband - Wife - Widow - or of Louise Johnson

Vocation Retired Farmer

Name of Employer _____

Charge to Cash

Address _____

Connection _____

Order given by Wife, Sons and Daughters

How Secured _____

Date of Funeral Feb 3, 1938 (Date) (Day of Week) (Hour) 2:30 P. M.

Services at St. James' Home

Clergyman Rev. W. S. Squires; J. S. Lane

His Address _____

Certifying Physician E. E. Lamm (or Coroner)

His Address _____

Cause of Death Coronary Occlusion

Contributory Causes Chronic Myocarditis with Coronary Occlusion

Remarks _____

Date of Death Feb 3, 1938

Place of Death Dee County Hospital

Religion _____

Resided in the State _____ (Years) (Months)

Date of Birth Feb 15, 1858 (Years) (Months)

Age 79 Years 11 Month 18 Days

Name of Father Geo. Jacob Johnson

His Birthplace Dakota

Maiden Name of Mother _____

Her Birthplace Iowa

Motor Ship } Body to _____

Size and Style of Casket 1972 - America - Coffin

Manufactured by W. H. Hill

Interment at W. H. Hill (Cemetery) (Crematory)

Diagram of Lot or Vault

Lot No. 1508

Grave No. 4

Section No. _____

Owner _____

Complete Funeral	\$ <u>426</u> 00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body with <u>Fluor</u> Fluid	
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery <u>1 @ \$</u>	
Autos to R. R. Station <u>@ \$</u>	
Getting Remains from <u>Hospital</u>	
Taking Body to <u>Cem.</u>	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	\$ <u>25</u> 00
Death Notices in Newspapers	
Flowers, \$ <u>10</u>	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>478</u> 00
Less <u>Lot & Op. \$</u>	\$ <u>32</u> 00
Balance	\$ <u>446</u> 00
Entered into Ledger, page _____ or below \$ _____	

To Funeral Charges... Total, \$	By Cash... \$
<u>Chas. J. Hill, C. E. Cortman, J. H. Knicker, W. S. Squires, C. E. Harper, Geo. W. Wick</u>	
<u>W. H. Hill, Helen Miller, Spivey Sarker, David Allen, Donald Quinn</u>	
<u>George Hill, Bertha Mae Johnson</u>	

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____

Signed _____

Signed _____

Witness W. H. Hill

RECORD OF FUNERAL

Total No. 1680 Yearly No. 7 Date Feb. 9 1938

Name of Deceased Leah Emery Elison (Single - Married - Divorced) La Salle Co. (What Place) Ill. (Where Born)

Husband—Wife—Widow—
or of

Vocation None
Name of Employer
Charge to Mrs. S. Williams
Address
Connection Sister
Order given by

How Secured
Date of Funeral Feb. 8 (Date) Wed. (Day of Week) 3:30 P. M. (Hour)

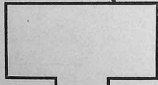
Services at Living Home
Clergyman W. B. Sorden
His Address
Certifying Physician John W. Kintel (or Coroner)
His Address Elmwood, Ill.
Cause of Death Cervical Carcinoma

Contributory Causes
Remarks
Date of Death Feb. 7, 1938
Place of Death State Hospital, Elmwood, Ill.
Religion

Resided in the State (Years) (Months) (Days)
Date of Birth Oct. 13, 1885
Age 52 Years Month Days

Name of Father Oliver Elison
His Birthplace
Maiden Name of Mother Amelia Anderson
Her Birthplace
Motor } Body to #600 2nd Lt. Cap. Crisp.
Ship }
Size and Style of Casket Heppner

Manufactured by 3
Interment at Rose Hill Cemetery
Crematory



Lot No. 460
Grave No. 2
Section No.
Owner

Complete Funeral	\$	75.00
Casket		
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	<u>Myrtle Park Home</u>	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>Elmwood, Ill.</u>	
Taking Body to		
Delivering Box to	<u>Cem.</u>	
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		5.36
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		7.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		7.7
Cash Advanced		
Total Footing of Bill	\$	113.13
Less <u>Cash Adv.</u>	\$	32.77
Balance		80.36
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$	By Cash	\$
<u>P. B. Oak Hanson, W. Hayer, Fred & Otto Spangler, Ellis Sedwell, Paul Proctor</u>		
<u>Miss B. K. S. Helen Vandenberg, Alberta Sheppard, Rutha Mae Louane, Paulist</u>		

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Witness W. H. White Signed

RECORD OF FUNERAL

Total No. 1681 Yearly No. 8 Date Feb 15 1938
 Name of Deceased Louis Franklin Hammer Edna, Iowa
(Single - Married - Divorced) (What Race) (Where Born)

Husband—Wife—Widow } Sylvia Hammer, Dec.
 or of

Vocation Retired Carpenter

Name of Employer

Charge to Old Age Assistance Commission

Address

Connection

Order given by Family - Sons of Daughters

How Secured

Date of Funeral Feb 21 Day 2 P. M.
(Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman D. B. Sorden

His Address

Certifying Physician J. M. Wells
(If Coroner)

His Address

Cause of Death Heart Block

Contributory Causes Old Age

Remarks

Date of Death Feb 14, 1938

Place of Death Juniata, Iowa

Religion

Resided in the State 8
(Years) (Months)

Date of Birth Feb 21, 1885

Age 52 Years 11 Month 23 Days

Name of Father Chas. Hammer

His Birthplace Germany

Maiden Name of Mother Wilkens

Her Birthplace

Motor Ship } Body to

Size and Style of Casket 100 Lx2 Cap. Crpe.

Manufactured by Heggen

Interment at Rose Hill { Cemetery
 Crematory

Lot No. 154

Grave No. 2

Section No.

Owner

Complete Funeral	\$ 100.00
Casket	
Metallic Lining	
Outside Box	(State Kind)
Burial Vault	
Embalming Body	with Fluid
Barber	Hair Dressing
Dressing Body	
Suit or Dress	Hose
Underwear	Slippers
Folding Chairs	Tarpaulin
Candelabrum	Candles
Door Badge	Gloves
Hearse	Ambulance
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from R.R.	
Taking Body to	
Delivering Box to	Car
Flower Wagons	1 -
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers	(Name of Newspaper)
Rental of Palms	
Rental of Tent	of Temporary Tomb
Lowering Device	Cremation
Opening of Grave or Tomb	
Lining Grave	Matting
Outlay for Shipping Charges	
Minister	Singers Organist
Railroad Tickets	Aeroplane Service
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 114.50
Less <u>of 4.</u>	\$ 7.00
Balance	\$ 107.50
Entered into Ledger, page	or below \$

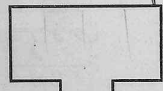


Diagram of Lot or Vault

To Funeral Charges	Total \$	By Cash	\$
<u>C. B. Cliff, Merrill, Army Allen, Walter Allen, Ben Dennis, Howard White, Nell Deale</u>			
<u>J. W. R. P. Mack Newray - Eda; Mrs. J. A. Beck, P. Smith</u>			
<u>Walter Nelson Windham, Alberta Sussman, Maudie Scott, Audrey Hutchings, Gladis - Esther Mae Brantle</u>			

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

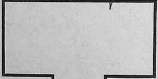
Witness [Signature] Signed _____
 Signed _____
 Entered into Ledger, page _____ or below \$ _____

RECORD OF FUNERAL

Total No. 1682 Yearly No. 7 Date Feb 22, 1938
 Name of Deceased Jacob Levi Lutz, (widow) Illinois
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow or Rebecca Lutz, Dec.

Vocation Farmer
 Name of Employer Self
 Charge to State
 Address _____
 Connection _____
 Order given by Rebecca Lutz
 How Secured _____
 Date of Funeral None (Date) (Day of Week) (Hour) M.
 Services at Yuma, Colo.
 Clergyman _____
 His Address _____
 Certifying Physician E. E. Lamm
(or Coroner)
 His Address _____
 Cause of Death Scarlet Fever
 Contributory Causes _____
 Remarks _____
 Date of Death Feb 21, 1938
 Place of Death Res. Lamm
 Religion _____

Resided in the State _____ 17 (Years) (Months)
 Date of Birth March 23, 1873
 Age 64 Years 10 Month 28 Days
 Name of Father John Lutz
 His Birthplace Germany
 Maiden Name of Mother Mattie Meyer
 Her Birthplace Shabazz
 Meteor Ship Body to Yuma, Colo.
 Size and Style of Casket # Metal Seder
 Manufactured by R. O. H.
 Interment at Yuma, Colo. { Cemetery Crematory

 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Complete Funeral	\$ 300.00
Casket	
Metallic Lining	
Outside Box <small>(State Kind)</small>	
Burial Vault <small>(State Kind)</small>	
Embalming Body with _____ Fluid	
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body	
Suit or Dress, \$ _____ Hose, \$ _____	10.00
Underwear, \$ _____ Slippers, \$ _____	10.00
Folding Chairs, \$ _____ Tarpaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse, \$ _____ Ambulance, \$ _____	
Limousines to Cemetery @ \$ _____	
Autos to R. R. Station @ \$ _____	
Getting Remains from _____	
Taking Body to <u>Osceola (train)</u>	XX
Delivering Box to _____	
Flower Wagons _____	
Removal Charges _____	
Getting Burial Permit <small>(State Number and District)</small>	
Certified Copies of Death Certificates _____	
Personal Charges _____	
Pall Bearer Service _____	
Outlay for Lot _____	
Death Notices in _____ Newspapers	
Flowers, \$ _____ Rental of Palms, \$ _____	
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	
Lowering Device, \$ _____ Cremation, \$ _____	
Opening of Grave or Tomb _____	
Lining Grave, \$ _____ Matting, \$ _____	
Outlay for Shipping Charges _____	52.46
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Total Footing of Bill	\$ 542.82
Less <u>Cash Adv.</u>	<u>\$ 335.2</u>
Balance	\$ 207.62
Entered into Ledger, page _____ or below \$ _____	

To Funeral Charges... Total, \$	By Cash \$
<u>No. Service here. Body shipped via</u>	<u>Express to Moses Mortuary,</u>
<u>Yuma, Colo. Delivered to</u>	<u>6:35 P.M. train at Osceola</u>

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Witness R. O. H. Signed _____

RECORD OF FUNERAL

Total No. 1683 Yearly No. 10 Date Feb. 27, 1928

Name of Deceased Mary Ann Peterson, Married, Minnesota, Ill.
(Single - Married - Divorced) (What Race) (Where Born)

Husband—Wife—Widow—
 or } Miss M. Peterson

Vocation Housewife

Name of Employer
 Charge to Miss M. Peterson

Address
 Connection

Order given by
 How Secured cash

Date of Funeral 2/27/28 Sun. 2 P. M.
(Day of Week) (Hour)

Services at Home

Clergyman E. E. Harper, Marcella Swick

His Address
 Certifying Physician E. E. Swick
(or Coroner)

His Address
 Cause of Death Canceroma of Stomach

Contributory Causes Senility

Remarks
 Date of Death Feb. 25, 1928

Place of Death Lansing, Iowa

Religion
 Resided in the State Iowa
(Years) (Months)

Date of Birth Feb. 10, 1864

Age 74 Years 0 Month 15 Days

Name of Father Unknown

His Birthplace
 Maiden Name of Mother
 Her Birthplace

Motor Ship } Body to
 Size and Style of Casket #132 C.M. Nelson H.C.

Manufactured by Rock

Interment at Rose Hill { Cemetery
 Crematory

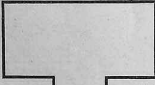


Diagram of Lot or Vault

Lot No. 70
 Grave No. 2
 Section No.
 Owner

Complete Funeral	\$ 239.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	with Fluid
Barber	Hair Dressing, \$
Dressing Body	
Suit or Dress	Hose, \$ 6.00
Underwear	Slippers, \$ 4.00
Folding Chairs	Tarpaulin, \$
Candelabrum	Candles, \$
Door Badge	Gloves, \$
Hearse	Ambulance, \$
Limousines to Cemetery	2 @ \$
Autos to R. R. Station	2 @ \$
Getting Remains from	
Taking Body to	
Delivering Box to	Cem.
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers	\$ 4.00
Rental of Tent	\$ of Temporary Tomb, \$
Lowering Device	\$ Cremation, \$
Opening of Grave or Tomb	\$ 7.00
Lining Grave	\$ Matting, \$
Outlay for Shipping Charges	
Minister	\$ Singers, \$ Organist, \$
Railroad Tickets	\$ Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 256.40
Less <u>Op. Co. + Med.</u>	\$ 7.40
Balance	\$ 249.00
Entered into Ledger, page	or below \$

To Funeral Charges	Total \$	By Cash	\$
<u>C. S. Clarence White, Nephis Lovers, My Hair, John Seader, David Battistone, Clara Hoffman</u>			
<u>SINCE: Pussilla Rockman, Dan Swick, Delfia Gildhaus</u>			

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

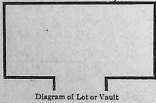
Witness [Signature] Signed _____
 Signed _____

RECORD OF FUNERAL

Total No. 1684 Yearly No. 16 Date March 2, 1938
 Name of Deceased Adeline Florence Johnson Lamoni, Iowa
(Single—Married—Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—
 or of Edward F. Florence Johnson

Vocation _____
 Name of Employer _____
 Charge to Edward Johnson
 Address _____
 Connection _____
 Order given by _____
 How Secured _____
 Date of Funeral 3/2/38 Thurs 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman And. W. Long
 His Address _____
 Certifying Physician E. C. Sanchez
(or Coroner)
 His Address _____
 Cause of Death Sanitation due to
apthous stomatitis
 Contributory Causes _____
 Remarks _____
 Date of Death March 2, 1938
 Place of Death Lamoni
 Religion _____
 Resided in the State _____
 Date of Birth Feb. 12, 1938 (Years) (Months)
 Age 0 Years 0 Month 12 Days
 Name of Father Edward Johnson
 His Birthplace Lamoni, Iowa
 Maiden Name of Mother Florence Sherman
 Her Birthplace Wilton, Iowa
 Motor Ship Body to _____
 Size and Style of Casket 210-7/8 Queen Anne
 Manufactured by Y. B.
 Interment at Lamoni (P.N.) { Cemetery
 Crematory

Complete Funeral	\$	15.00
Casket <input checked="" type="checkbox"/>		
Metallic Lining		
Outside Box <input checked="" type="checkbox"/>		
Burial Vault		
Embalming Body <input checked="" type="checkbox"/> with _____ Fluid		
Barber, \$ _____ Hair Dressing, \$ _____		
Dressing Body <input checked="" type="checkbox"/>		
Suit or Dress, \$ _____ Hose, \$ _____		
Underwear, \$ _____ Slippers, \$ _____		
Folding Chairs, \$ _____ Tarpaulin, \$ _____		
Candelabrum, \$ _____ Candles, \$ _____		
Door Badge, \$ _____ Gloves, \$ _____		
Hearse, \$ _____ Ambulance, \$ _____		
Limousines to Cemetery <u>2</u> @ \$ _____		
Autos to R. R. Station _____ @ \$ _____		
Getting Remains from _____		
Taking Body to _____		
Delivering Box to _____		
Flower Wagons _____		
Removal Charges _____		
Getting Burial Permit <input checked="" type="checkbox"/>		
Certified Copies of Death Certificates _____		
Personal Charges <input checked="" type="checkbox"/>		
Pall Bearer Service _____		
Outlay for Lot _____		
Death Notices in _____ Newspapers		
Flowers, \$ _____ Rental of Palms, \$ _____		
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____		
Lowering Device, \$ _____ Cremation, \$ _____		
Opening of Grave or Tomb _____		
Lining Grave, \$ _____ Matting, \$ _____		
Outlay for Shipping Charges _____		
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____		
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____		
Telegr., Phone, Cable or Radio Charges _____		
Cash Advanced _____		
Total Footing of Bill	\$	
Less	\$	
Balance		15.00
Entered into Ledger, page _____ or below \$ _____		



Lot No. 1592
 Grave No. 4
 Section No. _____
 Owner _____

To Funeral Charges... Total, \$		By Cash	\$
<u>B. B. None</u>			
<u>Singers - None</u>			
Insurance, \$		Names of Lodges	
Names of Insurance Companies			

We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Witness B. B. White Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1685 Yearly No. 12 Date March 27, 1938

Name of Deceased James Leris Springer, Blount, Ariz
(Where Born)

Husband—Wife—Widow—
or Kathie Lee M^{rs} C. Springer (Divorced) (What Name)

Vocation Truck Driver - Farm Work

Name of Employer _____

Charge to J. D. Springer

Address Goodall, Texas

Connection Father

Order given by _____

How Secured Cash

Date of Funeral 3/27/38 2 P. M.
(Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman A. B. Sordern

His Address Edwina

Certifying Physician Edward C. Clark, Jr.
(or Coroner)

His Address Box 1840 San Antonio, Tex.

Cause of Death Exhaustion due to myocardia

Contributory Causes Chronic Myocarditis

Remarks _____

Date of Death March 22, 1938

Place of Death S. A. State Hospital,
San Antonio, Texas

Religion _____

Resided in the State _____ (Years) (Months)

Date of Birth June 20, 1908 (Years) (Months) (Days)

Age 29 Years 9 Month 2 Days

Name of Father John W. Springer

His Birthplace Idaho

Maiden Name of Mother Mamie A. Allen

Her Birthplace Id.

Motor Ship } Body to from Goodall Texas

Size and Style of Casket _____

Manufactured by _____

Interment at Rose Hill { Cemetery
Crematory

Diagram of Lot or Vault

Lot No. 1511

Grave No. 4

Section No. _____

Owner _____

Complete Funeral	\$	<u>250.00</u>
Casket		
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with _____ Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	1 @ \$	
Autos to R. R. Station	@ \$	
Getting Remains from _____		
Taking Body to _____		
Delivering Box to _____		
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in _____ Newspapers		
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		<u>7.00</u>
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	<u>250.00</u>
Less _____	\$	<u>7.00</u>
Balance	\$	<u>243.00</u>
Entered into Ledger, page _____	or below \$	

To Funeral Charges... Total, \$	By Cash \$
<u>F. B. Malone - Fayette #571</u>	
<u>Shipping Funeral Director - Eskine Salmon, Goodall, Texas</u>	
<u>Embalmer preparing body - C. A. Myrick, San Antonio</u>	

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness [Signature] Signed _____

Witness [Signature] Signed _____

RECORD OF FUNERAL

Total No. 1686 Yearly No. 13 Date March 30, 1938
 Name of Deceased John Joyce Gray Married England
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow Martha Gray
 or of of

Vocation General Labor - Carpenter
 Name of Employer
 Charge to Old Age Ass. Com.
 Address Peoria
 Connection Peoria
 Order given by

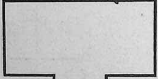
How Secured
 Date of Funeral 3/30/38 Wed 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Luncheon Home
 Clergyman D. B. Sorden

His Address
 Certifying Physician J. M. Hill
(Coroner)
 His Address
 Cause of Death Cancer Metastatic
Old Age

Contributory Causes
 Remarks
 Date of Death 3/29/38
 Place of Death Lansing
 Religion
 Resided in the State 60
(Years) (Months)

Date of Birth April 17, 1854
 Age 83 Years 11 Month 12 Days
 Name of Father Thomas J. Gray
 His Birthplace England
 Maiden Name of Mother Susanna Joyce
 Her Birthplace England

Motor } Body to
 Ship }
 Size and Style of Casket 4x900 with Cap. Crpe
 Manufactured by Heagen
 Interment at Rock Hill { Cemetery
 Crematory



Lot No. 152
 Grave No. 3
 Section No.
 Owner

Complete Funeral	\$	100.00
Casket		
Metallic Lining		
Outside Box		
Burial Vault		
Embalming Body	with	Fluid
Barber	\$	
Hair Dressing	\$	
Dressing Body		
Suit or Dress	\$	
Hose	\$	
Underwear	\$	
Slippers	\$	
Folding Chairs	\$	
Tarpaulin	\$	
Candelabrum	\$	
Candles	\$	
Door Badge	\$	
Gloves	\$	
Hearse	\$	
Ambulance	\$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers	\$	
Rental of Palms	\$	
Rental of Tent	\$	
of Temporary Tomb	\$	
Lowering Device	\$	
Cremation	\$	
Opening of Grave or Tomb		
Lining Grave	\$	
Matting	\$	7.00
Outlay for Shipping Charges		
Minister	\$	
Singers	\$	
Organist	\$	
Railroad Tickets	\$	
Aeroplane Service	\$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	107.00
Less <u>Q. L.</u>	\$	7.00
Balance		100.00
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$ _____ By Cash \$ _____

O. B. McScott, J. N. Hudraka, H. A. Spawt, H. C. Merritt, J. M. Beer, W. W. Seale

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____

Witness R. White Signed _____
 Signed _____

RECORD OF FUNERAL

Total No. 1687 Yearly No. 14 Date April 6, 1938
 Name of Deceased Martin La Verne Perrell (Single Married Divorced) (What Here) (Where Born)
 Husband—Wife—Widow— or of Clifford Perrell

Vocation Farm wife
 Name of Employer
 Charge to Clifford Perrell
 Address Lamair, Iowa
 Connection
 Order given by
 How Secured Note & Chattel Mty
 Date of Funeral 4/6/38 (Date) (Day of Week) (Hour) M.
 Services at Anderson Church
 Clergyman Wm Campbell
 His Address Deoria City Iowa
 Certifying Physician H. M. Skilla (or Coroner)
 His Address Lansoni Ia
 Cause of Death Heart Disease
 Contributory Causes Pregnancy

Remarks
 Date of Death April 4, 1938
 Place of Death Deoria Co. Hosp, Iowa
 Religion
 Resided in the State Iowa (Years) (Months)
 Date of Birth June 28, 1912
 Age 25 Years 9 Month 6 Days
 Name of Father Geo. Richard
 His Birthplace Unknown
 Maiden Name of Mother Wm
 Her Birthplace Unknown
 Motor Ship } Body to Anderson Mo
 Size and Style of Casket 24x30 Prof Sh
 Manufactured by Worth
 Interment at Anderson { Cemetery Crematory

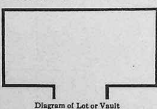


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ 197.00
Casket	
Metallic Lining	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with Fluid
Barber	Hair Dressing, \$
Dressing Body	
Suit or Dress	Hose, \$
Underwear	Slippers, \$
Folding Chairs	Tarpaulin, \$
Candelabrum	Candles, \$
Door Badge	Gloves, \$
Hearse	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	Deoria Hosp. x
Taking Body to	Anderson
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers	Rental of Palms, \$
Rental of Tent	of Temporary Tomb, \$
Lowering Device	Cremation, \$
Opening of Grave or Tomb	
Lining Grave	Matting, \$
Outlay for Shipping Charges	
Minister	Singers, \$
Organist	\$
Railroad Tickets	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Total Footing of Bill	\$ 197.00
Less	
Balance	
Entered into Ledger, page	or below \$

To Funeral Charges	Total, \$	By Cash	\$

Insurance, \$ Names of Lodges
 Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness [Signature] Signed
[Signature] Signed

RECORD OF FUNERAL

Total No. 1688 Yearly No. 105 Date May 4, 1938
 Name of Deceased Williams, Infant Boy (What Name) Lansoni, Iowa (Where Born)
 Husband—Wife—Widow— } Marie Williams
 or Wife of (Single—Married—Divorced)

Vocation
 Name of Employer
 Charge to County
 Address
 Connection
 Order given by Relief Office
 How Secured
 Date of Funeral 5/4/38 Wed. 10:30 A.M.
 (Date) (Day of Week) (Hour)
 Services at Cemetery
 Clergyman
 His Address
 Certifying Physician H. M. Hills
 (or Coroner)
 His Address
 Cause of Death Child (slight) was
thrown in Well - Suicide
 Contributory Causes
 Remarks
 Date of Death May 2, 1938
 Place of Death Lansoni - Residence
 Religion
 Resided in the State
 Date of Birth May 2, 1938 (Years) (Months) (Days)
 Age 0 Years 0 Month 0 Days
 Name of Father Not Given
 His Birthplace
 Maiden Name of Mother Marie Williams
 Her Birthplace Ill.
 Motor } Body to
 Ship }
 Size and Style of Casket #310 - 7/8 Std. Top. Lamb.
 Manufactured by W. Fox
 Interment at Not Hill { Cemetery
 Crematory

Complete Funeral	\$	10.00
Casket		
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault		
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Name of Newspaper)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	10.00
Less	\$	
Balance		
Entered into Ledger, page		or below \$

Diagram of Lot or Vault

Lot No. 681
 Grave No. 4
 Section No.
 Owner

To Funeral Charges... Total, \$		By Cash	\$
<u>No. Service excepted above</u>			
<u>Autopsy and Coroner inquest at Funeral Home, 11:45 A.M. 5/3/38</u>			

Insurance, \$ Names of Lodes
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. White Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1689 Yearly No. 16 Date May 10, 1938
 Name of Deceased Herman Deth Gordon (Single - Married - Divorced) Maude Patterson (What Race) Lawa (Where Born)
 Husband - Wife - Widow - Lura Inague Gessler Gordon

Vocation Tanner
 Name of Employer Self
 Charge to Cost
 Address Life 13 Law
 Connection Life 13 Law
 Order given by 1
 How Secured Contract signed wife + 3 sons
 Date of Funeral 5/13/38 (Date) Tues (Day of Week) 2 P. (Hour) M.
 Services at Funeral Home
 Clergyman Res. Presb.
 His Address 14 Station, Ia
 Certifying Physician E. E. Hammet (or Coroner)
 His Address Senility
 Cause of Death Senility
 Contributory Causes Secondary Anemia
 Remarks

Date of Death May 7, 1938
 Place of Death Presb.
 Religion
 Resided in the State 41 (Years) (Months)
 Date of Birth Feb 10, 1871
 Age 67 Years 2 Month 27 Days
 Name of Father Jed Gordon
 His Birthplace Kentucky
 Maiden Name of Mother Madley
 Her Birthplace Kentucky
 Motor Ship } Body to
 Size and Style of Casket #322 C.M. Volant Double 1/2
 Manufactured by R. Hill
 Interment at R. Hill { Cemetery
 Crematory

Complete Funeral	\$ 239.00
Casket	
Metallic Lining	
Outside Box	<u>Price</u> <small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body	with <u>Fluid</u>
Barber	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$ <u>Shirt</u> 1.00
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	<u>Res</u> \$
Taking Body to	<u>Sen</u>
Delivering Box to	<u>Sen</u>
Flower Wagons	<u>1</u>
Removal Charges	
Getting Burial Permit	<small>(State Number and District)</small>
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	<small>(Name of Newspaper)</small> <u>4.50</u>
Rental of Palms, \$	
Rental of Tent, \$	Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$ <u>1.00</u>
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Lot No. 821
 Grave No. 3
 Section No.
 Owner

Total Footing of Bill	\$ 257.50
Less <u>Op. Grave + Shirt</u>	8.00
Balance	\$ 249.50
Entered into Ledger, page	or below \$

To Funeral Charges	Total, \$	By Cash	\$
<u>P.B. Ark. Riv., Ronald Hickman, Amos + Greenville Ryan, Oral Clark, Howard White</u>			
<u>DRAGERS: Ad. James Hill, W. J. Jones, E. L. Bright</u>		<u>Davis City</u>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. Hill Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1690 Yearly No. 17 Date May 18 1938
 Name of Deceased Charles Marcus Sprague Sandwich, Ill.
(Single - Married - Divorced) (What Race) (Where Born)

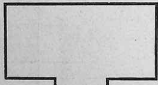
Husband - Wife - Wid-
 or of Ethlyn Sprague Married
 Vocation Farmer (retired) Janitor
 Name of Employer Graceland College
 Charge to Ethlyn Sprague
 Address Lamoni, Ia
 Connection Wife
 Order given by ↑

How Secured order signed wife + son
 Date of Funeral May 18/38 Wed 2:45 P.M.
(Date) (Day of Week) (Hour)
 Services at Coliseum
 Clergyman Wilber Prall - Ted Beck
 His Address Lamoni, Ia
 Certifying Physician F. M. Hells
(or Coroner)
 His Address Lamoni, Ia
 Cause of Death Heart Block

Contributory Causes
 Remarks
 Date of Death May 16, 1938
 Place of Death High School Bldg, Lamoni
 Religion W. B. S.

Resided in the State 10 yrs. (Years) (Months)
 Date of Birth Aug 10, 1879
 Age 58 Years 9 Month 6 Days
 Name of Father Chas. B. Sprague
 His Birthplace Canada
 Maiden Name of Mother Harriet Rodgers
 Her Birthplace Sandwich, Ill.

Motor } Body to
 Ship }
 Size and Style of Casket 131 - Left Cap.
 Manufactured by Root
 Interment at Rose Hill { Cemetery
 Crematory



Lot No. 1532
 Grave No. 1
 Section No.
 Owner

Complete Funeral	\$	135	00
Casket			
Metallic Lining			
Outside Box	(State Kind)		
Burial Vault	(State Kind)		
Embalming Body	with	Fluid	
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$		
Underwear, \$	Slippers, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Badge, \$	Gloves, \$		
Hearse, \$	Ambulance, \$		
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Body to			
Delivering Box to			
Flower Wagons			
Removal Charges			
Getting Burial Permit	(State Number and District)		
Certified Copies of Death Certificates			
Personal Charges			
Pal Bearer Service			
Outlay for Lot			
Death Notices in	Newspapers		
Flowers, \$	(Names of Newspapers)		
Rental of Palms, \$		5	00
Rental of Tent, \$	of Temporary Tomb, \$		
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb		7	00
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Minister, \$	Singers, \$	Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
<u>Coliseum Rental</u>		5	00
Total Footing of Bill	\$	152	00
Less <u>of Grave</u>	\$	7	00
Balance		145	00
Entered into Ledger, page			or below \$

To Funeral Charges... Total, \$	By Cash	\$
<u>P. Brewer - Jay Barr</u>	<u>Evan Wilder</u>	<u>C. Svobitians</u>
<u>Roy Conyers</u>	<u>Willard Moon</u>	<u>Mel Medford</u>
<u>Singers - Anapan Brown</u>	<u>Jesus Savin Pitt Mc</u>	
<u>Henry Anderson</u>	<u>34th St. Paul</u>	
	<u>I know my Redeemer lived</u>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Witness Wm A. Marsh Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1692 Yearly No. 19 Date July 6 1938

Name of Deceased James Marion Skeld, (Single - Married - Divorced) Married Mission, Ill. (What Race) (Where Born)

Husband - Wife - Widow - or - of Carrie T. Skeld.

Vocation retired druggist

Name of Employer Old Age Com.

Charge to Old Age Com.

Address

Connection

Order given by

How Secured

Date of Funeral 7/6/38 Skeld 10 a. M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman A. B. Sorden

His Address

Certifying Physician H. M. Kille (or Coroner)

His Address

Cause of Death General Debility

Contributory Causes

Remarks

Date of Death July 4, 1938

Place of Death Home

Religion

Resided in the State 56 (Years) (Months)

Date of Birth Sept. 9, 1858

Age 79 Years 9 Month 25 Days

Name of Father Geo. H. Skeld.

His Birthplace New York

Maiden Name of Mother Mary Anderson

Her Birthplace Ill.

Motor } Body to
Ship } Body to

Size and Style of Casket #900 LxH Cap Crepe

Manufactured by Heggen

Interment at Rock Hill (Cemetery Crematory)

Complete Funeral	\$	100.00
Casket	✓	
Metallic Lining		
Outside Box	✓	
Burial Vault		
Embalming Body	✓	with Fluid
Barber	✓	Hair Dressing, \$
Dressing Body	✓	
Suit or Dress	\$	Hose, \$
Underwear	\$	Slippers, \$
Folding Chairs	✓	Tarpaulin, \$
Candelabrum	\$	Candles, \$
Door Badge	\$	Gloves, \$
Hearse	✓	Ambulance, \$
Limousines to Cemetery	1	@ \$
Autos to R. R. Station		@ \$
Getting Remains from	his	✓
Taking Body to		
Delivering Box to	Cem	✓
Flower Wagons		
Removal Charges	✓	
Getting Burial Permit	✓	
Certified Copies of Death Certificates		
Personal Charges	✓	
Pall Bearer Service	✓	
Outlay for Lot		
Death Notices in	Newspapers	
Flowers	\$	Rental of Palms, \$
Rental of Tent	\$	of Temporary Tomb, \$
Lowering Device	\$	Cremation, \$
Opening of Grave or Tomb	✓	
Lining Grave	\$	Matting, \$
Outlay for Shipping Charges		
Minister	\$	Singers, \$ Organist, \$
Railroad Tickets	\$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		

Diagram of Lot or Vault

Lot No. 292

Grave No. 4

Section No.

Owner

Total Footing of Bill \$ 100.00

Less \$

Balance

Entered into Ledger, page or below \$

To Funeral Charges... Total, \$	By Cash	\$
<u>O. L. Randal Robinson, Son Owen, Joe Demickson, John M. Biggs,</u>		
<u>Oscar & Dan Anderson</u>		
SURVEYS: <u>Bertha M. Sorden, Jenn Carter, Eldon Mitchell, Sid Barrow</u>		
PLANTS: <u>Bertha Mae France</u>		

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness R. White Signed

Signed

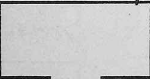
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1693 Yearly No. 20 Date July 7, 1938
 Name of Deceased May Gibson (Single—Married—Widowed) Widow (What Day) Gamoni (Where Born) Iowa
 Husband—Wife—Widow—
 er of Ernest A. Gibson

Vocation Ch. P. A.
 Name of Employer
 Charge to E. A. Gibson
 Address
 Connection
 Order given by
 How Secured Fr. Cash & Cont. note
 Date of Funeral 7/7/38 Thurs. 10 a. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman A. B. Sorden
 His Address
 Certifying Physician Wm. Doss, Coroner
(or Coroner)
 His Address
 Cause of Death Suicide by Drowning
 Contributory Causes

Remarks
 Date of Death July 5, 1938
 Place of Death Gamoni, Ia.
 Religion
 Resided in the State Ia.
(Years) (Months)
 Date of Birth Oct. 1, 1891
 Age 47 Years 5 Months 4 Days
 Name of Father Asaac A. Rogus
 His Birthplace W. Va.
 Maiden Name of Mother Emma Siler
 Her Birthplace ?
 Motor Ship } Body to
 Size and Style of Casket #900 Hyd. Cap. Rapp. Cyls
 Manufactured by Feggen
 Interment at First Hill { Cemetery
 Crematory

Diagram of Lot or Vault 
 Lot No. 412
 Grave No. 3
 Section No.
 Owner

Complete Funeral	\$	100.00
Casket		
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	1 @ \$	
Autos to R. R. Station	1 @ \$	
Getting Remains from	Res	
Taking Body to		
Delivering Box to	Chm	
Flower Wagons	1	
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Name of Newspaper)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	100.00
Less	\$	
Balance		
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$	By Cash	\$
<u>A. B. Sorden, Arthur West, John Sorden, Jess Carterwright, Elmer Gibson</u>		
<u>Net. Orscaft</u>		
Singers: <u>Gene & Betty Parker</u>		

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness R. White Signed

Witness Signed

RECORD OF FUNERAL

Total No. 1694 Yearly No. 20 Date July 13, 1938
 Name of Deceased Alma Corda Hoffman, mailed Moosehead, Iowa
(Single - Married) (Divorced) (State) (Kind) (Where Born)
 Husband - Wife - Widow } Louise Hoffman
 or _____ of _____

Vocation Farmer
 Name of Employer _____
 Charge to Mrs Hoffman
 Address _____
 Connection _____
 Order given by _____
 How Secured Contact
 Date of Funeral July 13, 1938 2 P. M.
(Day) (Day of Week) (Hour)
 Services at St. George's Church
 Clergyman R. A. Ballantyne, Archie Keen
 His Address _____
 Certifying Physician J. P. Reed
(or Coroner)
 His Address Davis City, Ia.
 Cause of Death Chronic Bright's Disease
Heart Complications

Complete Funeral \$ 215.00
 Casket
 Metallic Lining _____
 Outside Box 1 1/4' Red Wood Case
(State) (Kind) (State) (Kind)
 Burial Vault _____
 Embalming Body with Swan Fluid
 Barber \$ Hair Dressing \$ _____
 Dressing Body
 Suit or Dress \$ Hose \$ _____ 8.25
 Underwear \$ _____ Slippers \$ _____
 Folding Chairs \$ _____ Tarpaulin \$ _____
 Candelabrum \$ _____ Candles \$ _____
 Door Badge \$ _____ Gloves \$ _____
 Hearse \$ _____ Ambulance \$ _____
 Limousines to Cemetery 1 @ \$ _____
 Autos to R. R. Station _____ @ \$ _____
 Getting Remains from Dec. Co. Hosp.
 Taking Body to _____
 Delivering Box to Chm.
 Flower Wagons _____
 Removal Charges
 Getting Burial Permit
(State Number and District)
 Certified Copies of Death Certificates _____
 Personal Charges _____
 Pall Bearer Service _____

Contributory Causes _____
 Remarks _____
 Date of Death July 11, 1938
 Place of Death Dec. Co. Hosp., Lem.
 Religion _____
 Resided in the State 37
(Years) (Months)
 Date of Birth March 6, 1899
 Age 39 Years 4 Month 5 Days
 Name of Father Corda Hoffman
 His Birthplace Texas
 Maiden Name of Mother Sarah Jane Spear
 Her Birthplace Arkansas
 Motor } Body to Special Metal Co. State
 Ship } Edman Silk Bush
 Size and Style of Casket Pine Shell, Exp. Emb. Mfg. Co.
 Manufactured by Pine Shell, Exp. Emb. Mfg. Co.
 Interment at Rock Hill (Cemetery, Crematory)

Outlay for Lot # 1089 20.00
 Death Notices in _____ Newspapers _____
(Names of Newspapers)
 Flowers \$ _____ Rental of Palms, \$ _____
 Rental of Tent, \$ of Temporary Tomb, \$ _____
 Lowering Device, \$ Cremation, \$ _____
 Opening of Grave or Tomb _____ 7.00
 Lining Grave, \$ Matting, \$ _____
 Outlay for Shipping Charges _____
 Minister, \$ _____ Singers, \$ _____ Organist, \$ _____
 Railroad Tickets, \$ _____ Aeroplane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____

Diagram of Lot or Vault
 Lot No. 1089
 Grave No. 4
 Section No. _____
 Owner _____

Total Footing of Bill 250.25
 Less 27.00 of Grave
 Balance 223.25
 Entered into Ledger, page _____ or below \$ _____

To Funeral Charges... Total, \$	By Cash	\$
<u>D. B. & H. Hollway, C. Harper, Paul Potals, Marcell Supply,</u>		
<u>Ralph Johnson, Walter Cully,</u>		
<u>D. W. ERS, Wanda Perry, Nellie Fisher,</u>		
<u>S. Edm. Whitehead, Glen Nixon,</u>		
<u>Organist - Bertha May Louise</u>		

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness Rollin S. State Signed _____
 Signed _____
 Compliled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1695 Yearly No. 21 Date July 19, 1928
 Name of Deceased Hollie L. Adams (Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - of Mrs. Ellen L. and Chamberlain
 or Daughter of Epileptic Patient - State Hosp.

Name of Employer
 Charge to Mrs. Chamberlain & Dec. Co.
 Address

Connection
 Order given by
 How Secured Cash
 Date of Funeral July 19, 1928 Tues. 10 a. M.
(Date) (Day of Week) (Hour)

Services at Mrs. Chamberlain's Residence
 Clergyman Hedley Waudy, State; Carl Kellantaghe
 His Address
 Certifying Physician Chas. J. Peawack
(or Coroner)
 His Address Woodward, Iowa
 Cause of Death Epilepsy

Contributory Causes
 Remarks
 Date of Death July 15, 1928
 Place of Death State Hospital, Woodward, Ia.
 Religion
 Resided in the State (Years) (Months)

Date of Birth
 Age 43 Years Month Days
 Name of Father
 His Birthplace
 Maiden Name of Mother
 Her Birthplace

Motor Body 10 from Woodward
 Sifter }
 Size and Style of Casket
 Manufactured by Robt. Ross Hill
 Interment at Robt. Hill { Cemetery Crematory

Diagram of Lot or Vault
 Lot No. 799
 Grave No. 1
 Section No.
 Owner

Complete Funeral	\$	
Casket		
Metallic Lining		
Outside Box		
Burial Vault		
Embalming Body with Fluid		
Barber, \$		
Dressing Body		
Suit or Dress, \$		
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Badge, \$		
Gloves, \$		
Hearse, \$		
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from <u>Woodward</u>		<u>12.50</u>
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit (State Number and District)		
Certified Copies of Death Certificates		
Personal Charges		<u>15.00</u>
Pall Bearer Service		
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$ (Name of Newspaper)		
Rental of Palms, \$		<u>3.00</u>
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		<u>7.00</u>
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Minister, \$ Singers, \$ Organist, \$		
Railroad Tickets, \$ Aeroplane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	<u>37.50</u>
Less	\$	
Balance		
Entered into Ledger, page or below \$		

To Funeral Charges, Total, \$
 (Body prepared & made furnished by Cooper, Kelley Funeral Home, Woodward, Ia. This bill paid by Decatur County, Ia. My trip to William today paid (12.50) by Decatur County. Services, opening grave and flowers (25.00) paid by Mrs. Chamberlain

C. B. Clark, Bowen, Frank Knight, M. E. Eason, Geo. Sailing
 S. W. C. K. S.: Mrs. Ed Conway, Mrs. Maurin Day

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Witness R. S. White Signed _____

RECORD OF FUNERAL

Total No. 1696 Yearly No. 22 Date August 14, 1938

Name of Deceased Laura Vede Halderson (Single - Married - Divorced) Ottumwa, Ia. (What Race) (Where Born)

Husband—Wife—Widow—
of of John Halderson

Vocation Homemaker

Name of Employer
Charge to Old Age Assistance Com.

Address Recipient

Order given by Acrobat

How Secured
Date of Funeral July 38 Sun 2 P. M.
(Day) (Night or Week) (Hour)

Services at Funeral Home

Clergyman Roy Chevill

His Address
Certifying Physician H. M. Hills
(or Coroner)

His Address
Cause of Death Hemorrhage of the Brain

Contributory Causes Old Age

Remarks
Date of Death Aug 12, 1938

Place of Death Res. Lanoni

Religion
Resided in the State 20 (Years) (Months)

Date of Birth Sept. 22, 1855

Age 82 Years 10 Month 20 Days

Name of Father John Conner

His Birthplace Ohio

Maiden Name of Mother Jessamine Jones

Her Birthplace Ohio

Motor } Body to
Ship }
Size and Style of Casket #700, 3 Panel, L.C. Crepe

Manufactured by Heggen

Interment at Rock Hill { Cemetery
Crematory

Lot No. 344

Grave No. 2

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$	100.00
Casket		
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with <u>Charm</u> Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ (W.D.S.)	5.00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	2 @ \$	
Autos to R. R. Station	2 @ \$	
Getting Remains from	<u>Res</u>	
Taking Body to		
Delivering Box to	<u>Cem</u>	
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Name of Newspaper)	
Rental of Palms, \$		1.50
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	
Organist, \$		
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	106.50
Less	\$	
Balance		
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$	By Cash	\$
<u>B. B. McLoance, Neal Campbell, John Smurly, Morton Edmunds</u>		
<u>Sisters: Mrs. Inez Sheppard, Miss Midyaden,</u>		
<u>Blair: Helen Goodwin</u>		

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness A. S. White Signed.....

Signed.....

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1697 Yearly No. 23 Date Aug 16, 1938

Name of Deceased Margaret Jane Hayer Lamoni, Iowa

Married - Widowed - Single - Married - Divorced
 or Daughter of Maudie and Alvin Hayer

Vocation Student
 Name of Employer
 Charge to Maudie Hayer
 Address

Connection
 Order given by
 How Secured Centisch
 Date of Funeral Aug 16/38 Tues 2:30 P.M.

Services at G. Olsson
 Clergyman Rev. Chevillie; Ted Seck
 His Address
 Certifying Physician C. G. Hensch
 (or Coroner)

His Address
 Cause of Death General Diphtheria
Acute Appendicitis with perforation
 Contributory Causes
 Remarks

Date of Death Aug 14, 1938
 Place of Death Des. Co. Hosp, Leam, Ia.
 Religion
 Resided in the State 13 (Years) (Months)

Date of Birth May 1, 1925
 Age 13 Years 3 Month 13 Days
 Name of Father Alvin Hayer, Dgo
 His Birthplace Eagle Grove, Ia
 Maiden Name of Mother Maudie Grosh
 Her Birthplace Shunk City, Mo.

Motor Ship } Body to
 Size and Style of Casket 201 Orchid Leam
 Manufactured by Rosh
 Interment at Rock Hill Cemetery
 Crematory

Diagram of Lot or Vault
 Lot No. 463
 Grave No. 4
 Section No.
 Owner

Complete Funeral \$ 367.00
 Casket
 Metallic Lining
 Outside Box Red wood (State Kind)
 Burial Vault (State Kind)
 Embalming Body with Fluid
 Barber \$ Hair Dressing \$
 Dressing Body
 Suit or Dress \$ Hose \$
 Underwear \$ Slippers \$
 Folding Chairs \$ Tarpaulin \$
 Candelabrum \$ Candles \$
 Door Badge \$ Gloves \$
 Hearse \$ Ambulance \$
 Limousines to Cemetery 2 @ \$
 Autos to R. R. Station
 Getting Remains from Leam Hosp
 Taking Body to Leam
 Delivering Box to Leam
 Flower Wagons 2
 Removal Charges
 Getting Burial Permit (State Number and District)

Certified Copies of Death Certificates
 Personal Charges
 Pall Bearer Service
 Outlay for Lot
 Death Notices in Newspapers
 (Names of Newspapers)
 Flowers \$ 7.50
 Rental of Palms \$
 Rental of Tent \$ of Temporary Tomb \$
 Lowering Device \$ Cremation \$
 Opening of Grave or Tomb 7.00
 Lining Grave \$ Matting \$
 Outlay for Shipping Charges
 Minister \$ Singers \$ Organist \$
 Railroad Tickets \$ Aeroplane Service \$
 Telegr., Phone, Cable or Radio Charges
 Cash advanced
Centisch Rental 5.00

Total Footing of Bill \$ 386.50
 Less Op. Co. 9 Col. \$ 12
 Balance 374.50
 Entered into Ledger, page or below \$

To Funeral Charges... Total, \$	By Cash \$
<u>G. P. Sound, Lutz, Dale, Moon, Billie White, Keith Bell, Jack & Harold Downing</u>	
<u>SINGERS: Helen Vidensky, Irma Parker, Glen Mason, Ray Johnson</u>	
<u>Branch - Bertha Mack Lorange</u>	
<u>Solo - Walter Haas</u>	
<u>Organ - Mrs Sheppard</u>	

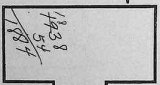
Insurance \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. White Signed
 Signed

RECORD OF FUNERAL

Total No. 1698 Yearly No. 24 Date Aug. 19, 1938
 Name of Deceased Bearl May Elswick (Single - Married - Divorced) Wright Co., Iowa (What Race) (Where Born)
 Husband - Wife - Widow - or of Ernest Elswick

Vocation
 Name of Employer
 Charge to
 Address
 Connection
 Order given by
 How Secured Cont.
 Date of Funeral 9/1/38 (Date) (Day of Week) (Hour) 2:30 P.M.
 Services at Funeral Home
 Clergyman E. E. Harpe
 His Address
 Certifying Physician E. E. Harpe (or Coroner)
 His Address
 Cause of Death Cerebral Hemorrhage
 Contributory Causes Hypertension
 Remarks
 Date of Death Aug. 17, 1938
 Place of Death Res. F. Rely, Supt., King'sford Co., Ia.
 Religion
 Resided in the State 35 (Years) (Months)
 Date of Birth July 17, 1928 (Date) (Month) (Year)
 Age 24 (Years) (Month) (Days)
 Name of Father Franklyn Lysinger
 His Birthplace Indiana
 Maiden Name of Mother Caroline Harpe
 Her Birthplace Indiana
 Motor Ship } Body to
 Size and Style of Casket 232 C.H. Velum
 Manufactured by Wood
 Interment at Hope Hill (Cemetery Crematory)

Complete Funeral \$ 254.00
 Casket
 Metallic Lining
 Outside Box Redwood (State Kind)
 Burial Vault
 Embalming Body with Fluid
 Barber, \$ Hair Dressing, \$
 Dressing Body
 Suit or Dress, \$ Hose, \$
 Underwear, \$ Slippers, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Badge, \$ Gloves, \$
 Hearse, \$ Ambulance, \$
 Limousines to Cemetery 2 @ \$.
 Autos to R. R. Station 2 @ \$.
 Getting Remains from Res.
 Taking Body to
 Delivering Box to Chm.
 Flower Wagons 1
 Removal Charges
 Getting Burial Permit 1 (State Number and District)
 Certified Copies of Death Certificates
 Personal Charges
 Pall Bearer Service
 Outlay for Lot
 Death Notices in Newspapers
 Flowers, \$ (Names of Newspapers) Rental of Palms, \$
 Rental of Tent, \$ of Temporary Tomb, \$
 Lowering Device, \$ Cremation, \$
 Opening of Grave or Tomb \$ 8.00
 Lining Grave, \$ Matting, \$
 Outlay for Shipping Charges
 Minister, \$ Singers, \$ Organist, \$
 Railroad Tickets, \$ Aeroplane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced



Lot No. 1562
 Grave No. 3
 Section No.
 Owner

Total Footing of Bill \$ 262.00
 Less Op. Ex. \$ 8.00
 Balance \$ 254.00
 Entered into Ledger, page or below \$

To Funeral Charges... Total, \$	By Cash..... \$
<u>P.B. McSandage, Elmer Green, Marshall Chankelaw, Dave Gilliland,</u>	
<u>Roy Gurneley, John John</u>	
<u>FINANCERS: Irene Casker, Alberta Sheppard, Mrs. Brown, Ray Johnson,</u>	
<u>PIANIST: Juanita Stute</u>	

Insurance, \$ Names of Ledges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Witness A. White Signed

RECORD OF FUNERAL

Total No. 1699 Yearly No. 35 Date Aug. 21, 1938
 Name of Deceased Elisha Chandler Mayhew Single Indiana
(Single - Married - Divorced) (What State) (Where Born)

Husband-Wife-Widow-
 or.....
 Vocation County Home inmate
 Name of Employer.....
 Charge to Self
 Address.....
 Connection brother-in-law

Order given by.....
 How Secured.....
 Date of Funeral Dec. 28, Sun 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman Wesley Vandergrate, A. Williams
 His Address.....
 Certifying Physician M. H. Rogers
(or Coroner)
 His Address Leon
 Cause of Death Diabetes Mellitus

Contributory Causes Urinary Retention - Bad Hemias
 Remarks Insanity Delusional
 Date of Death Aug. 17, 1938
 Place of Death Deo Co. Hosp., Leon, La.
 Religion.....
 Resided in the State 50
(Years) (Months)

Date of Birth Oct. 12, 1880
 Age 57 Years 10 Month 7 Days
 Name of Father Elisha Chandler Mayhew
 His Birthplace Indianapolis, Indiana
 Maiden Name of Mother Anna Melissa Mayhew
 Her Birthplace La Porte, Indiana
 Motor } Body to
 Ship }
 Size and Style of Casket #900-3 Paul Crepe
 Manufactured by Heggen
 Interment at Rose Hill { Cemetery
 Crematory

Diagram of Lot or Vault
 Lot No. 163
 Grave No. 3
 Section No.....
 Owner.....

Complete Funeral	\$ 100.00
Casket	
Metallic Lining	
Outside Box <u>(Lein)</u>	
Burial Vault	
Embalming Body <u>with</u> Fluid	
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$ <u>4.50</u>	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Deo Co. Hosp.</u>	
Taking Body to	
Delivering Box to <u>Chm</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb <u>6.00</u>	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 100.00
Less	
Balance	
Entered into Ledger, page	or below \$

To Funeral Charges..... Total \$	By Cash \$
<u>P. C. Ark. Noftiger, Ark. Smith, Roy v. Sam. West, John Foster, Joe Anthony</u>	
<u>D. N. C. R. S. Mark Conway, Gene Oliver</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Witness R. H. White Signed.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1699 Yearly No. 26 Date Sept. 16, 1938
 Name of Deceased Joseph Emmer Barth Andover, Mo.
(Single - Married - Divorced) (What Place) (Where Born)
 Husband - Wife - Widow Pearl Barth
 or of

Vocation Rayman
 Name of Employer Chas. A. Amberg Co.
 Charge to Mrs. Barth
 Address
 Connection
 Order given by
 How Secured Contact - Amour
 Date of Funeral 7/16/38 2 P. M.
(Date) (Day of Week) (Hour)
 Services at East Side Church
 Clergyman Bro. W. Long; Harold Vanduyft
 His Address
 Certifying Physician H. M. Hille
(or Coroner)
 His Address
 Cause of Death Heart Block
Wired in car near home
 Contributory Causes
 Remarks
 Date of Death 7-14-38
 Place of Death Lamoni, Ia.
 Religion
 Resided in the State 18
(Years) (Months)
 Date of Birth Jan. 28, 1870
 Age 68 Years 7 Month 16 Days
 Name of Father Andrew Barth
 His Birthplace Germany
 Maiden Name of Mother Amanda Putnam
 Her Birthplace Indiana
 Motor } Body to
 Ship }
 Size and Style of Casket 4000 Per. Urn - Helpele
 Manufactured by Chicago Caskets Co.
 Interment at Andover { Cemetery
 Crematory

Complete Funeral	\$ 178.00
Casket	
Metallic Lining	
Outside Box <u>1 1/2 Redwood</u>	
<small>(State/Kind) (State/Kind)</small>	
Burial Vault	
Embalming Body <input checked="" type="checkbox"/> with Fluid	
Barber, \$ <input checked="" type="checkbox"/> Hair Dressing, \$	
Dressing Room <input checked="" type="checkbox"/>	
Suit or Dress, \$ Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ Ambulance, \$	
Limousines to Cemetery <u>1</u> @ \$	
Autos to R. R. Station <u>1</u> @ \$	
Getting Remains from <u>Mo.</u>	
Taking Body to	
Delivering Box to <u>Andover</u>	
Flower Wagons	
Removal Charges <input checked="" type="checkbox"/>	
Getting Burial Permit <input checked="" type="checkbox"/>	
<small>(State Number and District)</small>	
Certified Copies of Death Certificates <input checked="" type="checkbox"/>	
Personal Charges <input checked="" type="checkbox"/>	
Pall Bearer Service	
Outlay for Lot	
Death Notices in <u> </u> Newspapers	
Flowers, \$ <small>(Names of Newspapers)</small>	
Rental of Palms, \$ <u>5.10</u>	
Rental of Tent, \$ <input checked="" type="checkbox"/> of Temporary Tomb, \$	
Lowering Device, \$ <input checked="" type="checkbox"/> Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ <input checked="" type="checkbox"/> Matting, \$	
Outlay for Shipping Charges	
Minister, \$ Singers, \$ Organist, \$	
Railroad Tickets, \$ Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 183.10
Less	\$
Balance	
Entered into Ledger, page <u> </u> or below \$	

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Owner

To Funeral Charges... Total, \$	By Cash	\$
<u>P.O. H. H. Seal, Jules Madgaden, Stewart Knight, L. H. Miley,</u>		
<u>H. A. Sapercoth, Randall R. Arnold</u>		
<u>P. M. C. P. Juvenita White, Myrtle Anthony, R. Ford Ballentine, Toward Saly</u>		
<u>P. A. M. S. Emily Anthony</u>		

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1700 Yearly No. 27 Date Sept 18, 1938
 Name of Deceased Infant Son of Clair & Bonnie Roberts - Len. Iowa.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - }
 or of }

Vocation A
 Name of Employer
 Charge to Clair Roberts
 Address
 Connection
 Order given by
 How Secured
 Date of Funeral 9/18/38 Sun. M.
(Date) (Day of Week) (Hour)
 Services at Home
 Clergyman J. A. Lane
 His Address
 Certifying Physician E. E. Veach
(or Coroner)
 His Address
 Cause of Death Stillborn following toxemia
Version of extraction
 Contributory Causes
 Remarks
 Date of Death 9-17-38
 Place of Death Dec. Co. Hosp., Des. Ia.
 Religion
 Resided in the State
 Date of Birth 9-17-38 (Years) (Months)
 Age 0 Years 0 Month 0 Days
 Name of Father Clair Roberts
 His Birthplace Banyon, Iowa
 Maiden Name of Mother Bonnie Kunder
 Her Birthplace Mt. Airy, Ia.
 Motor Ship } Body to
 Size and Style of Casket No. 54 Standard
 Manufactured by
 Interment at Rose Hill { Cemetery
 Crematory

Complete Funeral	\$ 15.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body with Fluid	
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery, @ \$	
Autos to R. R. Station, @ \$	
Getting Remains from	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	2.50
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 17.50
Less <u>Op. L.</u>	\$ 3.50
Balance	15.00
Entered into Ledger, page	or below \$

Diagram of Lot or Vault	Lot No. <u>123</u>	Total Footing of Bill	\$ 17.50
	Grave No. <u>3</u>	Less <u>Op. L.</u>	\$ 3.50
	Section No.	Balance	15.00
	Owner	Entered into Ledger, page	or below \$
To Funeral Charges	Total, \$	By Cash	\$

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Witness D. M. ... Signed _____

RECORD OF FUNERAL

Total No. 1702 Yearly No. 29 Date Sept. 24, 1938

Name of Deceased Malma Adelaide Buskill (Single - Married - Divorced) Case Co., Mich. (What Race) (Where Born)

Husband—Wife—Widow—
or of Seymour W. Buskill, Dec.

Vocation Homemaker

Name of Employer Old Age Assn. Com.

Charge to Old Age Assn. Com.

Address

Connection

Order given by Subst.

How Secured

Date of Funeral 9/24/38 Sat. 2 P. M.
(Year) (Day of Week) (Hour)

Services at John B. Ruy Residence

Clergyman E. W. Dale

His Address Pleasanton, Ia.

Certifying Physician R. J. K. Ebd. (Coroner)

His Address Davis Cty., Ia.

Cause of Death Myocarditis

Contributory Causes

Remarks

Date of Death 9-22-38

Place of Death John B. Ruy Res. Bloomington, Ia.

Religion

Resided in the State Ia.
(Years) (Months)

Date of Birth May 31, 1858

Age 80 Years 2 Month 21 Days

Name of Father Ruben Sample

His Birthplace New York

Maiden Name of Mother Estelle Stead

Her Birthplace New York

Motor Ship } Body to

Size and Style of Casket 3 Panel, C. Crepe

Manufactured by Heggen

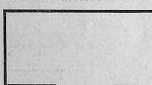
Interment at Silly Cemetery
Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault 

Complete Funeral	\$ 100.00
Casket <input checked="" type="checkbox"/>	
Metallic Lining	
Outside Box <input checked="" type="checkbox"/> <small>(State Kind)</small>	
Burial Vault <small>(State Kind)</small>	
Embalming Body <input checked="" type="checkbox"/> with <u>Fluid</u>	
Barber, \$	Hair Dressing, \$
Dressing Body <input checked="" type="checkbox"/>	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery <u>1</u> @ \$	
Autos to R. R. Station <u>1</u> @ \$	
Getting Remains from <u>.....</u>	
Taking Body to <u>.....</u>	
Delivering Box to <u>Silly, Ia.</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit <small>(State Number and District)</small>	
Certified Copies of Death Certificates	
Personal Charges	
Call Bearer Service	
Outlay for Lot	
Death Notices in <u>.....</u> Newspapers	
Flowers, \$ <small>(Name of Newspaper)</small>	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Total Footing of Bill	\$ 100.00
Less	\$
Balance	\$
Entered into Ledger, page <u>.....</u>	or below \$

To Funeral Charges... Total, \$	\$	By Cash	\$
<u>P.B. Sen in laws</u>			
<u>P. W. R. H. - Mrs. Orpha Brown, Mrs. J. W. Anthony,</u>			
<u>P. A. M. S. T. - Mrs. Vigil Sheppard</u>			

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness M. H. H. H. Signed

RECORD OF FUNERAL

Total No. 1703 Yearly No. 30 Date Sept. 30 1938
 Name of Deceased William Lincoln Norman Sum Haute, Iowa
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - or of Minnie Angelina Boyer Norman

Vocation Farmer
 Name of Employer
 Charge to Decatur County
 Address
 Connection
 Order given by Act. Downing, Police Office

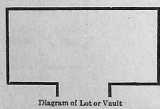
How Secured
 Date of Funeral 9/30/38 9 P. M.
(Date) (of Week) (Hour)
 Services at Funeral Home
 Clergyman Wesley Powell

His Address
 Certifying Physician R. W. Smith
(or Coroner)
 His Address Clarinda, Iowa
 Cause of Death Exhaustion from senile
Psychosis
 Contributory Causes Simple Deterioration

Remarks
 Date of Death Sept. 28, 1938
 Place of Death State Hospital, Clarinda, Ia
 Religion
 Resided in the State Ia. (Years) (Months)

Date of Birth Oct. 12, 1864
 Age 73 Years 11 Month 16 Days
 Name of Father Chas. W. Norman
 His Birthplace Ohio
 Maiden Name of Mother Martina Slauter
 Her Birthplace Ohio

Motor Ship } Body to
 Size and Style of Casket Parish C. Organ
 Manufactured by Weyger
 Interment at Sum Haute { Cemetery
 Crematory



Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	40.00
Casket		
Metallic Lining		
Outside Box		
Burial Vault		
Embalming Body with Fluid		
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$		
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Badge, \$		
Gloves, \$		
Hearse, \$		
Ambulance, \$		
Limousines to Cemetery, 1 @ \$		
Autos to R. R. Station, @ \$		
Getting Remains from Clarinda		7.50
Taking Body to		
Delivering Box to Sum Haute		
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates		
Personal Charges		
Roll Bearer Service		
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$		
Rental of Palms, \$		
Rental of Tent, \$		
of Temporary Tomb, \$		
Lowering Device, \$		
Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Matting, \$		
Outlay for Shipping Charges		
Minister, \$		
Singers, \$		
Organist, \$		
Railroad Tickets, \$		
Aeroplane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	47.50
Less	\$	
Balance		
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$		By Cash	\$
<u>A. B. Hephows</u>			
ST. AGENTS: <u>Mrs. Stewart Wright; Mrs. J. N. Anthony</u>			
PLANNERS: <u>Mrs. Carl White</u>			

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Witness W. White Signed

RECORD OF FUNERAL

Total No. 1704 Yearly No. 31 Date Oct. 26, 1938

Name of Deceased Elizabeth Williams
(Single — Married — Divorced) (What Name) (Where Born)

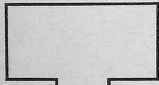
Husband—Wife—Widow—
 or of }

Vocation
 Name of Employer
 Charge to Stahl Funeral Home
 Address Independence, Mo.
 Connection
 Order given by H. R. Stahl
 How Secured Cash
 Date of Funeral 10/26/38 4:30 P. 1:30 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman W. B. Soden

His Address
 Certifying Physician
(or Coroner)
 His Address
 Cause of Death Arterio Sclerosis
 Contributory Causes

Remarks
 Date of Death Oct. 24, 1938
 Place of Death Independence Sanatorium
 Religion
 Resided in the State
(Years) (Months)
 Date of Birth
 Age 77 Years Month Days
 Name of Father
 His Birthplace
 Maiden Name of Mother
 Her Birthplace

Motor } Body to
 Ship }
 Size and Style of Casket
 Manufactured by Rose Hill
 Interment at Rose Hill { Cemetery
 Crematory



Lot No. 965
 Grave No. 3
 Section No.
 Owner

Complete Funeral	\$	
Casket		
Metallic Lining	<small>(State Kind)</small>	
Outside Box	<small>(State Kind)</small>	7.00
Burial Vault	<small>(State Kind)</small>	
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	5.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	<small>(State Number and District)</small>	
Certified Copies of Death Certificates		
Personal Charges		5.00
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	<small>(Name of Newspapers)</small>	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	5.00
Opening of Grave or Tomb		7.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
<u>Funeral Home & Equip</u>		10.00
Total Footing of Bill	\$	29.00
Less	\$	
Balance		
Entered into Ledger, page		or below \$

To Funeral Charges. Total, \$	By Cash \$
<p><u>Body prepared & made & furnished by Stahl Funeral Home</u></p> <p><u>Stahl delivered body to home & we arranged & conducted service</u></p>	

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness R. Stahl Signed _____

Signed _____

RECORD OF FUNERAL

Total No. 1705 Yearly No. 32 Date Nov 19 1938
 Name of Deceased James Elbert Russell Harrison Co., Mo.
(Single - Married - Divorced) (What State) (Where Born)

Husband - Wife - Widow - Wife
 or of Nancy Russell

Vocation Retired Farmer

Name of Employer

Charge to Estate

Address

Connection

Order given by Mrs. Nancy Russell

How Secured Cash Note

Date of Funeral 11/19/38 Wed. 1:30 P.M.
(Date) (Day of Week) (Hour)

Services at Church of Christ, Davis City

Clergyman Wm. Campbell

His Address Davis City

Certifying Physician J. M. Strales
(or Coroner)

His Address Davis City

Cause of Death Paralysis

Contributory Causes High Blood Pressure

Remarks

Date of Death Nov. 6, 1938

Place of Death Harrison Co., Colfax Twp., Mo.

Religion

Resided in the State Mo.
(Years) (Months)

Date of Birth Aug. 8, 1876

Age 62 Years 2 Month 28 Days

Name of Father Ervin Russell

His Birthplace Harrison Co., Iowa

Maiden Name of Mother Martha White

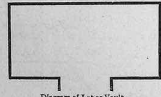
Her Birthplace Unknown

Motor Ship } Body to Andrew, Mo.

Size and Style of Casket #3450 Ref. Union

Manufactured by Roth

Interment at Andrew { Cemetery
 Crematory



Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ 212 00
Casket	
Metallic Lining	
Outside Box <u>1 1/2" Ref. Wood</u>	
Burial Vault	
Embalming Body <u>✓</u> with <u>Luan</u> Fluid	
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Re.</u>	
Taking Body to <u>Davis City</u>	
Delivering Box to <u>Andrew</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ <u>5.00</u> Rental of Palms, \$ <u>5.00</u>	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Minister, \$ Singers, \$ Organist, \$	
Railroad Tickets, \$ Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 217 00
Less	\$
Balance	\$ 217 00
Entered into Ledger, page or below \$	

To Funeral Charges Total, \$		By Cash \$	
<u>P. B. Nephews</u>			
<u>D. H. S. F. K. S. - 1 Davis City to Mrs Campbell</u>			

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Witness R. B. White Signed

RECORD OF FUNERAL

Total No. 1706 Yearly No. 33 Date Nov. 18, 1938
 Name of Deceased Loretta Threlke Single New York
(Single - Married - Divorced) (What Here) (Where Born)
 Husband—Wife—Widow—
 er..... of }

Vocation.....
 Name of Employer.....
 Charge to Santa Home
 Address.....
 Connection Sanate
 Order given by.....
 How Secured cash
 Date of Funeral Nov. 18, 1938 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Santa Home
 Clergyman Mr. Bill Shakespeare
 His Address.....
 Certifying Physician L. C. Gough
(or Coroner)
 His Address.....
 Cause of Death Hypostatic Pneumonia
 Contributory Causes Senility
 Remarks.....
 Date of Death Nov. 16, 1938
 Place of Death Santa Home, Danvers
 Religion L. O. S.
 Resided in the State 30
(Years) (Months)
 Date of Birth Oct. 18, 1847
 Age 91 Years 0 Month 28 Days
 Name of Father Abraham Threlke
 His Birthplace Unknown
 Maiden Name of Mother Sarah Schepfl
 Her Birthplace Unknown
 Motor } Body to
 Ship }
 Size and Style of Casket #900 Coupe L.O.
 Manufactured by Heggen
 Interment at Rock Hill { Cemetery
 Crematory

Complete Funeral	\$	7000
Casket		
Metallic Lining		
Outside Box	<u>Price</u> (State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	360
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery, 1 @ \$		
Autos to R. R. Station, @ \$		
Getting Remains from <u>Home</u>		
Taking Body to		
Delivering Box to <u>Home</u>		
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pal Bearer Service		
Outlay for Lot		
Death Notices	Newspapers	
	(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		600
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	7950
Less <u>Op. H.</u>	\$	600
Balance	\$	7350
Entered into Ledger, page.....	or below \$	

Diagram of Lot or Vault

Lot No. 1259-1
 Grave No. 1260-4
 Section No.....
 Owner.....

To Funeral Charges... Total, \$	By Cash \$
<u>P. B. Spaulsch; La Ver, Stuttgart, Edmonds, Chas. Hayes, Wm. Mord</u>	
<u>SINCEAS: Mrs. Carl Hayden; Mrs. Stewart Wright,</u>	
<u>PIANIST: Mrs. D. Gray Woodhouse</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness Attitude Signed.....
 Signed.....

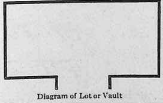
RECORD OF FUNERAL

Total No. 1707 Yearly No. 34 Date Apr. 17 1938
 Name of Deceased Ella Baker Summers Widow Linnwood Co., Kansas
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or of F. J. M. Summers

Vocation _____
 Name of Employer _____
 Charge to Lemerson & Johnson
 Address Lowrie, Iowa
 Connection Receiving Funeral Home
 Order given by Mrs. Clara V. Nuttall
 How Secured Cash
 Date of Funeral Apr. 17, 1938 11:30 A.M.
(Date) (Day of Week) (Hour)
 Services at Linnwood, Iowa
 Clergyman _____
 His Address _____
 Certifying Physician E. E. Yarnish
(or Coroner)
 His Address _____
 Cause of Death Myocardial degeneration
 Contributory Causes _____
 Remarks _____

Date of Death Apr. 17, 1938 - 3:30 A.M.
 Place of Death Linnwood, Nuttall Rec.
 Religion _____
 Resided in the State Iowa 1 Years 1 Months
 Date of Birth April 14, 1875 7 Years 3 Months 3 Days
 Age 63 Years 7 Month 3 Days
 Name of Father James H. Baker
 His Birthplace New Hampshire
 Maiden Name of Mother Harriet A. Allen
 Her Birthplace Lincoln Co., Illinois
 Motor Ship } Body to _____
 Size and Style of Casket # 232 C. N. Velux
 Manufactured by Rust
 Interment at Linnwood, Iowa { Cemetery _____
 Crematory _____

Complete Funeral	\$
Casket	
Metallic Lining	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with _____ Fluid <u>2.50 00</u>
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Lin</u>	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in _____ Newspapers	
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Committed on sale of <u># 232 Casket & Redwood Box</u>	
<u>1938</u>	<u>25.00</u>
Total Footing of Bill	\$ <u>60.00</u>
Less	\$
Balance	<u>60.00</u>
Entered into Ledger, page _____	or below \$



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

To Funeral Charges... Total, \$	By Cash	\$
<u>Body embalmed, dressed & made shroun</u>	<u>Body called for by</u>	
<u>Lemerson & Johnson Funeral Home, Lowrie, Iowa</u>		

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness A. White Signed _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1708 Yearly No. 35 Date Nov. 19, 1938

Name of Deceased Rolland James Stanley, Married, Hannion Co., Mo.
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow } Myrtle Beaman Stanley
 or

Vocation Lumber

Name of Employer Self

Charge to Mrs. Stanley

Address Andover, Mo.

Connection

Order given by

How Secured Cash - 30 days

Date of Funeral 11/19/38 Sat 2 P. M.
(Date) (Day of Week) (Hour)

Services at General Home

Clergyman E. O. De Long

His Address

Certifying Physician Joe E. Marcus, Corvair, Mo.
(or Coroner)

His Address Bethany, Mo.

Cause of Death suicide
gun shot in head

Contributory Causes

Remarks

Date of Death Nov. 17, 1938

Place of Death Andover, Mo., bedside

Religion

Resided in the State 40
(Years) (Months)

Date of Birth Jan. 31, 1895

Age 43 Years 9 Month 16 Days

Name of Father Joseph Stanley, Ill.

His Birthplace

Maiden Name of Mother Clara Sophie Fehrbusch

Her Birthplace Andover

Motor } Body to Andover, Mo.
 Ship } #902 Andover, Mo., State

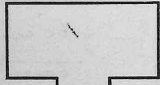
Size and Style of Casket Woods

Manufactured by

Interment at Andover, Mo. { Cemetery
 Crematory

<p>Complete Funeral \$ <u>398.00</u></p> <p>Casket <u>Simple P.C. - 1 E. Sat</u></p> <p>Metallic Lining <small>(State Kind)</small></p> <p>Outside Box <small>(State Kind)</small></p> <p>Burial Vault <u>Andover Co. Marble</u> <u>78.00</u> <small>(State Kind)</small></p> <p>Embalming Body <input checked="" type="checkbox"/> with <input type="checkbox"/> Fluid</p> <p>Barber, \$ <input type="checkbox"/> Hair Dressing, \$ <input type="checkbox"/></p> <p>Dressing Body <input checked="" type="checkbox"/></p> <p>Suit or Dress, \$ <input type="checkbox"/> Hose, \$ <u>10.00</u></p> <p>Underwear, \$ <input type="checkbox"/> Slippers, \$ <input type="checkbox"/></p> <p>Folding Chairs, \$ <input type="checkbox"/> Tarpaulin, \$ <input type="checkbox"/></p> <p>Candelabrum, \$ <input type="checkbox"/> Candles, \$ <input type="checkbox"/></p> <p>Door Badge, \$ <input type="checkbox"/> Gloves, \$ <input type="checkbox"/></p> <p>Hearse, \$ <input type="checkbox"/> Ambulance, \$ <input type="checkbox"/></p> <p>Limousines to Cemetery <u>1</u> @ \$ <input type="checkbox"/></p> <p>Autos to R. R. Station <u>1</u> @ \$ <input type="checkbox"/></p> <p>Getting Remains from <u>And</u> <input type="checkbox"/></p> <p>Taking Body to <u>Crem. (Andover)</u> <input type="checkbox"/></p> <p>Delivering Box to <input type="checkbox"/></p> <p>Flower Wagons <input type="checkbox"/></p> <p>Removal Charges <input type="checkbox"/></p> <p>Getting Burial Permit <input type="checkbox"/> <small>(State Number and District)</small></p> <p>Certified Copies of Death Certificates <input type="checkbox"/></p> <p>Personal Charges <input type="checkbox"/></p> <p>Pall Bearer Service <input type="checkbox"/></p>	<p>Outlay for Lot <input type="checkbox"/></p> <p>Death Notices in <input type="checkbox"/> Newspapers</p> <p>Flowers, \$ <input type="checkbox"/> Rental of Palms, \$ <u>5.00</u></p> <p>Rental of Tent, \$ <input type="checkbox"/> of Temporary Tomb, \$ <input type="checkbox"/></p> <p>Lowering Device, \$ <input checked="" type="checkbox"/> Cremation, \$ <input type="checkbox"/></p> <p>Opening of Grave or Tomb <input type="checkbox"/></p> <p>Lining Grave, \$ <input type="checkbox"/> Matting, \$ <input type="checkbox"/></p> <p>Outlay for Shipping Charges <input type="checkbox"/></p> <p>Minister, \$ <input type="checkbox"/> Singers, \$ <input type="checkbox"/> Organist, \$ <input type="checkbox"/></p> <p>Railroad Tickets, \$ <input type="checkbox"/> Aeroplane Service, \$ <input type="checkbox"/></p> <p>Telegr., Phone, Cable or Radio Charges <input type="checkbox"/></p> <p>Cash Advanced <input type="checkbox"/></p>
<p>Total Footing of Bill \$ <u>491.00</u></p> <p>Less \$ <input type="checkbox"/></p> <p>Balance \$ <u>491.00</u></p>	

Entered into Ledger, page _____ or below \$ _____



Lot No. _____

Grave No. _____

Section No. _____

Owner _____

<p>To Funeral Charges... Total, \$</p> <p><u>O. B. Everett, Leman, Ed. of Bryan Stanley</u></p>	<p>By Cash \$</p> <p><u>Worship of Jack Hutton</u></p>
<p>SINCE PAID:</p>	

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____

Witness R. S. White Signed _____

Witness _____ Signed _____

RECORD OF FUNERAL

Total No. 1709 Yearly No. 36 Date Nov. 30, 1938
 Name of Deceased Emma Sklesley Widow near Springfield, Ill.
(Single - Married - Divorced) (What Race) (Date of Birth)
 Husband - Wife - Widow or of Constant D. Sklesley
(or of)

Vocation
 Name of Employer
 Charge to Old age Ass. Com.
 Address
 Connection Recipient
 Order given by A. J. Ehrhardt,
 How Secured Claim filed
 Date of Funeral 11/30/38 Wed 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman Joe Sant
 His Address
 Certifying Physician E. E. Lameh
(or Coroner)
 His Address
 Cause of Death Bronchial Pneumonia
 Contributory Causes Senility
 Remarks
 Date of Death Nov. 28, 1938
 Place of Death Towers Res. Lamon.
 Religion
 Resided in the State Ill. (Years) (Months)
 Date of Birth July 4, 1855
 Age 83 Years 4 Month 24 Days
 Name of Father Joe Omer
 His Birthplace Czechoslovakia
 Maiden Name of Mother Mergia Stanska
 Her Birthplace Czechoslovakia
 Motor Ship } Body to
 Size and Style of Casket #900 - L.C. Coupe
 Manufactured by Heggen
 Interment at Rose Hill { Cemetery
 Crematory

Complete Funeral	\$	100.00
Casket		
Metallic Lining		
Outside Box <u>Pine</u>		
Burial Vault		
Embalming Body <u>with</u> <u>Flum</u> Fluid		
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$		
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Badge, \$		
Gloves, \$		
Hearse, \$		
Ambulance, \$		
Limousines to Cemetery <u>2 @ \$</u>		
Autos to R. R. Station <u>2 @ \$</u>		
Getting Remains from <u>Res</u>		
Taking Body to		
Delivering Box to <u>Res</u>		
Flower Wagons		
Removal Charges		
Getting Burial Permit		
(State Number and District)		
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$		
Rental of Palms, \$		
Rental of Tent, \$		
of Temporary Tomb, \$		
Lowering Device, \$		
Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Matting, \$		
Outlay for Shipping Charges		
Minister, \$		
Singers, \$		
Organist, \$		
Railroad Tickets, \$		
Aeroplane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	100.00
Less <u>Op. Sh.</u>	\$	6.00
Balance		94.00
Entered into Ledger, page		or below \$

Diagram of Lot or Vault

Lot No. 1138
 Grave No. 3
 Section No.
 Owner

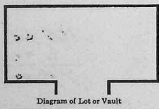
To Funeral Charges... Total, \$	\$	
By Cash	\$	
<u>P. B. T. H. Currie, James Seligfield, J. H. Anthony,</u> <u>Arthur Hawk, A. C. Davis, Roy Conyers,</u>		

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness AS White Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1710 Yearly No. 37 Date Dec 1, 1938
 Name of Deceased Gary Wayne Parkhurst, Lawson, Hammon Co., Mo.
(Single - Married - Divorced) (What Race) (Where Born)

Husband—Wife—Widow }
 or ed }
 Vocation
 Name of Employer
 Charge to Sadland Parkhurst
 Address
 Connection Sister
 Order given by
 How Secured Cash
 Date of Funeral 12/1/38 Thurs 9 P. M.
(Date) (Day of Week) (Hour)
 Services at Love Rock Church
 Clergyman J. A. Beck
 His Address
 Certifying Physician E. E. Hamel
(or Coroner)
 His Address
 Cause of Death Melanoma
 Contributory Causes
 Remarks
 Date of Death Nov. 29, 1938
 Place of Death Love Rock, Hammon Co., Mo.
 Religion
 Resided in the State (Years) (Months)
 Date of Birth Nov. 4, 1938 (Years) (Months)
 Age Years Month Days
 Name of Father Sadland Parkhurst
 His Birthplace Hammon Co., Mo.
 Maiden Name of Mother Maxine Brown
 Her Birthplace Kingsgold Co., Iowa
 Motor } Body to #310 N. 1st St. Parkhurst
 Ship }
 Size and Style of Casket
 Manufactured by Reynolds Metal Co.
 Interment at Love Rock { Cemetery } Crematory



Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	
Casket	✓	10.00
Metallic Lining		
Outside Box	(State Kind) ✓	
Burial Vault	(State Kind)	
Embalming Body	✓ with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body	✓	
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limosines to Cemetery	2 @ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	@ \$	
Taking Body to		
Delivering Box to	✓	
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges	✓	5.00
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Name of Newspaper)	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	16.50
Less	\$	
Balance		
Entered into Ledger, page		or below \$

	Total, \$	
To Funeral Charges		By Cash

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. White Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1712 Yearly No. 79 Date Dec 19 1928
 Name of Deceased John Sweden Vandel (Single - Married - Divorced) Illinois (What Race) (Where Born)
 Husband - Wife - Widow Alta Bogus

Vocation Rancher
 Name of Employer Self
 Charge to Mrs. Alta Vandel
 Address 90 Mrs Dewey Bolton
 Connection
 Order given by Mrs Dewey Bolton (Alta)
 How Secured
 Date of Funeral 12/15/28 Mon. 28 M. (Date) (Day of Week) (Hour)

Services at Santa Clara, Davis City
 Clergyman Roy Chordle, Mr. Gieson
 His Address
 Certifying Physician Le Roy S. Bolton (or Coroner)
 His Address Peer Bridge, Mantua
 Cause of Death Chronic Myocarditis
 Contributory Causes Pneumonia, Hypertension, Atherosclerosis
 Remarks Carumonia Hypostatic
 Date of Death 12-15-28
 Place of Death Peer Lodge, Mantua (W. Va.)
 Religion
 Resided in the State (Years) (Months)

Date of Birth Aug 31, 1875 (Years) (Months) (Days)
 Age 63 Years 3 Month 15 Days
 Name of Father Joseph Vandel
 His Birthplace Illinois
 Maiden Name of Mother Clara Woodruff
 Her Birthplace Illinois
 Mather } Body to R. W. Ross, F.D., Peer Lodge
 Ship }
 Size and Style of Casket 7 x 15 - cheap plan
 Manufactured by Ross Hill
 Interment at Ross Hill { Cemetery (Crematory)

Diagram of Lot or Vault
 Lot No. 744
 Grave No. 3
 Section No.
 Owner

Complete Funeral	\$	
Casket		
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	<u>Salon</u> (State Kind)	68.00
Embalming Body	with _____ Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Amulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>D.C. R.R.</u>	
Taking Body to	<u>Samson</u>	
Delivering Box to	<u>Samson Cem.</u>	
Flower Wagons		
Removal Charges		
Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		25.00
Call Bell Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		9.69
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		9.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	111.69
Less <u>Op. S. & advance for Ex.</u>	\$	16
Balance		95.69
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$ _____ By Cash... \$ _____
C. B. Ernst, Scott, Lewis, Brooks, Clara, G. Schmidt, John Taylor, Garland Craig, Royd Kirk
S. W. H. S. Janda Dewey, Annette White, Roy Chordle, James G. Galt

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Witness R. White Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1922.

RECORD OF FUNERAL

Total No. 1713 Yearly No. 40 Date Dec. 22, 1938
 Name of Deceased Gerald Allen Lewis St. Joseph, Mo.
(Single - Married - Divorced) (What Place) (Where Born)

Husband—Wife—Widow—
 or of }
 Occupation
 Name of Employer
 Charge to No. chg.
 Address
 Connection
 Order given by
 How Secured
 Date of Funeral None (Date) (Day of Week) (Hour) M.
 Services at
 Clergyman
 His Address
 Certifying Physician W. M. Hills
(or Coroner)
 His Address
 Cause of Death Auto died when brought into office.
Motorist tounded bus on St. Joseph ch. 6 P.M. and
Contributory Cause arrived St. Louis 9 P.M. Next
Remarks to St. Louis Y. stayed at suite. Arrived at office 2 P.M.
 Date of Death 12-22-38
 Place of Death Lansoni
 Religion
 Resided in the State (Years) (Months)
 Date of Birth 10-14-38
 Age 0 Years 2 Month 8 Days
 Name of Father Harry Lewis
 His Birthplace St. Joseph, Mo.
 Maiden Name of Mother Manda Lee Sellers
 Her Birthplace Dec. Missouri, La.
 (Motorhip) Body to St. Joseph, Mo.
 Size and Style of Casket
 Manufactured by
 Interment at St. Joseph, Mo. Cemetery
 Crematory

Complete Funeral	\$	
Casket		
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
<u>No Chg.</u>		
Total Footing of Bill	\$	
Less	\$	
Balance		
Entered into Ledger, page		or below \$

Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Owner

To Funeral Charges... Total, \$		By Cash	\$
<u>Prepared papers. Death Certificate & Removal Permit.</u>			
<u>No. made or service furnished - No. chg.</u>			

Insurance, \$ Names of Lodges
 Names of Insurance Companies

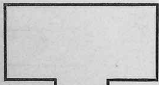
We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Signed
 Witness W. A. Marsh
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1714 Yearly No. 1 Date January 3, 1939
 Name of Deceased Elvira Viola Boswell Missouri
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow Joe Boswell, Dec.

Vocation.....
 Name of Employer.....
 Charge to Old Age Ass. Com.
 Address.....
 Connection.....
 Order given by Herb Bartlett
 How Secured.....
 Date of Funeral Jan 3/39 Twice 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman C. E. Harpe
 His Address.....
 Certifying Physician J. V. Reed
Coroner
 His Address Davis City, Ia.
 Cause of Death Arterial Sclerosis

Contributory Causes.....
 Remarks.....
 Date of Death Jan 1, 1939
 Place of Death New Cuba Ins. & Decatur Co., Iowa
 Religion.....
 Resided in the State 60
(Years) (Months)
 Date of Birth Feb 2, 1849
 Age 89 Years 10 Month 29 Days
 Name of Father Jordan
 His Birthplace Arkansas
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor } Body to
 Ship }
 Size and Style of Casket Top Cap Case
 Manufactured by Heppner
 Interment at Rose Hill Cemetery
Crematory


 Lot No. 363
 Grave No. 3
 Section No.....
 Owner.....

Complete Funeral	\$ 100.00
Casket	
Metallic Lining	
Outside Box <u>None</u>	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body <u>with</u> <u>Fluor.</u> Fluid	
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$ <u>7.50</u>
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limosines to Cemetery <u>1</u> @ \$	
Autos to R. R. Station <u>1</u> @ \$	
Getting Remains from <u>Dec.</u>	
Taking Body to	
Delivering Box to <u>Com.</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	<small>(State Number and District)</small>
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	Rental of Palms, \$ <u>8.00</u>
Rental of Tent, \$	<small>(Name of Newspapers)</small> of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	<u>6.00</u>
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Organist, \$
Telegr., Phone, Cable or Radio Charges	Aeroplane Service, \$
Cash Advanced	
Total Footing of Bill	\$ <u>145.50</u>
Less <u>Op. In.</u>	\$ <u>6.00</u>
Balance	\$ <u>109.50</u>
Entered into Ledger, page.....	or below \$

To Funeral Charges... Total, \$	By Cash..... \$
<u>P. B. Vandons</u>	
<u>Miss Ruth Lounce</u>	
<u>Mrs. Hugh Mortimore</u>	
<u>Mrs. John C. Letcher</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness R. A. White Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1715 Yearly No. 2 Date January 19, 1939
 Name of Deceased Mary Anderson *widow* Denmark
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow or of John S. Anderson

Vocation none
 Name of Employer
 Charge to Blind Union Divisions
 Address Anna Social Welfare Board
 Connection
 Order given by A. J. Ehrhardt, Director
 How Secured
 Date of Funeral Jan 17/39 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman D. B. Sorden
 His Address
 Certifying Physician H. M. Hille
(or Coroner)
 His Address
 Cause of Death Broncho Pneumonia
 Contributory Causes Old Age

Remarks
 Date of Death Jan 17, 1939
 Place of Death Mrs. Lamson, Ia.
 Religion
 Resided in the State 00
(Years) (Months)
 Date of Birth June 11, 1850
 Age 88 Years 7 Month 6 Days
 Name of Father Soren Wilson
 His Birthplace Denmark
 Maiden Name of Mother Margaret
 Her Birthplace Denmark
 Motor Ship } Body to
 Size and Style of Casket Paul d. C. Casket
 Manufactured by Heggen
 Interment at Rose Hill Cemetery
Crematory

Complete Funeral	\$ 100	00
Casket		
Metallic Lining		
Outside Box <u> Pine</u>		
Burial Vault		
Embalming Body <input checked="" type="checkbox"/> with <u>Fluid</u>		
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$		
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Badge, \$		
Gloves, \$		
Hearse, \$		
Ambulance, \$		
Limousine to Cemetery <u>1</u> @ \$		
Autos to R. R. Station <u>1</u> @ \$		
Getting Remains from <u>See</u>		
Taking Body to		
Delivering Box to <u>See</u>		
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in <u> </u> Newspapers		
Flowers, \$ <small>(Name of Newspapers)</small>		
Rental of Palms, \$		
Rental of Tent, \$ <u> </u> of Temporary Tomb, \$		
Lowering Device, \$ <u> </u> Cremation, \$		
Opening of Grave or Tomb <u> </u>		xx
Lining Grave, \$ <u> </u> Matting, \$		
Outlay for Shipping Charges		
Minister, \$ <u> </u> Singers, \$ <u> </u> Organist, \$		
Railroad Tickets, \$ <u> </u> Aeroplane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		

Diagram of Lot or Vault
 Lot No. 826
 Grave No. 2
 Section No.
 Owner

Total Footing of Bill	\$ 100	00
Less <u>Op. H.</u>	\$ 6	00
Balance	\$ 94	00
Entered into Ledger, page <u> </u> or below \$		

To Funeral Charges... Total, \$	By Cash	\$
<u>C. B. Harry Mear, Mrs. Grace Jason Bell, John Smully, Chas. Weyer, A. J. Smith</u>		
<u>SINGERS - Mrs. Ralph Hume, Mrs. Lloyd Mortensen,</u>		
<u>PAULIST - Mrs. John Stetson</u>		

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Witness Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1716 Yearly No. 2 Date Jan. 27, 1939
 Name of Deceased Mary Ann Brown Beito County, Ontario, Canada
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow—
 or of Ed Brown, Dec.

Vocation _____
 Name of Employer _____
 Charge to Estate
 Address _____
 Connection _____
 Order given by Children - J. M. Brown, Gen.
 How Secured Cash
 Date of Funeral Jan 29/39 Sun. 2 P. M.
(Day) (Day of Week) (Hour)
 Services at Columbus
 Clergyman Ludwick S. off.
 His Address Independence, Mo.
 Certifying Physician E. L. Hamer
(or Coroner)
 His Address Samon
 Cause of Death Chronic Myocarditis
 Contributory Causes Senility
 Remarks _____
 Date of Death 1-27-39
 Place of Death Beito - Samon
 Religion _____
 Resided in the State _____ 25 (Years) (Months)
 Date of Birth April 24 - 1853
 Age 85 Years 9 Month 3 Days
 Name of Father Mr Gray
 His Birthplace Canada
 Maiden Name of Mother E. White Bell
 Her Birthplace Ireland
 Motor Ship } Body to _____
 Size and Style of Casket 24 x 36 Per. Sh.
 Manufactured by Per. Sh.
 Interment at Ross Hill { Cemetery
 Crematory
 Lot No. 216
 Grave No. 283
 Section No. _____
 Owner _____

Complete Funeral	\$ 212.00
Casket <u>Per. Sh.</u>	
Metallic Lining	
Outside Box <u>1 1/2" Reinforced</u>	x
Burial Vault	
Embalming Body <u>with Swan</u> Fluid	x
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body	
Suit or Dress, \$ _____ Hose, \$ _____	8.75
Underwear, \$ _____ Slippers, \$ _____	
Folding Chairs, \$ _____ Tarpaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse, \$ _____ Ambulance, \$ _____	x
Limousine to Cemetery <u>2 @ \$ -</u>	x
Autos to R. R. Station <u>2 @ \$ -</u>	
Getting Remains from <u>Per</u>	x
Taking Body to _____	
Delivering Box to <u>Cem.</u>	x
Flower Wagons _____	
Removal Charges _____	
Getting Burial Permit _____	
Certified Copies of Death Certificates _____	
Personal Charges _____	
Pall Bearer Service _____	
Outlay for Lot _____	
Death Notices in _____ Newspapers	
Flowers, \$ _____ Rental of Palms, \$ _____	
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	
Lowering Device, \$ _____ Cremation, \$ _____	
Opening of Grave or Tomb	7.00
Lining Grave, \$ _____ Matting, \$ _____	
Outlay for Shipping Charges _____	
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
<u>Columbus Vault</u>	5.00
Total Footing of Bill	222.75
Less <u>Of G. & Col.</u>	17.00
Balance	205.75
Entered into Ledger, page _____ or below \$ _____	

Total General Charges... Total, \$ <u>G. B. Henderson</u> Undertakers - <u>Mr. & Mrs. J. H. Williams, Mrs. Snyder, Ray, Christie</u> Organist - <u>Mrs. B. Sibley</u> Organist - _____	By Cash... \$ _____ _____ _____
--	--

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness R. S. White Signed _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1717 Yearly No. 4 Date Feb. 2, 1939

Name of Deceased Joseph Warren Lane Council Bluffs, Ia.
(Single - Married - Divorced) (What Place) (Where Born)

Husband - Wife - Widow or - of Louise Lane, Dec.

Vocation Minister

Name of Employer

Charge to Rev. Arthur & John

Address

Connection

Order given by

How Secured Contract

Date of Funeral 2/1/39 Wed 2:30 P. M.
(Date) (Day of Week) (Hour)

Services at Coliseum - Piggah 1/2

Clergyman Roy Chevill - Rev. Lutman

His Address Lamoni - Council Bluffs

Certifying Physician E. E. Gausch
(or Coroner)

His Address

Cause of Death Coronary Occlusion

Contributory Causes Senility

Remarks

Date of Death Jan. 31, 1939

Place of Death Lamoni, Ia.

Religion

Resided in the State Lamoni 11 (Years) (Months)

Date of Birth Nov. 10, 1851

Age 87 Years 2 Month 31 Days

Name of Father Barley Johnson Lane

His Birthplace Auburn

Maiden Name of Mother Matilda Kelley

Her Birthplace Auburn

Motor Body to Piggah Iowa

Size and Style of Casket Full Cap - Jasper White

Manufactured by R. G. Co.

Interment at Little Sioux { Cemetery Crematory

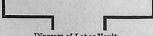


Diagram of Lot or Vault

Lot No. _____
Grave No. _____
Section No. _____
Owner _____

Complete Funeral	\$ 292.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body with Fluid	
Barber, Hair Dressing	
Dressing Body	
Suit or Dress, Hose	
Underwear, Slippers	
Folding Chairs, Tarpaulin	
Candelabrum, Candles	
Door Badge, Gloves	
Hearse, Ambulance	
Limousines to Cemetery	
Autos to R. R. Station	
Getting Remains from	
Taking Body to	20.00
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, Rental of Palms	10.00
Rental of Tent, Temporary Tomb	
Lowering Device, Cremation	
Opening of Grave or Tomb	
Lining Grave, Matting	
Outlay for Shipping Charges	
Minister, Singers, Organist	
Railroad Tickets, Aeroplane Service	
Telegr. Phone, Cable or Radio Charges	
Cash Advanced	
Coliseum Rental	5.00
Total Footing of Bill	327.00
Less Coliseum	5.00
Balance	322.00
Entered into Ledger, page _____ or below \$ _____	

To Funeral Charges... Total, \$		By Cash	\$
<u>P. B. Saunders</u>		<u>Mrs. Anthony A. ...</u>	
<u>S. W. ...</u>		<u>Mrs. ...</u>	
<u>S. W. ...</u>		<u>...</u>	

Insurance, \$ _____ Names of Lodges _____
Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness R. H. ... Signed _____
Signed _____

RECORD OF FUNERAL

Total No. 1718 Yearly No. 5 Date Oct. 13, 1939

Name of Deceased James Edgar Dunsolley
(Single - Married - Divorced) (What Race) (Where Born)

Husband Wife Widow or of Alice Dunsolley, Dec.

Vocation

Name of Employer

Charge to estate

Address

Connection

Order given by Lloyd & Guild - Sons

How Secured

Date of Funeral 2/13/39 Monday 10 a. m.
(Day) (Month) (Year) (Hour)

Services at General Home

Clergyman Ray of Asheville

His Address

Certifying Physician D. R. H. Moore (?)
(See Certificate)

His Address Burlington, Ia.

Cause of Death not given on funeral permit

Contributory Causes

Remarks

Date of Death Oct. 10, 1939

Place of Death Burlington, Ia.

Religion

Resided in the State

Date of Birth

Age 81 Years 1 Month 13 Days

Name of Father

His Birthplace

Maiden Name of Mother

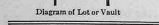
Her Birthplace

Motor Ship } Body to

Size and Style of Casket 232 C.W. Velvet 1/2 c.

Manufactured by R. D. H. Hill

Interment at R. D. H. Hill { Cemetery Crematory



Lot No. 1533
Grave No. 5
Section No.
Owner

Complete Funeral	\$ <u>239.00</u>
Casket	✓
Metallic Lining	(State Kind)
Outside Box	(Pine) (State Kind)
Burial Vault	(State Kind)
Embalming Body	✓ Fluid
Barber	✓ Hair Dressing, \$
Dressing Body	✓
Suit or Dress	✓ Hose, \$
Underwear	✓ Slippers, \$
Folding Chairs	✓ Tarpaulin, \$
Candelabrum	✓ Candles, \$
Door Badge	✓ Gloves, \$
Hearse	✓ Ambulance, \$
Limousines to Cemetery	1 @ \$
Autos to R. R. Station	@ \$
Getting Remains from	<u>Burlington - No extra chg.</u>
Taking Body to	
Delivering Box to	<u>Chas</u>
Flower Wagons	
Removal Charges	
Getting Burial Permit	✓
Certified Copies of Death Certificates	(State Number and District)
Personal Charges	✓
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers	<u>2.00</u> (Names of Newspapers)
Rental of Palms	\$ <u>2.00</u>
Rental of Tent	✓ of Temporary Tomb, \$
Lowering Device	✓ of Cremation, \$
Opening of Grave or Tomb	<u>1.00</u>
Lining Grave	✓ Matting, \$
Outlay for Shipping Charges	
Minister	✓ Singers, \$ Organist, \$
Railroad Tickets	✓ Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>241.00</u>
Less	<u>Op. S.</u> \$ <u>7</u>
Balance	<u>241.00</u>
Entered into Ledger, page	..... or below \$

To Funeral Charges... Total, \$

By Cash \$

Body embalmed by Alice Funeral Service, Burlington, Ia - He paid 2.50 for emb.
He returned body from Burlington via funeral coach - no extra charge.
P. B. - Chas. Hyde, Ray Dewey, Elmer Green, A. J. Harrington, Fred & W. H. Pillsbury
S. W. G. S. - Misses Jean M. & Cora M., W. Ruth, Parker, Bernad - W. H. Street

Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness R. White Signed

Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1719 Yearly No. 6 Date Feb. 21, 1939

Name of Deceased Wester May Bell Bringer (What Race) Missouri (Where Born)
Husband—Wife—Widow— or of Thomas Bringer (Single—Married—Divorced)

Vocation
Name of Employer
Charge to
Address Ply thedale Mo.
Connection
Order given by
How Secured Contract - Cash
Date of Funeral Feb 23, 1939 10 P. M. (Day of Week) (Hour)
Services at Christian Church, Ply thedale
Clergyman Carl Ballantyne; H.O. Beck
His Address Hammon
Certifying Physician E. C. Sam et. (or Coroner)
His Address Hammon
Cause of Death Acute myocardial failure
Diphth. pneumonia
Contributory Causes Apendectomy - Scudality
Remarks

Complete Funeral \$ 178.00
Casket
Metallic Lining
Outside Box Redwood (State Kind)
Burial Vault
Embalming Body with Fluid
Barber, \$ Hair Dressing, \$
Dressing Body
Suit or Dress, \$ 2.00 Hose, \$ 6.50
Underwear, \$ 6.00 Slippers, \$ 6.00
Folding Chairs, \$ Tarpaulin, \$
Candelabrum, \$ Candles, \$
Door Badge, \$ Gloves, \$
Hearse, \$ Ambulance, \$
Limousines to Cemetery, 1 @ \$
Autos to R. R. Station, @ \$
Getting Remains from Hospital
Taking Body to Rest
Delivering Box to Ply thedale
Flower Wagons
Removal Charges
Getting Burial Permit (State Number and District)
Certified Copies of Death Certificates
Personal Charges
Pall Bearer Service

Date of Death Feb. 18, 1939
Place of Death Deo. Co. Hosp. from Ia.
Religion A.D.
Resided in the State 19 (Years) (Months)
Date of Birth April 18, 1863
Age 75 Years 10 Month 0 Days
Name of Father Stuba Bell
His Birthplace Arkansas
Maiden Name of Mother Mary K. Elkey
Her Birthplace Arkansas
Motor Ship } Body to Ply thedale Mo.
Size and Style of Casket High end Dowl
Manufactured by Abmather
Interment at Ply thedale - Cedar Hill Cemetery Crematory

Outlay for Lot
Death Notices in Newspapers
Flowers, \$ (Names of Newspapers)
Rental of Palms, \$ 5.00
Rental of Tent, \$ of Temporary Tomb, \$
Lowering Device, \$ Cremation, \$
Opening of Grave or Tomb
Lining Grave, \$ Matting, \$
Outlay for Shipping Charges
Minister, \$ Singers, \$ Organist, \$
Railroad Tickets, \$ Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges
Cash Advanced

Diagram of Lot or Vault
Lot No.
Grave No.
Section No.
Owner

Total Footing of Bill \$ 190.10
Less \$
Balance
Entered into Ledger, page or below \$

To Funeral Charges... Total, \$
P.B. - Eva Gray - E. Waskine, Harriet Clark, Maurine DeLong - Thomas M. Davis, Levi Fisher
John P.B. - Mrs. Alice Lord, Emma Hawry, Mary Foster, Joyce Gray, Lottie Whiting, Alpha
DONORS - Miss Lloyd Woodhouse, Mrs. Ralph Louise - Lina - Mrs. John Patcher

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Witness W. White Signed
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

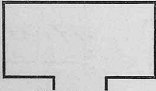
RECORD OF FUNERAL

Total No. 1720 Yearly No. 7 Date Feb. 22, 1939

Name of Deceased Jesse Owen Jackson (Single - Married - Divorced) Manhattan, Kansas (What Place) (Where Born)
 Husband - Wife - Widow or of Haley on Phyllis Jackson

Vocation
 Name of Employer
 Charge to Mrs. J. O. Jackson - H. L. Jackson
 Address
 Connection
 Order given by
 How Secured Contract
 Date of Funeral Feb. 29, 1939 (Day) Wed. (Day of Week) 2 P. (Hour) (M.)
 Services at Funeral Home
 Clergyman A. L. Keen, J. W. Barr
 His Address
 Certifying Physician E. G. Senack (or Coroner)
 His Address
 Cause of Death Myocardial Decomposition
Respiratory Inflammation
 Contributory Causes
 Remarks
 Date of Death Feb. 20, 1939
 Place of Death Res. - Lamoni, Ia.
 Religion
 Resided in the State 34 (Years) (Months)
 Date of Birth January 28, 1880
 Age 59 Years 0 Month 22 Days
 Name of Father Thomas J. Jackson
 His Birthplace Unknown
 Maiden Name of Mother Arvilla Carlwina
 Her Birthplace Unknown
 Motor Ship } Body to
 Size and Style of Casket 175 x 29 State H. C. Bush
 Manufactured by Mo-Kay
 Interment at R. or Hill { Cemetery
 Crematory

Complete Funeral	\$	224.00
Casket		
Metallic Lining		
Outside Box <u>Galvin</u> (State Kind)		78.00
Burial Vault		
Embalming Body with <u>Fluor</u> Fluid		
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$		
Hose, \$		
Slipper, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Badge, \$		
Gloves, \$		
Hearse, \$		
Ambulance, \$		
Limousines to Cemetery, 2 @ \$		
Autos to R. R. Station, @ \$		
Getting Remains from <u>Res.</u>		
Taking Body to		
Delivering Box to <u>Cem.</u>		
Flower Wagons, 1		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates (State Number and District)		
Personal Charges		
Pall Bearer Service		
Outlay for Lot # <u>1514</u>		40.00
Death Notices in Newspapers		
Flowers, \$ <u>5.00</u> (Names of Newspapers)		5.00
Rental of Tent, \$ <u>1.00</u> of Temporary Tomb, \$		
Lowering Device, \$ <u>1.00</u> Cremation, \$		
Opening of Grave or Tomb		9.00
Lining Grave, \$		
Matting, \$		
Outlay for Shipping Charges		
Minister, \$		
Singers, \$		
Organist, \$		
Railroad Tickets, \$		
Aeroplane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	356.00
Less <u>Cem. Exp.</u>	\$	49.00
Balance		307.00
Entered into Ledger, page or below \$		



Lot No. 1514
 Grave No. 1
 Section No.
 Owner

To Funeral Charges... Total, \$	By Cash	\$
<u>P. B. Mill, Member, Lane. Soc., Martin Edmunds, Robert Peterson, Grant Hill, J. W. Hoffman</u>		
<u>Dr. R. E. S. - Standa Denny, Lovestady, Mrs. V. Mrs. Snyder</u>		
<u>Pres. Sheldon Ditty</u>		

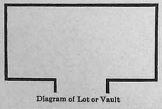
Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness [Signature] Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1721 Yearly No. 8 Date March 3, 1939
 Name of Deceased Rachel Bartlett Married Widow Kewanee, Ill.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - H. S. Bartlett
 or of of

Vocation
 Name of Employer
 Charge to H. S. Bartlett
 Address Davis City, Iowa
 Connection
 Order given by
 How Secured Cont.
 Date of Funeral 3/3/39 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman Norma Drexler; J. W. Kan.
 His Address
 Certifying Physician S. P. Reed
(or Coroner)
 His Address Davis City, Iowa
 Cause of Death Arterio Sclerosis
Central Hemorrhage
 Contributory Causes
 Remarks
 Date of Death March 1, 1939
 Place of Death Fun. Bldg. Sup., Drexler Co.
 Religion
 Resided in the State
 Date of Birth June 30, 1872 (Years) (Months)
 Age 66 Years 8 Month 1 Days
 Name of Father
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor Ship } Body to
 Size and Style of Casket #33, CN Velar Hal. C.
 Manufactured by Ross
 Interment at Rose Hill Cemetery
Crematory

Complete Funeral	\$	354.00
Casket		
Metallic Lining		
Outside Box <u>Redwood</u>	<small>(State Kind)</small>	
Burial Vault		
Embalming Body <u>with</u> <u>Form</u> Fluid	<small>(State Kind)</small>	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousine to Cemetery <u>2 @ \$</u>		
Autos to R. R. Station <u>2 @ \$</u>		
Getting Remains from <u>Ree</u>		
Taking Body to		
Delivering Box to <u>Cim</u>		
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates	<small>(State Number and District)</small>	
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$ <u>2.75</u>	Rental of Newspapers	<u>3.75</u>
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		<u>7.00</u>
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Lot No. <u>355</u>		
Grave No. <u>3</u>		
Section No.		
Owner		
Total Footing of Bill	\$	647.50
Less <u>Op. S.</u>	\$	7.00
Balance	\$	657.75
Entered into Ledger, page		or below \$



To Funeral Charges... Total, \$
 By Cash \$
 P.B. - Arthur Postille, Norman Knorr, Del Gordon, Maynard Manchester,
 Orville Dorney, Alma L. Wall
 S.P.C.K.S. - Chanda Drey, Maxine High, Joseph Dwy, M. Snyder.
 F.I.A.M.S.T. - Mrs. Bunker Silsky

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. White Signed
 Signed

RECORD OF FUNERAL

Total No. 1722 Yearly No. 7 Date March 16, 1939

Name of Deceased Donna V. K. Kemby (Single Married Divorced
(What Race) Samoa (Where Born) Iowa

Husband—Wife—Widow—
or..... of }

Vocation.....

Name of Employer.....

Charge to Raymond Kemby

Address.....

Connection Father

Order given by.....

How Secured Contract

Date of Funeral 3/16/39 11:30 2 P. M.
(Date) (Day of Week) (Hour)

Services at Samuel Hoop

Clergyman Rev. J. M. Cleator

His Address Seymour, Iowa

Certifying Physician E. E. Samuel
(or Coroner)

His Address Samoa, Ia.

Cause of Death Second Degree Burns

Contributory Causes.....

Remarks.....

Date of Death March 15, 1939

Place of Death Dec. Co. Hosp., Leon, Ia.

Religion.....

Resided in the State.....

Date of Birth Nov. 28, 1936 (Years) (Months)

Age 2 Years 3 Month 17 Days

Name of Father Raymond Kemby

His Birthplace Dea. Co., Iowa

Maiden Name of Mother E. M. Cleator

Her Birthplace Hendrich Co., Mo.

Motor Ship } Body to.....

Size and Style of Casket #122-3/60th, R. Hill

Manufactured by Mo. Kan.

Interment at Rose Hill (Cemetery Crematory)

Lot No. 1499

Grave No. 4

Section No.....

Owner.....

Diagram of Lot or Vault

Complete Funeral	\$ 60.00
Casket	✓
Metallic Lining	✓
Outside Box	✓ (State Kind)
Burial Vault	✓ (State Kind) <u>American Oak Deal</u> 80.00
Embalming Body	✓ (State Kind) Fluid
Barber	✓ Hair Dressing, \$
Dressing Body	✓
Suit or Dress	✓ Hose, \$
Underwear	✓ Slippers, \$
Folding Chairs	✓ Tarpaulin, \$
Candelabrum	✓ Candles, \$
Door Badge	✓ Gloves, \$
Hearse	✓ Ambulance, \$
Limousines to Cemetery	✓ @ \$
Autos to R. R. Station	✓ @ \$
Getting Remains from	✓ <u>Dec. Co. Hosp.</u>
Taking Body to	✓ <u>Home</u>
Delivering Box to	✓ <u>Home</u>
Flower Wagons	✓
Removal Charges	✓
Getting Burial Permit	✓ (State Number and District)
Certified Copies of Death Certificates	✓
Personal Charges	✓
Pall Bearer Service	✓
Outlay for Lot # <u>1499</u>	40.00
Death Notices in	✓ Newspapers
Flowers, \$	✓ (Names of Newspapers) 2.50
Rental of Tent, \$	✓ of Temporary Tomb, \$
Lowering Device, \$	✓ Cremation, \$
Opening of Grave or Tomb	5.00
Lining Grave, \$	✓ Matting, \$
Outlay for Shipping Charges	✓
Minister, \$	✓ Singers, \$
Organist, \$	✓
Railroad Tickets, \$	✓ Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	✓
Cash Advanced	✓
Total Footing of Bill	\$ 187.50
Less <u>5.00</u>	\$ 182.50
Balance	\$ 142.50
Entered into Ledger, page.....	or below \$

To Funeral Charges	Total, \$	By Cash	\$
<u>J. B. Marbra Scott, Sealed Doors, Leon, Mo.</u>		<u>Mar. Marie Roberts</u>	
<u>J. M. & F. S. - Maude Query, Margaret Anthony, Roland Snyder, Leonard Tuttle</u>			
<u>P. A. M. S. - Mrs. D. C. Beck</u>			

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....

Witness R. White Signed.....

Witness..... Signed.....

RECORD OF FUNERAL

Total No. 1723 Yearly No. 10 Date March 19, 1939
 Name of Deceased George Ammon Huntsman Council Bluffs, Iowa.
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow -
 or of
 Vocation Retired Farmer
 Name of Employer
 Charge to J. J. Kieck
 Address Son-in-law
 Connection Son-in-law
 Order given by
 How Secured Contract - cash
 Date of Funeral 2/19/39 Sun 2:30 P.M.
(Day of Week) (Hour)
 Services at Funeral Home
 Clergyman Roy Chevill
 His Address
 Certifying Physician E. C. Gans
(or Coroner)
 His Address
 Cause of Death Senility

Contributory Causes
 Remarks
 Date of Death March 17, 1939
 Place of Death Colfax Sup. Harrison Co., Mo.
 Religion
 Resided in the State 8 5
(Years) (Months)
 Date of Birth Jan. 25, 1850
 Age 87 1 22
Years Month Days
 Name of Father Jacob Huntsman
 His Birthplace Indiana
 Maiden Name of Mother Miss
 Her Birthplace Unknown
 Motor } Body to
 Ship }
 Size and Style of Casket 1/2 gal. Cap, Mole skin
 Manufactured by Chicago Casket Co.
 Interment at Rock Hill { Cemetery
 Crematory

Complete Funeral	\$ 178.00
Casket	
Metallic Lining	
Outside Box <u>Red wood</u>	
(State Kind)	
Burial Vault	
(State Kind)	
Embalming Body with Fluid	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery <u>1 @ \$</u>	
Autos to R. R. Station <u>1 @ \$</u>	
Getting Remains from <u>Res</u>	
Taking Body to	
Delivering Box to <u>Chm</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
(State Number and District)	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ <u>2.50</u>	2 50
(Names of Newspapers)	
Rental of Palms, \$	
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	7 00
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Minister, \$	
Singers, \$	
Organist, \$	
Railroad Tickets, \$	
Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 187 50
Less <u>Op. H.</u>	\$ 7 00
Balance	\$ 180 50
Entered into Ledger, page or below \$	

Diagram of Lot or Vault

Lot No. 1139
 Grave No. 2
 Section No.
 Owner

To Funeral Charges. Total, \$
P. B. Roy Kopp, Jake Klein, Charles Petersen, Carl Lewis, Walter Hojer, Millard Munn
S. M. C. F. R. S. - Vanda Derry, Maggie Anthony, Andrew Park, Roland Snyder,
P. B. Smith - Marie Hewitt

By Cash \$

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. White Signed
 Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1724 Yearly No. 11 Date March 26, 1939
 Name of Deceased Byron O. Bass (Single - Married - Divorced)
 Husband—Wife—Widow— } Wary Catherine Bass Dec. (What Race) (Where Born)

Vocation Retired Barber
 Name of Employer
 Charge to Byron O. Bass
 Address Clements, Kansas
 Connection Son

Order given by
 How Secured Cash
 Date of Funeral 3/26/39 Sun 10a M. (Date) (Day of Week) (Hour)
 Services at Home
 Clergyman C. E. Harpe

His Address
 Certifying Physician J. T. Shelley
 His Address C. Indale, Kansas
 Cause of Death Myocardial Infarction with Coronary Artery Sclerosis
 Contributory Causes Heart Failure
 Remarks Hypostatic Pneumonia
 Date of Death 3-23-39
 Place of Death Clements Kansas

Religion
 Resided in the State
 Date of Birth April 12, 1857 (Month) (Day) (Year)
 Age 81 Years 11 Month 11 Days
 Name of Father Seth Pitt Bass
 His Birthplace Marshall, W. Va.
 Maiden Name of Mother Sarah A. Blowers
 Her Birthplace Waukesha, Wis.

Motor Ship } Body Cottonwood Hills, Kans.
 Size and Style of Casket Clush 72c
 Manufactured by
 Interment at Rose Hill { Cemetery Crematory



Lot No. 10.97
 Grave No. 2
 Section No.
 Owner

Complete Funeral	\$	25.00
Casket		
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Amulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from R. R.		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$	(Names of Newspapers) Rental of Palms, \$	4.50
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		7.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	26.50
Less <u>Gr. P.</u>	\$	7.00
Balance		19.50
Entered into Ledger, page		or below \$

To Funeral Charges, Total, \$
Shipping Funeral Director - E. Brown & Sons, Cottonwood Hills, Kans.
P. B. Dan Anderson, A. J. Youngton, Dr. Cannon, John Raymond, M. Gardner & Walter Hayes
S. N. REKS: Myra Gold & Ellen Worthington
P. I. M. S. T. - Raymond Sprague

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. S. White Signed
 Signed

RECORD OF FUNERAL

Total No. 1725 Yearly No. 13 Date March 27, 1939

Name of Deceased Lula May Royal (State) Redding, Iowa (Where Born)

Husband—Wife—Widow—
or of Mr. A. Royal (Single—Married—Divorced)

Vocation Homemaker

Name of Employer

Charge to Mr. A. Royal

Address Eagleville, Mo.

Connection

Order given by

How Secured Cash

Date of Funeral Mar. 28 (Date) 2 P. (Hour)

Services at Lumina Home

Clergyman L. R. Perrie

His Address Eagleville, Mo.

Certifying Physician G. E. Smith (or Coroner)

His Address Lumina

Cause of Death Influenza

Contributory Causes Secondary Pneumonia

Remarks

Date of Death March 25, 1939

Place of Death De. Co. Hosp., Ham, Iowa

Resided in the State Iowa (Years) (Months)

Date of Birth Nov. 9, 1893 (Years) (Months) (Days)

Age 45 Years 4 Month 16 Days

Name of Father Alma H. Balch

His Birthplace Iowa, Ill.

Maiden Name of Mother Leura Hardy

Her Birthplace Iowa, Ill.

Motor Ship Body to Leon

Size and Style of Casket #232 Prof. H. Motzkin

Manufactured by Robt. Leon

Interment at Leon Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$	212	00
Casket			
Metallic Lining			
Outside Box <u>Redding</u>			
Burial Vault			
Embalming Body with <u>Fluid</u>			
Barber, \$			
Hair Dressing, \$			
Dressing Body <u>Wash</u>			
Suit or Dress, \$			
Hose, \$		1.50	00
Underwear, \$			
Slippers, \$			
Folding Chairs, \$			
Tarpaulin, \$			
Candelabrum, \$			
Candles, \$			
Door Badge, \$			
Gloves, \$			
Hearse, \$			
Ambulance, \$			
Limousines to Cemetery <u>1</u> @ \$			
Autos to R. R. Station <u>1</u> @ \$			
Getting Remains from <u>Leon</u>			
Taking Body to <u>Leon</u>			
Delivering Box to <u>Leon</u>			
Flower Wagons			
Removal Charges			
Getting Burial Permit			
Certified Copies of Death Certificates			
Personal Charges			
Pall Bearer Service			
Outlay for Lot			
Death Notices in Newspapers			
Flowers, \$ <u>2</u> (Names of Newspapers)			
Rental of Palms, \$		5.00	
Rental of Tent, \$ of Temporary Tomb, \$			
Lowering Device, \$ Cremation, \$			
Opening of Grave or Tomb		8.00	
Lining Grave, \$ Matting, \$			
Outlay for Shipping Charges			
Minister, \$ Singers, \$ Organist, \$			
Railroad Tickets, \$ Aeroplane Service, \$			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			

Total Footing of Bill	\$	240	00
Less <u>Exp. In.</u>	\$	8	00
Balance	\$	232	00

Entered into Ledger, page _____ or below \$ _____

To Funeral Charges... Total, \$	\$	
By Cash	\$	
P. B. - Jennings, Chas. Harry Hart, Dewey Montgomery, Chas. Whitecross, G. J. Coffelt.		
S. N. C. H. S. - Mildred Richardson, Mrs. A. L. Turner, C. V. Anderson, L. L. Richardson		
P. R. N. vs. - Mrs. A. L. Turner		

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____

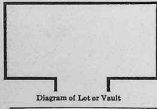
Witness R. H. White Signed _____

RECORD OF FUNERAL

Total No. 1726 Yearly No. 72 Date April 4 1939
 Name of Deceased James H. Vanderflute, Single, Lamon, Iowa.
(Single - Married - Divorced) (What Here) (Where Born)

Husband—Wife—Widow—
 or of
 Vocation
 Name of Employer Lamon Coop. Creamery Assn.
 Charge to H. H. Vanderflute
 Address Battle
 Connection Battle
 Order given by
 How Secured Contract
 Date of Funeral 4/4/39 9:00 A. M.
Day of Week (Hour)
 Services at East Side Church
 Clergyman Rev. Chevillie, First De Sarg.
 His Address H. W. Hills
(or Coroner)
 Certifying Physician H. W. Hills
 His Address
 Cause of Death Throm from triple under touch
Head Crushed by Steel Near wheel.
 Contributory Causes
 Remarks
 Date of Death April 2, 1939
 Place of Death Lamon, Iowa
 Religion
 Resided in the State Ia (Years) (Months)
 Date of Birth Feb 22, 1918
 Age 21 Years 1 Month 10 Days
 Name of Father Wesley Vanderflute
 His Birthplace Lamon, Iowa
 Maiden Name of Mother Ruby Baguley
 Her Birthplace Lamon, Iowa
 Motor Ship } Body to
 Size and Style of Casket #222 C. N. Below 1/2 C.
 Manufactured by Rock Hill
 Interment at Rock Hill (Cemetery) (Crematory)

Complete Funeral	\$ <u>254.00</u>
Casket <input checked="" type="checkbox"/>	
Metallic Lining	
Outside Box <u>Red wood</u>	<small>(State Kind)</small>
Burial Vault	
Embalming Body <u>with Lamon</u> Fluid	
Barber, \$	Hair Dressing, \$
Dressing Body <input checked="" type="checkbox"/>	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limosines to Cemetery <u>2</u> @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Ice</u>	
Taking Body to <u>Church</u>	
Delivering Box to <u>Cem.</u>	
Flower Wagons <u>1</u>	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates <small>(State Number and District)</small>	
Personal Charges	
Pal Bearer Service	
Outlay for Lot <u># 1296</u>	<u>40.00</u>
Death Notices in Newspapers	
Flowers, \$ <u>—</u> <small>(Name of Newspaper)</small>	
Rental of Palms, \$	<u>4.00</u>
Rental of Tent, \$ <u>—</u> of Temporary Tomb, \$	
Lowering Device, \$ <u>—</u> Cremation, \$	
Opening of Grave or Tomb	<u>7.00</u>
Lining Grave, \$ <u>—</u> Matting, \$	
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>59.00</u>
Less <u>Lot & Sp. S.</u>	\$ <u>47.00</u>
Balance	<u>12.00</u>
Entered into Ledger, page or below \$	



Lot No. 1296
 Grave No. 4
 Section No. N.F.
 Owner H. H. Vanderflute

To Funeral Charges	Total, \$	By Cash
<u>P.B. Claude James, Fred Campbell, Charles W. Allen, Chatham, Clarence K. Smith, Donald Surter</u>		
<u>F.B. Velva Stevenson, Orna Doyle, Lora, Evelyn Hayes, Dorcas Allen</u>		
<u>SINGERS - Bruce Bell, Gene Allen, Ballard Thomas, Mrs. Spicer</u>		
<u>PIANIST - Mrs. Gene Oliver</u>		

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. White Signed
 Signed

RECORD OF FUNERAL

Total No. 1727 Yearly No. 14 Date April 25 1939
 Name of Deceased Lora Pearl Chapman near Magruder, Hannum Co., Va.
 (Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - of Sellie Chapman

Vocation _____
 Name of Employer _____
 Charge to Wm. Ballantyne
 Address _____
 Connection _____
 Order given by Milton Sibley & Ballantyne
 How Secured Cash & Contract
 Date of Funeral Apr 27/39 2 P. M.
 (Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman John Gamm; J.A. Seck
 His Address Mt. Airy
 Certifying Physician C. E. Gamm
 (or Coroner)
 His Address _____
 Cause of Death Heart
Intussusception of Stomach
 Contributory Causes acute myocardial failure
 Remarks _____
 Date of Death Apr. 24, 1939
 Place of Death Deo. Co. Hosp., desm. Va.

Complete Funeral	\$	204.00
Casket		
Metallic Lining		
Outside Box <u>Delivery</u>	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body with _____ Fluid		
Barber, \$ _____	Hair Dressing, \$ 1.00	
Dressing Body		
Suit or Dress, \$ _____	Hose, \$ _____	
Underwear, \$ _____	Slippers, \$ _____	
Folding Chairs, \$ _____	Tarpaulin, \$ _____	
Candelabrum, \$ _____	Candles, \$ _____	
Door Badge, \$ _____	Gloves, \$ _____	
Hearse, \$ _____	Ambulance, \$ _____	
Limousines to Cemetery <u>2</u> @ \$ _____		
Autos to R. R. Station <u>2</u> @ \$ _____		
Getting Remains from <u>Prof</u>		
Taking Body to _____		
Delivering Box to <u>Com</u>		
Flower Wagons <u>2</u>		
Removal Charges _____		
Getting Burial Permit _____	(State Number and District)	
Certified Copies of Death Certificates _____		
Personal Charges _____		
Pal Bearer Service _____		
Outlay for Lot _____		20.00
Death Notices in _____ Newspapers _____		
Flowers, \$ _____	(Names of Newspapers)	
Rental of Palms, \$ _____		
Rental of Tent, \$ _____	of Temporary Tomb, \$ _____	
Lowering Device, \$ _____	Cremation, \$ _____	
Opening of Grave or Tomb _____		7.00
Lining Grave, \$ _____	Matting, \$ _____	
Outlay for Shipping Charges _____		
Minister, \$ _____	Singers, \$ _____	Organist, \$ _____
Railroad Tickets, \$ _____	Aeroplane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges _____		
Cash Advanced _____		
Total Footing of Bill	\$	281.00
Less <u>Com. Exp</u>	\$	27.00
Balance	\$	254.00
Entered into Ledger, page _____	or below \$ _____	

Resided in the State _____ (Years) (Months)
 Date of Birth Nov. 2, 1896 (Years) (Months)
 Age 42 Years 5 Month 22 Days
 Name of Father Samuel Holben
 His Birthplace England
 Maiden Name of Mother Mary Jane Emmons
 Her Birthplace Minnesota
 Motor Ship } Body to _____
 Size and Style of Casket #333 C.N. Velour 1/2 C
 Manufactured by P.O. 2
 Interment at Rose Hill { Cemetery
 Crematory
 Lot No. #1522
 Grave No. 3
 Section No. _____
 Owner _____

Diagram of Lot or Vault

To Funeral Charges... Total, \$	By Cash	\$
<u>P. B. Sumner Sibley, M. G. Snyder, Prof Perry, Clarence Sibley, G. Kelley</u>		
<u>Maurice Fry</u>		
<u>P. W. R. S. - Manda Perry, Solo</u>		
<u>TK 10 - Alberta Sheppard, Irene Carlson, Helen W. Wendenburg</u>		
<u>KIA 10.1 - June Sibley</u>		

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Witness R. White Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1728 Yearly No. 15 Date 8 May 4 1939
 Name of Deceased Melissa B. Woods
(Single - Married - Divorced)
 Husband—Wife—Widow } Andrew Woods
of } Magdalena Iowa
(Where Born) } (Where Born)

Vocation.....
 Name of Employer.....
 Charge to C. A. P.
 Address.....
 Connection.....
 Order given by Cheludh
 How Secured.....
 Date of Funeral June May 5, 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman J. A. Dunsmuir, Ch. Harper
 His Address.....
 Certifying Physician E. E. James
(or Coroner)
 His Address.....
 Cause of Death Carcinoma of Stomach
 Contributory Causes.....
 Remarks.....
 Date of Death May 1, 1939
 Place of Death Road Lammie, Ia.
 Religion.....
 Resided in the State.....
 Date of Birth May 1, 1861 (Years) (Month)
 Age 78 Years 0 Month 0 Days
 Name of Father.....
 His Birthplace.....
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor Ship } Body to
 Size and Style of Casket Rich. Lef. Coffin
 Manufactured by Rich. Hill
 Interment at Road Hill { Cemetery
 Crematory

Complete Funeral	\$	100	00
Casket			
Metallic Lining			
Outside Box	<u>P.</u> <small>(State Kind)</small>		
Burial Vault	<u>P.</u> <small>(State Kind)</small>		
Embalming Body	with <u>Fluid</u>		
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$		
Underwear, \$	Slippers, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Badge, \$	Gloves, \$		
Hearse, \$	Ambulance, \$		
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from <u>His</u>			
Taking Body to			
Delivering Box to <u>Ch.</u>			
Flower Wagons			
Removal Charges			
Getting Burial Permit	<small>(State Number and District)</small>		
Certified Copies of Death Certificates			
Personal Charges			
Pall Bearer Service			
Outlay for Lot			
Death Notices in	Newspapers		
Flowers, \$	<small>(Names of Newspapers)</small>		
Rental of Palms, \$			
Rental of Tent, \$	of Temporary Tomb, \$		
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Minister, \$	Singers, \$	Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$		
Teleg., Phone, Cable or Radio Charges			
Cash Advanced			
Total Footing of Bill	\$	100	00
Less	\$		
Balance			
Entered into Ledger, page			or below \$

	To Funeral Charges... Total, \$		By Cash	\$
	<u>P. B. - At Home, H. M. Fish, Ed. Wainey, And. Wetmore, Vera's Decker,</u>		<u>Pauline Allen</u>	
	<u>S. M. C. R. S. Mrs. Stewart Wright; Mrs. Gene Oliver</u>			
	<u>Law. S. T. Mrs. J. A. Beck</u>			

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness A. S. White Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1729 Yearly No. 16 Date May 10, 1939

Name of Deceased Arthur Lee E. Irvine Savannah, Ill.
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow -
or of of

Vocation Farmer
Name of Employer Self
Charge to Dr. E. Irvine
Address Centias, Ill.
Connection Brother

Order given by
How Secured Note
Date of Funeral May 10/39 Wed 2 P. M.
(Day of Week) (Hour)

Services at M. E. Church
Clergyman C. Harper; J. V. Gray

His Address
Certifying Physician E. E. Gamm
(or Coroner)

His Address
Cause of Death

Contributory Causes
Remarks

Date of Death May 8, 1939

Place of Death Res. New Buda Sup. Decatur Co., Iowa

Religion
Resided in the State (Years) (Months)

Date of Birth Jan 10, 1861
Age 78 Years 3 Month 28 Days

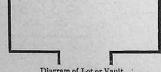
Name of Father Geo. C. E. Irvine
His Birthplace Savannah, Ill.

Maiden Name of Mother Abbie Rebecca Marsh
Her Birthplace Ill.

Motor } Body to
Ship } #222 C. N. Nelson

Size and Style of Casket
Manufactured by J. G. G.

Interment at Forest Hill { Cemetery
Crematory



Lot No. 1537
Grave No. 2
Section No.
Owner

Complete Funeral	\$	
Casket		<u>56.50</u>
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	<u>7.00</u>
Burial Vault	(State Kind)	
Embalming Body	with	Fluid <u>25.00</u>
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	<u>15.00</u>
Limousines to Cemetery	1 @ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit	(State Number and District)	
Certified Copies of Death Certificates		
Personal Charges		<u>25.00</u>
Pal Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	Rental of Palms, \$	<u>5.00</u>
Rental of Tent, \$	of Temporary Tomb, \$	<u>10.00</u>
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		<u>7.00</u>
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr. Phone, Cable or Radio Charges		
Cash Advanced		
<u>Funeral Home & Equip</u>		<u>25.00</u>
Total Footing of Bill		<u>175.00</u>
Less		
Balance		
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$	By Cash \$
<u>P. B. Maynard, Clerk + Garrison Manufacturers, Arthur D. White, Archie Keen, Frank Walker</u>	
<u>S. H. 157 - Mrs. Stewart Wright</u>	
<u>P. H. 157 - Mrs. Gene Oliver</u>	

Insurance, \$... Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Witness P. J. White Signed
Signed

RECORD OF FUNERAL

Total No. 1730 Yearly No. 17 Date May 11, 1939
 Name of Deceased Harmon Duane Miller, Infant Dean, Iowa
(Single - Married - Divorced) (What Here) (Where Born)

Husband - Wife - Widow - of }
 Vocation
 Name of Employer
 Charge to Sigil A. Miller
 Address 77th St., Ia.
 Connection Notes
 Order given by
 How Secured
 Date of Funeral 5/13 Thurs 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Cemetery
 Clergyman Roy Caldwell
 His Address
 Certifying Physician E. E. Gamet
(or Coroner)
 His Address
 Cause of Death Stillborn
 Contributory Causes
 Remarks

Complete Funeral	\$ 30.00
Casket	
Metallic Lining	
Outside Box <u>Pin</u>	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body <u>with</u>	Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery <u>1</u> @ \$	
Autos to R. R. Station <u>1</u> @ \$	
Getting Remains from <u>Dec. Co. Hosp.</u>	
Taking Body to	
Delivering Box to <u>Cem.</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	<small>(State Number and District)</small>
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	<small>(Names of Newspapers)</small>
Rental of Palms, \$	
Rental of Tent, \$ <u>1</u> of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 35.00
Less <u>Op. H.</u>	\$ 5.00
Balance	\$ 30.00
Entered into Ledger, page	or below \$

Date of Death May 10, 1939
 Place of Death Dec. Co. Hosp., Dean, Ia.
 Religion
 Resided in the State
 Date of Birth 5/10/39 (Years) (Months) (Days)
 Age 0 Years 0 Month 0 Days
 Name of Father Sigil Miller
 His Birthplace Decatur Co., Ia.
 Maiden Name of Mother Jessie Young
 Her Birthplace Harrison Co., Ia.
 Motor Ship } Body to
 Size and Style of Casket #180 A.R. Plus.
 Manufactured by Wash. Post
 Interment at Box Hill { Cemetery
 Crematory

Diagram of Lot or Vault

Lot No. 1606
 Grave No. 4
 Section No.
 Owner

To Funeral Charges... Total, \$		By Cash	\$
<u>D. W. G. R. S. Manda Dery, Juanita White</u>			
Insurance, \$		Names of Lodges	
Names of Insurance Companies			

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness R. M. White Signed

Witness

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

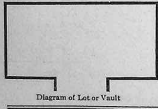
Total No. 1731 Yearly No. 18 Date May 14 1939
 Name of Deceased Mathis Hughes Woodville, Tenn.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow— }
 or of single

Vocation none
 Name of Employer
 Charge to L. D. S. Church
 Address
 Connection

Order given by
 How Secured
 Date of Funeral May 14 2-30 PM
(Day) (Day of Week) (Hour)
 Services at R. Rhodes, Ia.
 Clergyman Ward Christie
 His Address Independence Mo.
 Certifying Physician Dr. C. C. Lanier
(or Coroner)
 His Address Laruan
 Cause of Death Senility

Contributory Causes
 Remarks
 Date of Death May 12 1939
 Place of Death L. D. S. Home
 Religion L. D. S.
 Resided in the State 11 yrs in Iowa
(Years) (Months)

Date of Birth Dec 17 1851
 Age 87 Years 4 Month 25 Days
 Name of Father Mason Hughes
 His Birthplace North Carolina
 Maiden Name of Mother Fannie Bell
 Her Birthplace Eastern Tennessee
 Motor } Body to Rhodes, Ia
 Ship }
 Size and Style of Casket Tilt top Crepe
 Manufactured by Steggen
 Interment at Rhodes Ia { Cemetery
 Crematory



Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ <u>70.00</u>
Casket	
Metallic Lining	
Outside Box <input checked="" type="checkbox"/>	
Burial Vault	
Embalming Body <input checked="" type="checkbox"/> with <u>Fluid</u>	
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Rhodes</u>	
Taking Body to <u>Rhodes</u>	\$ <u>20.00</u>
Delivering Box to	
Flower Wagons	
Removal Charges <input checked="" type="checkbox"/>	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges <input checked="" type="checkbox"/>	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	\$ <u>3.00</u>
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Minister, \$ Singers, \$ Organist, \$	
Railroad Tickets, \$ Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>96.00</u>
Less	
Balance	\$ <u>96.00</u>
Entered into Ledger, page or below \$	

	To Funeral Charges... Total, \$				By Cash	\$

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness A. A. Marsh Signed

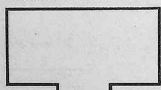
Signed

RECORD OF FUNERAL

Total No. 1732 Yearly No. 19 Date May 16 1939
 Name of Deceased John Melvil Evans (Single - Married - Divorced) Delaware Co. Pa. (What Here) (Where Born)
 Husband—Wife—Widow— } Winefred Evans
 or..... of

Vocation Farmer
 Name of Employer
 Charge to Mrs. John M. Evans
 Address Laman
 Connection Wife
 Order given by Mrs. John M. Evans
 How Secured
 Date of Funeral May 16 1939 2-8 M.
 (Date) (Day of Week) (Hour)
 Services at White Funeral Home
 Clergyman J. Vincent Gray
 His Address Laman Pa.
 Certifying Physician Dr. E. E. Janet
 His Address Laman Pa.
 Cause of Death Renal Hypertension
 Contributory Causes Hypertension & Strabismus & Sigmoid
 Remarks
 Date of Death May 14 1939
 Place of Death Residence near Laman
 Religion

Resided in the State
 Date of Birth July 1 1877 (Years) (Months)
 Age 61 Years 10 Month 13 Days
 Name of Father John Evans
 His Birthplace Pennsylvania
 Maiden Name of Mother Elizabeth Laman
 Her Birthplace Pennsylvania
 Motor } Body to
 Ship }
 Size and Style of Casket 232 C N Velour
 Manufactured by Root
 Interment at Rose Hill { Cemetery
 Crematory



Lot No. 1515
 Grave No. 1
 Section No.
 Owner

Complete Funeral	\$ <u>254.00</u>
Casket	
Metallic Lining	
Outside Box	
Burial Vault <u>Galvan</u>	80.00
Embalming Body	
Barber, \$	
Dressing Body	
Suit or Dress, \$	
Underwear, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Badge, \$	
Hearse, \$	
Limousines to Cemetery	
Autos to R. R. Station	
Getting Remains from	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot # <u>1515</u>	40.00
Death Notices in	
Flowers, \$	
Rental of Palms, \$	
Rental of Tent, \$	
Lowering Device, \$	
Opening of Grave or Tomb	9.00
Lining Grave, \$	
Outlay for Shipping Charges	
Minister, \$	
Singers, \$	
Organist, \$	
Railroad Tickets, \$	
Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>583.00</u>
Less <u>Cem Exp</u>	\$ <u>49.00</u>
Balance	\$ <u>534.00</u>
Entered into Ledger, page	or below \$

To Funeral Charges, Total, \$ <u>Bearers</u> - <u>Wm. McClary, Walter Neckelton, Art Smith, Ora Anderson, Chas. Ballantine, Albert Fleet</u> <u>Singers</u> - <u>Wanda Perry, Vincent Gray, Joe Anthony, Maggie Anthony - Pearl, Helene Hillby</u>	By Cash, \$
--	----------------------

Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness M. A. Marsh Signed

Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1933.

RECORD OF FUNERAL

Total No. 1733 Yearly No. 20 Date May 18 1939
 Name of Deceased Mary Ellen Jaggars Single, Washington Co. Ia.
(Single - Married - Divorced) (What Race) (Where Born)

Husband—Wife—Widow—
 or of
 Vocation None
 Name of Employer
 Charge to O.A.P.
 Address
 Connection
 Order given by Etta Jaggars
 How Secured
 Date of Funeral May 18 1939 2 P.M.
(Date) (Day of Week) (Hour)
 Services at East Side Church
 Clergyman Fred DeLong, Hessel Vandevliet
 His Address
 Certifying Physician Dr. H. M. Hills
(or Coroner)
 His Address Laman, Ia.
 Cause of Death American Ast
 Contributory Causes Old Age
 Remarks
 Date of Death May 16 1939
 Place of Death Residence
 Religion L.D.S.
 Resided in the State 80 years (Years) (Months)
 Date of Birth Nov. 26 - 1858
 Age 80 Years 5 Month 20 Days
 Name of Father Silas Jaggars
 His Birthplace Indiana
 Maiden Name of Mother Elsie Brown
 Her Birthplace Ohio
 Motor } Body to
 Ship }
 Size and Style of Casket 3 panel crepe, lifted
 Manufactured by Root
 Interment at Oakland Cemetery
Ringold County Crematory

Complete Funeral	\$	100	00
Casket	✓		
Metallic Lining			
Outside Box			
Burial Vault			
Embalming Body	✓		Fluid
Barber, \$			Hair Dressing, \$
Dressing Body	✓		
Suit or Dress, \$			Hose, \$
Underwear, \$			Slippers, \$
Folding Chairs, \$			Tarpaulin, \$
Candelabrum, \$			Candles, \$
Door Badge, \$			Gloves, \$
Hearse, \$			Ambulance, \$
Limousines to Cemetery	1 @ \$	✓	
Autos to R. R. Station	@ \$		
Getting Remains from	Res	✓	
Taking Body to			
Delivering Box to	Oakland Cem.		
Flower Wagons			
Removal Charges			
Getting Burial Permit			(State Number and District)
Certified Copies of Death Certificates			
Personal Charges	✓		
Pall Bearer Service			
Outlay for Lot			
Death Notices in	Newspapers		
Flowers, \$			Rental of Palms, \$
Rental of Tent, \$			of Temporary Tomb, \$
Lowering Device, \$			Cremation, \$
Opening of Grave or Tomb			
Lining Grave, \$			Matting, \$
Outlay for Shipping Charges			
Minister, \$			Singers, \$
Railroad Tickets, \$			Organist, \$
Telegr., Phone, Cable or Radio Charges			Aeroplane Service, \$
Cash Advanced			
Total Footing of Bill	\$	100	00
Less	\$		
Balance			
Entered into Ledger, page			or below \$

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Owner

To Funeral Charges... Total, \$		By Cash	\$
Bearers: <u>Randolph Robinson, Mr. Menthorn, Ed. Dorney</u>			
<u>Mr. Stern, Len Decker, Art Walden</u>			
Urgers: <u>Mr. & Mrs. Joe Anthony - Mr. & Mrs. Schuller</u>			
<u>Dean J. & Mrs. Arka Moon</u>			

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Witness W.A. Marsh Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1734 Yearly No. 31 Date June 5, 1939
 Name of Deceased Clara Viola Krucker (Single - Married - Divorced) Lamson, La. (What Race) (Where Born)
 Husband - Wife - Widow - or - of Victor A. Krucker

Vocation.....
 Name of Employer.....
 Charge to Victor Krucker
 Address.....
 Connection.....
 Order given by.....
 How Secured.....
 Date of Funeral 6/5/39 (Date) 2 P. (Hour) M.
 Services at Amiel Home
 Clergyman Wm. M. D. O'Neil, D. B. Jordan
 His Address.....
 Certifying Physician C. A. Young (M.D. or Chiropractor)
 His Address Arch. South. Bldg.
 Cause of Death Leukemia
(Perniciosa Acute)
 Contributory Causes.....
 Remarks.....
 Date of Death June 3, 1939
 Place of Death Arch. South. Bldg.
 Religion.....
 Resided in the State.....
 Date of Birth March 8, 1885 (Years) (Months)
 Age 54 Years 2 Month 26 Days
 Name of Father.....
 His Birthplace.....
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor From Arch. South. Bldg.
 Supt. } Body of by Krucker and Son
 Size and Style of Casket.....
 Manufactured by.....
 Interment at Rose Hill (Cemetery Crematory)

Complete Funeral	\$ <u>25.00</u>
Casket	
Metallic Lining <small>(State Kind)</small>	
Outside Box <small>(State Kind)</small>	
Burial Vault <small>(State Kind)</small>	
Embalming Body with <u>Fluid</u>	
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery <u>2</u> @ \$	
Autos to R. R. Station <u>2</u> @ \$	
Getting Remains from	
Taking Body to	
Delivering Box to <u>Chm</u>	
Flower Wagons <u>1</u>	
Removal Charges	
Getting Burial Permit <input checked="" type="checkbox"/>	
Certified Copies of Death Certificates	
Personal Charges <input checked="" type="checkbox"/>	
Pall Bearer Service	
Outlay for Lot	
Death Notices in <u> </u> Newspapers	
Flowers, \$ <small>(Name of Newspaper)</small>	
Rental of Palms, \$	
Rental of Tent, \$ <input checked="" type="checkbox"/> of Temporary Tomb, \$	
Lowering Device, \$ <input checked="" type="checkbox"/> Cremation, \$	<u>70.00</u>
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>32.00</u>
Less <u>Exp.</u>	\$ <u>7.00</u>
Balance	<u>25.00</u>
Entered into Ledger, page <u> </u> or below \$	

Diagram of Lot or Vault

Lot No. 833
 Grave No. 2
 Section No.
 Owner.....

To Funeral Charges... Total, \$ <u>P. H. Ray, Hammond, Randal, Robinson, H. Vanderplute, H. H. Beld</u> <u>J. H. Anthony, Will M. Elroy</u>	By Cash <u> </u>
---	-----------------------

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness P. H. White Signed.....
 Signed.....

RECORD OF FUNERAL

Total No. 1735 Yearly No. 22 Date June 23, 1939
 Name of Deceased Rufus J. Hilley (Single - Married - Divorced) (What Race) (Where Born)

Husband—Wife—Widow—
 or of }
 Vocation A. S. Postal Service
 Name of Employer Railway Mail Clerk
 Charge to Estate
 Address
 Connection
 Order given by James Hilley & Mrs. Jackson
 How Secured
 Date of Funeral 6/23/39 2 P. M. (Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman J. A. Hunsley; C. H. Hays
 His Address
 Certifying Physician Wiles, coroner
 His Address Burlington, Ia. (or Coroner)
 Cause of Death

Complete Funeral	\$	25.00
Casket		
Metallic Lining		
Outside Box		
Burial Vault		100.00
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousine to Cemetery	2 @ \$	
Autos to R. R. Station	2 @ \$	
Getting Remains from	<u>Oletha</u>	10.00
Taking Body to	<u>Fun</u>	
Delivering Box to	<u>Fun</u>	
Flower Wagons	<u>1</u>	
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates	(State Number and District)	
Personal Charges		
Pal Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		9.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill		\$ 144.00
Less <u>of 4-</u>		\$ 9.00
Balance		135.00
Entered into Ledger, page		or below \$

Contributory Causes
 Remarks
 Date of Death June 20, 1939
 Place of Death Burlington, Iowa
 Religion
 Resided in the State (Years) (Months)
 Date of Birth (Years) (Month) (Days)
 Age
 Name of Father C. Hilley
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor Ship } Body to from Hilley Funeral Service, Burlington, Ia.
 Size and Style of Casket
 Manufactured by
 Interment at Rose Hill Cemetery } Crematory

Diagram of Lot or Vault

Lot No. 1557
 Grave No. 1
 Section No.
 Owner

To Funeral Charges... Total, \$	By Cash	\$
<u>P. B. W. H. Hill, Mr. Hays, Dan Anderson, Henry Minor, Alfred Brown & Mrs. Sikes</u>		
<u>DONORS: Mrs. Ruth Louane, Mrs. J. H. Anthony, Irene Baker, Fred Middle</u>		
<u>LIST: Sike Moon</u>		

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. White Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1736 Yearly No. 23 Date June 24 1939

Name of Deceased Emma Wares Elliott (Single - Married - Divorced) Jefferson Co., La. (What Race) (Where Born)

Husband - Wife - Widow - or of Roy Elliott

Vocation Housewife

Name of Employer

Charge to Roy Elliott

Address

Connection

Order given by

How Secured Note & Mfg.

Date of Funeral 6/24/39 Sch 2 P M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman J. V. Gray, A.O.W. Long

His Address

Certifying Physician

His Address University Hospital, La. City

Cause of Death Toxic Death

Contributory Causes Operative Shock

Remarks

Date of Death June 21, 1939

Place of Death Miss. Hosp., La. City

Religion

Resided in the State (Years) (Months)

Date of Birth Sept 9, 1886 (Years) (Months)

Age 52 Years 7 Month 13 Days

Name of Father James Wares

His Birthplace

Maiden Name of Mother Matilda Balgovic

Her Birthplace

Motor Body from La. City, La.

Size and Style of Casket #339 C.N. Model

Manufactured by Roy

Interment at Rose Hill { Cemetery Crematory

Lot No. 1500

Grave No. 4

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$ <u>254.00</u>
Casket	
Metallic Lining	
Outside Box <u>Red wood</u>	(State Kind)
Burial Vault	(State Kind)
Embalming Body <u>with 18</u>	Fluid
Barber, \$	Hair Dressing, \$ <u>1.00</u>
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery <u>2 @ \$</u>	
Autos to R. R. Station	
Getting Remains from <u>La. City</u>	
Taking Body to	
Delivering Box to <u>Chm</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot <u>No 1/2 # 15.00</u>	
Death Notices in	Newspapers
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>254.00</u>
Less	\$
Balance	
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$	By Cash	\$
<u>P.B. D.R. Dancy, Royal Wideman, Rudolph Nightlinger, Sherwin Ryan,</u>		
<u>Such Sect., O. Ho. Preston</u>		
<u>J.M.C.E.K.S. - Matel Hyde, Lura Taylor, Sadie Moon, Alveda Sheppard</u>		

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness R. White Signed

RECORD OF FUNERAL

Total No. 1738 Yearly No. 25 Date July 13, 1939
 Name of Deceased Edith Elvira Lank (Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow— or of Edw. H. Lank

Vocation
 Name of Employer
 Charge to
 Address Diagonal, Iowa
 Connection
 Order given by
 How Secured Contract
 Date of Funeral 7/13/39 4:30 2 P. M.
 (Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman Rev. Lank
 His Address
 Certifying Physician
 His Address Chgo. Bldg., Council Bluffs
 Cause of Death 2.5 bar carcinoma type 4
 Contributory Causes Hoster
 Remarks
 Date of Death July 11, 1939
 Place of Death Frank Edmundson Hosp., Council Bluffs, Iowa
 Religion
 Resided in the State
 Date of Birth Aug. 18, 1888 (Years) (Months)
 Age 50 Years 10 Month 23 Days
 Name of Father Tom Barrett
 His Birthplace Unknown
 Maiden Name of Mother Ella Dillon
 Her Birthplace Unknown
 Motor Ship } Body from Council Bluffs Hosp
 Size and Style of Casket #332 c.m. Elm. H. C.
 Manufactured by 1935
 Interment at Rose Hill (Cemetery) (Crematory)

Complete Funeral	\$ 254.00
Casket ✓	
Metallic Lining	
Outside Box	
Burial Vault <u>Galvan</u> (State Kind)	78.00
Embalming Body ✓ with	Fluid
Barber, \$	Hair Dressing, \$
Dressing Body ✓	
Suit or Dress, \$	Hose, \$
Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$ ✓	Ambulance, \$
Limousines to Cemetery <u>2</u> @ \$ ✓	
Autos to R. R. Station	
Getting Remains from <u>Council Bluffs</u>	<u>No. Exp.</u>
Taking Body to	
Delivering Box to <u>Chgo.</u>	
Flower Wagons	
Removal Charges ✓	
Getting Burial Permit ✓	
(State Number and District)	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot # <u>1098</u>	<u>2.00</u>
Death Notices in Newspapers	
Flowers, \$ <u>12</u> (Names of Newspapers)	
Rental of Palms, \$	<u>1.00</u>
Rental of Tent, \$ ✓ of Temporary Tomb, \$	
Lowering Device, \$ ✓ Cremation, \$	
Opening of Grave or Tomb	<u>7.00</u>
Lining Grave, \$ ✓ Matting, \$	
Outlay for Shipping Charges	
Minister, \$ ✓ Singers, \$ ✓ Organist, \$	
Railroad Tickets, \$ ✓ Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 372.00
Less <u>Lot & Exp. B.</u>	<u>29.00</u>
Balance	\$ 343.00
Entered into Ledger, page or below \$	

Diagram of Lot or Vault

Lot No. 1098
 Grave No. 4
 Section No.
 Owner

To Funeral Charges... Total, \$ By Cash \$
 Paid by Paul & Fred Campbell, Ruth & Keith Lank, Vernon Kuntz, Harry Campbell
 Donors: Helen Matters, Nettie Hayes, Lorne Parker, Lorraine Middle

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. White Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1739 Yearly No. 96 Date August 3, 1939

Name of Deceased Oscar Oliver Brown Ridgeway, Harrison Co., Mo.
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - Widow
 or _____ of Smith Brown

Vocation Railway Conductor

Name of Employer _____

Charge to Mrs. O. O. Brown

Address _____

Connection _____

Order given by _____

How Secured _____

Date of Funeral Sept 1 11 2 P. M.
(Day) (Day of Week) (Hour)

Services at Columbus

Clergyman D. C. Jordan, J. I. Gray

His Address _____

Certifying Physician E. E. Haman
(or Coroner)

His Address _____

Cause of Death Acute Cardiac Decompensation
Mitral Stenosis

Contributory Causes _____

Remarks _____

Date of Death August 1, 1939

Place of Death Red - Laman, Ia

Religion _____

Resided in the State _____ (Years) (Months)

Date of Birth July 27, 1879

Age 60 Years 0 Month 4 Days

Name of Father Oscar Brown

His Birthplace Union

Maiden Name of Mother Eliza Cadyallader

Her Birthplace Union

Motor Ship } Body to _____

Size and Style of Casket 32 C. N. Velour 1/2 C

Manufactured by For

Interment at Rose Hill Cemetery
Crematory

Lot No. 967

Grave No. 4

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$ <u>254.00</u>
Casket	
Metallic Lining	
Outside Box <u>Redwood</u>	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body <input checked="" type="checkbox"/> with _____ Fluid	
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body <input checked="" type="checkbox"/>	
Suit or Dress, \$ _____ Hose, \$ <u>2.60</u>	
Underwear, \$ _____ Slippers, \$ _____	
Folding Chairs, \$ _____ Taraulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse, \$ _____ Ambulance, \$ _____	
Limousines to Cemetery <u>2</u> @ \$ _____	
Autos to R. R. Station _____ @ \$ _____	
Getting Remains from <u>Red</u>	
Taking Body to <u>Columbus</u>	
Flowering Box to <u>Chm</u>	
Flower Wagons <u>1</u>	
Removal Charges _____	
Getting Burial Permit _____	
Certified Copies of Death Certificates _____	
Personal Charges _____	
Pall Bearer Service _____	
Outlay for Lot _____	
Death Notices in _____ Newspapers _____	
Flowers, \$ <u>7.50</u> Rental of Palms, \$ _____	<u>7.50</u>
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	
Lowering Device, \$ _____ Cremation, \$ _____	
Opening of Grave or Tomb _____	<u>7.00</u>
Lining Grave, \$ _____ Matting, \$ _____	
Outlay for Shipping Charges _____	
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	

Total Footing of Bill	\$ <u>261.50</u>
Less <u>Op. Sh.</u>	\$ <u>7</u>
Balance	<u>261.50</u>
Entered into Ledger, page _____ or below \$ _____	

To Funeral Charges... Total, \$	By Cash \$
<u>A. M. Beck, Am. Dickey, John K. Grand, John Jeffers, Ed. Wray</u>	<u>7.50</u>
<u>S. H. B. B. S., Nanda Wray, Bertha Madgaden, Mack Amway, Sidney Carrow</u>	
<u>P. O. 157, Mack Amway</u>	
<u>ORGANIST - Mrs. J. H. Beck</u>	

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____

Signed _____
 Witness R. White Signed _____

RECORD OF FUNERAL

Total No. 1740 Yearly No. 27 Date Aug 18 1939
 Name of Deceased Jacob Isaac Hicks (Single - Married - Divorced)
 Husband - Wife - Widow - or of Cora Alice Hicks (What Race) (Where Born)
 Address Linn
 Name of Employer Self
 Charge to _____
 Address _____

Connection _____
 Order given by Mrs. J. I. Hicks
 How Secured Cash
 Date of Funeral Aug 29 (Date) Thu (Day of Week) 2 P. (Hour) M.
 Services at Coliseum
 Clergyman Roy Chwelle, W. G. Ball
 His Address _____
 Certifying Physician D. P. Reed (or Coroner)
 His Address Paris Ky
 Cause of Death Titanium
 Contributory Causes No history of injury
 Remarks _____
 Date of Death Aug 16, 1939
 Place of Death Dec. Co. Hosp, Gen, Ia
 Religion _____
 Resided in the State _____
 Date of Birth May 25, 1878 (Year) (Month)
 Age 61 Years 2 Month 21 Days
 Name of Father Franklin Hicks
 His Birthplace Mo.
 Maiden Name of Mother Ellen Faldox
 Her Birthplace Mo.
 Motor Ship } Body to _____
 Size and Style of Casket 234 Grey Shrink
 Manufactured by Hoop
 Interment at Rose Hill { Cemetery
 Crematory

Complete Funeral	\$ 2.17 00
Casket	
Metallic Lining	
Outside Box <u>Wood</u> <small>(State Kind)</small>	
Burial Vault <small>(State Kind)</small>	
Embalming Body <input checked="" type="checkbox"/> with <input type="checkbox"/> Fluid	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery <u>2</u> @ \$	
Autos to R. R. Station <u>2</u> @ \$	
Getting Remains from <u>Gen Hosp</u>	
Taking Body to	
Delivering Box to <u>Gen</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit <small>(State Number and District)</small>	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot <u>50 1/2</u> @ \$ <u>15.00</u>	\$ 7.50 00
Death Notices in _____ Newspapers	
Flowers, \$ <small>(Name of Newspaper)</small>	
Rental of Palms, \$	5.00
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	7.00
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Minister, \$	
Singers, \$	
Organist, \$	
Railroad Tickets, \$	
Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
<u>Coliseum</u>	5.00
Total Footing of Bill	\$ 24.97 00
Less <u>Cash Adv</u>	\$ 2.80
Balance	\$ 21.17 00

Diagram of Lot or Vault

Lot No. 1500
 Grave No. 1
 Section No. _____
 Owner _____

To Funeral Charges... Total, \$	By Cash... \$
<u>C. D. L. H. Kelley, Wm. V. Kardon, Wm. J. Koff, Russell Kren, Olive McKee</u>	
<u>SINCE 1931</u>	
<u>C. R. G. H. M. S. T.</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Witness R. P. White Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1741 Yearly No. 28 Date Aug 21, 1939
 Name of Deceased Stephen Dreator Kardin Alta Java
(What Race) (Where Born)

Husband—Wife—Widow—
 or of Dolly E. Ryan Kardin (Single—Married—Divorced)

Vocation Merchant (Produce)

Name of Employer Self

Charge to Dorita Kardin

Address Daughter

Order given by Dorita Kardin & Dorothy Kardin

How Secured Note

Date of Funeral Aug 21/39 Mon. 2:30 P.M.
(Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman R. J. Keel

His Address Windsor City, Neb.

Certifying Physician E. E. Jamel
(or Coroner)

His Address Bronchial Pneumonia

Cause of Death Multiple Abscess

Contributory Causes Arteriosclerosis, Hemiplegia

Remarks Amputation left leg 6/28/39

Date of Death Aug 19, 1939

Place of Death Windsor, Iowa

Resided in the State (Years) (Months)

Date of Birth Dec. 12, 1869

Age 69 Years 5 Month 16 Days

Name of Father Stephen Dreator Kardin

His Birthplace Ill.

Maiden Name of Mother Armanda Moore

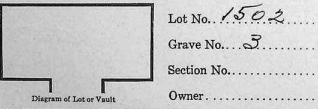
Her Birthplace Iowa

Motor Ship } Body to 219 Gray Senex

Size and Style of Casket

Manufactured by Roth

Interment at Rock Hill { Cemetery Crematory



Complete Funeral	\$ 367.00
Casket	
Metallic Lining	
Outside Box <u>Galton</u> <small>(State Kind)</small>	79.00
Burial Vault <u>Galton</u> <small>(State Kind)</small>	
Embalming Body with _____ Fluid	
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body	
Suit or Dress, \$ _____ Hose, \$ _____	
Underwear, \$ _____ Slippers, \$ _____	
Folding Chairs, \$ _____ Tarpaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse, \$ _____ Ambulance, \$ _____	
Limousines to Cemetery, \$ _____ @ \$ _____	
Autos to R. R. Station, \$ _____ @ \$ _____	
Getting Remains from <u>Rock Hill</u>	
Taking Body to _____	
Delivering Box to <u>Com</u>	
Flower Wagons _____	
Removal Charges _____	
Getting Burial Permit _____	
Certified Copies of Death Certificates _____	
Personal Charges _____	
Pall Bearer Service _____	
Outlay for Lot _____	
Death Notices in _____ Newspapers _____	
Flowers, \$ _____ <small>(Names of Newspapers)</small>	
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	
Lowering Device, \$ _____ Cremation, \$ _____	
Opening of Grave or Tomb _____	7.00
Lining Grave, \$ _____ Matting, \$ _____	
Outlay for Shipping Charges _____	
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Total Footing of Bill	\$ 554.00
Less <u>Op. H.</u>	\$ 79.00
Balance	\$ 475.00
Entered into Ledger, page _____ or below \$ _____	

To Funeral Charges, Total, \$ <u>P. B. Johnson</u> <u>John H. Stichel</u> <u>W. J. Hammer</u> <u>Paul Lewis</u> <u>Ed. Perry</u>	By Cash \$ <u>Harold Sprague</u>
S. W. C. F. A. S.	

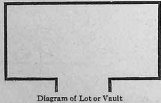
Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness A. White Signed _____
 Signed _____
 Compiled by P. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1743 Yearly No. 30 Date Sept 4 1939
 Name of Deceased Mary Jane Brown Illinois
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow Martha R. Brown
 or..... of

Vocation Homemaker
 Name of Employer.....
 Charge to St. Anne
 Address.....
 Connection.....
 Order given by.....
 How Secured.....
 Date of Funeral 9/4/39 Mon 10:2 M.
(Date) (Day of Week) (Hour)
 Services at St. Anne
 Clergyman L. J. Sawley
 His Address.....
 Certifying Physician E. B. James
(or Coroner)
 His Address.....
 Cause of Death Myocardial Failure
Senility
 Contributory Causes.....
 Remarks.....
 Date of Death 9-3-39
 Place of Death St. Anne, Lamoni, Ia.
 Religion.....
 Resided in the State I
(Years) (Months)
 Date of Birth Nov. 28, 1847
 Age 71 Years 9 Month 1 Days
 Name of Father Levi Brown
 His Birthplace W. Capolona
 Maiden Name of Mother Polly Farley
 Her Birthplace Indiana
 Motor Ship } Body to.....
 Size and Style of Casket L.H. Cap Casket
 Manufactured by Luigi Bluff
 Interment at Rock Hill [Cemetery Crematory]

Complete Funeral	\$	70.00
Casket		
Metallic Lining		
Outside Box	<small>(State Kind)</small>	
Burial Vault	<small>(State Kind)</small>	
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	1 @ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates	<small>(State Number and District)</small>	
Personal Charges		
Pal Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	<small>(Names of Newspapers)</small>	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		6.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		



Lot No. 1260
 Grave No. 3
 Section No.....
 Owner.....

Total Footing of Bill	\$	76.00
Less <u>Op. Hearse</u>	\$	6.00
Balance		70.00

Entered into Ledger, page..... or below \$.....

To Funeral Charges... Total, \$		By Cash	\$

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness R. M. [Signature] Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1744 Yearly No. 31 Date Sept. 8 1939
 Name of Deceased Carroll DeLoraine Outhouse Bloomington, Ind., Decatur Co., Ind.
(Single - Married - Divorced) (What State) (Where Born)

Husband - Wife - Widow -
 or of }

Vocation
 Name of Employer
 Charge to Carl Outhouse
 Address
 Connection
 Order given by
 How Secured
 Date of Funeral 9/9/39 Am 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Residence
 Clergyman R. H. Sallentine
 His Address
 Certifying Physician S. P. Reed
(or Coroner)
 His Address
 Cause of Death Non Closure of
Trachea & Oesophagus
 Contributory Causes

Remarks
 Date of Death Sept. 7, 1939
 Place of Death Bloomington, Ind.
 Religion
 Resided in the State
 Date of Birth Aug. 4, 1939 (Years) (Months)
 Age 0 Years 1 Month 3 Days
 Name of Father Carl Outhouse
 His Birthplace Decatur Co., Ind.
 Maiden Name of Mother Stephanie Smith
 Her Birthplace Kelly, Ind.
 Motor Ship } Body to
 Size and Style of Casket No. 2, 2nd Flr.
 Manufactured by J. H. Haggan
 Interment at First Hill Cemetery
(Crematory)

Complete Funeral	\$	15.00
Casket		
Metallic Lining		
Outside Box	<small>(State Kind)</small>	
Burial Vault	<small>(State Kind)</small>	
Embalming Body	with <u>Fluid</u>	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Amulance, \$	
Limousines to Cemetery	1. @ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>Res.</u> @ \$	
Taking Body to	" @ \$	
Delivering Box to	<u>Am</u>	
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates	<small>(State Number and District)</small>	
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	<small>(Name of Newspaper)</small> Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		4.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Minister, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	19.00
Less <u>Sp. H.</u>	\$	4.00
Balance	\$	15.00
Entered into Ledger, page		or below \$

Diagram of Lot or Vault

Lot No. 10.88
 Grave No. 2
 Section No.
 Owner

To Funeral Charges... Total, \$									
By Cash	\$								

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

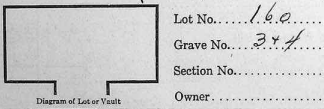
Signed
 Witness R. H. Sallentine
 Signed

RECORD OF FUNERAL

Total No. 1745 Yearly No. 52 Date Sept. 19 1939
 Name of Deceased Sarah Jane Buckham (What Race) Oregon (Where Born)
 Husband—Wife—Widow— or of Single

Vocation
 Name of Employer
 Charge to O. A. P.
 Address
 Connection
 Order given by R. J. Ehrlich
 How Secured
 Date of Funeral 9/19/39 Mon 2:30 P. M.
 (Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman T. A. Beck, J. B. Jordan
 His Address
 Certifying Physician R. D. Smith (or Coroner)
 His Address Clatsop wa.
 Cause of Death Exhaustion from Trauma
Psychic - simple determination
 Contributory Causes
 Remarks
 Date of Death Sept. 16, 1939
 Place of Death State Hospital, Clatsop
 Religion
 Resided in the State (Years) (Months)
 Date of Birth Dec. 12, 1853
 Age 85 Years 7 Month 4 Days
 Name of Father not stated
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor } Body to
 Ship }
 Size and Style of Casket Rich. Oak 3 Yard Casket
 Manufactured by King Bluff
 Interment at West Hill { Cemetery
 Crematory

Complete Funeral	\$ 100.00
Casket	
Metallic Lining	
Outside Box <u>Rich</u> (State Kind)	
Burial Vault (State Kind)	
Embalming Body with <u>Fluid</u>	
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery <u>1</u> @ \$	
Autos to R. R. Station <u>1</u> @ \$	
Getting Remains from <u>Clatsop Hosp.</u>	15.00
Taking Body to	
Delivering Box to <u>Fun</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit (State Number and District)	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ (Name of Newspaper)	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 115.00
Less	
Balance	
Entered into Ledger, page	or below \$



To Funeral Charges... Total, \$		By Cash	\$
<u>P. B. Johnson = Victor & Ethel Knicker, Elson Pallenbury, Len Brown, Helen Johnson.</u> <u>P. B. Johnson = Mrs. & Mrs. Roland Schmidt, Andrew Park, Mrs. J. A. Anthony</u>			

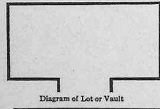
Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. J. Ehrlich Signed
 Witness Signed

RECORD OF FUNERAL

Total No. 1746 Yearly No. 33 Date Sept. 20, 1939
 Name of Deceased Robert Charles Bolton,
(Single - Married - Divorced)
 Husband - Wife - Widow - Mary Ellen Bolton
(Where Born)

Vocation Lumber - Retired
 Name of Employer Estate
 Charge to _____
 Address _____
 Connection _____
 Order given by Elizabeth, Maryann, Iva, Kermit & Moll
 How Secured _____
 Date of Funeral Sept 23 1939
(Day) (Day of Week) (Hour) (M.)
 Services at M. G. Church - Davis City
 Clergyman Rev. R. A. Chevrolet
 His Address _____
 Certifying Physician J. D. Reed
(Coroner)
 His Address _____
 Cause of Death Carcinoma of Liver

Contributory Causes _____
 Remarks _____
 Date of Death Sept. 18, 1939
 Place of Death Res. Davis City, Ia.
 Religion _____
 Resided in the State I. C. 36 (Years) (Months)
 Date of Birth May 21, 1860
 Age 79 Years 4 Month 16 Days
 Name of Father James S. Bolton
 His Birthplace _____
 Maiden Name of Mother Elizabeth Clark
 Her Birthplace Ohio
 Motor Ship } Body to _____
 Size and Style of Casket 817 Qualiton State
 Manufactured by Robert Clark
 Interment at Clark Cemetery Crematory



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Complete Funeral	\$ 298.00
Casket	
Metallic Lining	
Outside Box	78.00
Burial Vault	
Embalming Body with <u>fluid</u>	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	10.00
Underwear, \$	
Slippers, \$	.06
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery, @ \$	
Autos to R. R. Station, @ \$	
Getting Remains from <u>Res.</u>	
Taking Body to _____	
Delivering Box to <u>F. E.</u>	
Flower Wagons, <u>F. E.</u>	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	
Rental of Palms, \$	
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Minister, \$	
Singers, \$	
Organist, \$	
Railroad Tickets, \$	
Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 587.06
Less	
Balance	
Entered into Ledger, page _____ or below \$ _____	

To Funeral Charges, Total, \$	By Cash
<u>P. S. Co. rate serv., Clara Salbach,</u>	<u>Rayl. Henderson, John Benton, Arthur Cummings,</u>
	<u>Ernest Brown</u>
<u>W. S. H. K. S.: Leslie Cummings, Cecil Daniels</u>	
<u>S. W. C. K. S.: Mrs. Evan Miller, Mrs. William Miller, Irene Lockyer,</u>	
<u>Mrs. Maryann</u>	<u>Bob Ballantyne, R. Henderson, J. H. J.</u>

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Witness R. H. White Signed _____

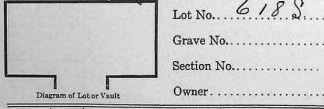
RECORD OF FUNERAL

Total No. 1747 Yearly No. 34 Date Oct. 3, 1939
 Name of Deceased Julia Neidham Nickas Illinois
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow or Emley Neidham

Vocation _____
 Name of Employer _____
 Charge to O. A. P.
 Address _____
 Connection _____
 Order given by A. J. Ehrhardt - J. A. B...
 How Secured _____
 Date of Funeral 10/3/39 11:00 2 P. M.
(Date) (Day of Week) (Hour)
 Services at St. Home
 Clergyman Rev. Shaker Spear
 His Address _____
 Certifying Physician E. E. James
(or Coroner)

His Address _____
 Cause of Death Stroke
 Contributory Causes Cerebral Hemorrhage
 Remarks _____
 Date of Death Oct. 2, 1939
 Place of Death St. Home - Lemoir, Ill.
 Religion _____
 Resided in the State _____
 Date of Birth Sept. 9, 1859 (Year) (Month) (Days)
 Age 80 Years 1 Month ? Days
 Name of Father No record
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor Ship } Body to _____
 Size and Style of Casket Light Coffin 9x4x11
 Manufactured by Blue Bluff
 Interment at Rose Hill { Cemetery
 Crematory

Complete Funeral	\$	100.00
Casket		
Metallic Lining		
Outside Box <u>1x1x1</u>		
Burial Vault		
Embalming Body with _____ Fluid		
Barber, \$ _____ Hair Dressing, \$ _____		
Dressing Body		
Suit or Dress, \$ _____ Hose, \$ _____		
Underwear, \$ _____ Slippers, \$ _____		
Folding Chairs, \$ _____ Tarpaulin, \$ _____		
Candelabrum, \$ _____ Candles, \$ _____		
Door Badge, \$ _____ Gloves, \$ _____		
Hearse, \$ _____ Ambulance, \$ _____		
Limousines to Cemetery, @ \$ _____		
Autos to R. R. Station, @ \$ _____		
Getting Remains from _____		
Taking Body to _____		
Delivering Box to _____		
Flower Wagons _____		
Removal Charges _____		
Getting Burial Permit _____		
Certified Copies of Death Certificates _____		
Personal Charges _____		
Ball Bearer Service _____		
Outlay for Lot _____		
Death Notices in _____ Newspapers _____		
Flowers, \$ _____ Rental of Palms, \$ _____		
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____		
Lowering Device, \$ _____ Cremation, \$ _____		
Opening of Grave or Tomb _____		
Lining Grave, \$ _____ Matting, \$ _____		
Outlay for Shipping Charges _____		
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____		
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____		
Telegr., Phone, Cable or Radio Charges _____		
Cash Advanced _____		
Total Footing of Bill	\$	100.00
Less _____	\$	
Balance _____	\$	
Entered into Ledger, page _____ or below \$ _____		



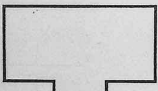
To Funeral Charges	Total, \$	By Cash	\$
<u>P. B. John Davesley, C. K. Hayes, Guy Boyd, Mr. Stettin, Mrs. Spalding, Mrs. La Vie</u>			
<u>S. D. R. A. S. Colma Cole, Mrs. Schindler, Mrs. Sheppard, Grand</u>			

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Witness R. S. White Signed _____

RECORD OF FUNERAL

Total No. 1748 Yearly No. 35 Date Oct 16, 1939
 Name of Deceased Anna (John) Hopkins - Deceased - Hannin Co., Mo.
 Husband—Wife—Widow— } Anna Hopkins. (Walt. Tomb 1st Husband) (Where Born)
 or... of } Austin Hopkins. (Walt. Tomb 1st Husband) (Where Born)

Vocation.....
 Name of Employer.....
 Charge to Oak John
 Address Blytheville, Mo.
 Connection Brother
 Order given by.....
 How Secured Cont.
 Date of Funeral 10/16/39 Mon. 2 P. M.
 (Date) (Day of Week) (Hour)
 Services at St. Pleasant Baptist Church
 Clergyman Rev. Hyde
 His Address.....
 Certifying Physician E. E. Lamech
 (or Coroner)
 His Address.....
 Cause of Death Sularemia
 Contributory Causes.....
 Remarks.....
 Date of Death Oct. 14, 1939
 Place of Death Dec. Co. Hosp., Lem. La.
 Religion.....
 Resided in the State.....
 Date of Birth Nov. 13, 1880 (Years) (Months)
 Age 58 Years 4 Month 1 Days
 Name of Father John John
 His Birthplace Germany
 Maiden Name of Mother Emilia R. White
 Her Birthplace Missouri
 Motor } Body to.....
 Ship }
 Size and Style of Casket #3456 Coy. S.
 Manufactured by Goetz
 Interment at St. Pleasant Baptist (Cemetery or Crematory)



Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$ 212.00
Casket	
Metallic Lining	
Outside Box <u>Not used</u>	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from Dec. Co. Hosp.	
Taking Body to <u>St. P.</u>	
Delivering Box to <u>St. P.</u>	
Flower Wagons	
Removal Charges	
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$
Less	\$
Balance	\$
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$	By Cash	\$
<u>W. H. Howard & Sons</u>	<u>Harry Richardson</u>	
<u>Chas. Bowler</u>	<u>John Jantzen</u>	
<u>Estel Swan</u>		

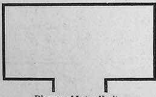
Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed R. White
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. 1749 Yearly No. 36 Date Oct 19 1939
 Name of Deceased Dora Alice Work Widow near Lamar, Dec. Co., La.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow or of Orlando Work

Vocation _____
 Name of Employer _____
 Charge to Oral Work
 Address La.
 Connection Sn.
 Order given by _____
 How Secured paid
 Date of Funeral 10/19/39 Thurs. 2:50 P. M.
(Date) (Day of Week) (Hour)
 Services at East Side Church
 Clergyman L. O. De Long
 His Address _____
 Certifying Physician E. L. Daniel
(or Coroner)
 His Address _____
 Cause of Death Carcinoma of Rectum
 Contributory Causes _____
 Remarks _____
 Date of Death Oct. 17, 1939
 Place of Death Dec. Co. Hosp., near La.
 Religion _____
 Resided in the State _____
(Years) (Months)
 Date of Birth April 20, 1866
 Age 73 Years 5 Month 27 Days
 Name of Father Wm. Bradley
 His Birthplace Kentucky
 Maiden Name of Mother Mariam B. Ward
 Her Birthplace Kentucky
 Motor Ship Body to _____
 Size and Style of Casket 210 Prepaid Velva
 Manufactured by W. H. Rose
 Interment at Rose Hill Cemetery
 Crematory

Complete Funeral	\$ <u>332.00</u>
Casket <input checked="" type="checkbox"/>	
Metallic Lining <small>(State Kind)</small>	
Outside Box <small>(State Kind)</small>	
Burial Vault <u>Galvan. Dressess</u>	78.00
Embalming Body <input checked="" type="checkbox"/> with _____ Fluid	
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body <input checked="" type="checkbox"/>	
Suit or Dress, \$ <u>Dress</u> Hose, \$ _____	12.50
Underwear, \$ _____ Slippers, \$ _____	
Folding Chairs, \$ _____ Tarpaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse, \$ _____ Ambulance, \$ _____	
Limosines to Cemetery <u>1</u> @ \$ _____	
Autos to R. R. Station <u>1</u> @ \$ _____	
Getting Remains from _____	
Taking Body to <u>La.</u>	
Delivering Box to <u>Chm.</u>	
Flower Wagons _____	
Removal Charges <input checked="" type="checkbox"/>	
Getting Burial Permit <input checked="" type="checkbox"/>	
<small>(State Number and District)</small>	
Certified Copies of Death Certificates _____	
Personal Charges _____	
Pall Bearer Service _____	
Outlay for Lot _____	
Death Notices in _____ Newspapers _____	
Flowers, \$ _____ <small>(Name of Newspaper)</small> Rental of Palms, \$ _____	4.00
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	
Lowering Device, \$ _____ Cremation, \$ _____	
Opening of Grave or Tomb _____	9.00
Lining Grave, \$ _____ Matting, \$ _____	
Outlay for Shipping Charges _____	
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Total Footing of Bill	\$ <u>433.30</u>
Less <u>of \$</u>	\$ <u>9.00</u>
Balance	\$ <u>424.30</u>
Entered into Ledger, page _____ or below \$ _____	



Lot No. 451
 Grave No. 142
 Section No. _____
 Owner _____

To Funeral Charges, Total, \$	By Cash, \$
<u>P. D. Oscar Longenecker, Chas. White, K. Whisman, J. H. Maloy, Cud. Sallantyne, Clarissa Allen</u>	
<u>SINKERS - Mrs. Floyd Whitmore, Mrs. Pleasant Cole</u>	
<u>BUSINESS - Mrs. Virgil Sheppard</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness P. H. White Signed _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1750 Yearly No. 37 Date Oct. 26, 1939
 Name of Deceased Ferdinand J. Mar Single Germany
(Single—Married—Divorced) (What Race) (Where Born)

Husband—Wife—Widow—
 or of }
 Vocation.....
 Name of Employer.....
 Charge to Santa Rose
 Address.....
 Connection Sainte
 Order given by J.A. Beck
 How Secured.....
 Date of Funeral 10/26/39 9:00 A.M.
(Date) (Day of Week) (Hour)
 Services at Santa Rose
 Clergyman L.L. Sawley
 His Address.....
 Certifying Physician E. E. Gannet
(or Coroner)
 His Address.....
 Cause of Death Broncho Pneumonia

Contributory Causes.....
 Remarks.....
 Date of Death Oct. 24, 1939
 Place of Death Dec. Co. Hospital, Genl. La.
 Religion.....
 Resided in the State.....
 Date of Birth Apr. 11, 1863 (Years) (Months)
 Age 76 Years 6 Month 13 Days
 Name of Father Unknown
 His Birthplace.....
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor Ship } Body to
 Size and Style of Casket #31, 5-1/2" x 10" x 10" Op. Cope
 Manufactured by Robt. P. Hill
 Interment at..... Cemetery
(or Crematory)

Diagram of Lot or Vault
 Lot No. 1247
 Grave No. 2
 Section No.....
 Owner.....

Complete Funeral	\$ <u>700</u>
Casket	
Metallic Lining	
Outside Box <u>None</u>	<small>(State Kind)</small>
Burial Vault	
Embalming Body <u>with</u>	<small>(State Kind)</small> Fluid
Barber, \$	Hair Dressing, \$
Dressing Body <u>✓</u>	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery <u>1</u>	@ \$
Autos to R. R. Station <u>1</u>	@ \$
Getting Remains from <u>Disputed</u>	
Taking Body to	
Delivering Box to <u>Genl</u>	
Flower Wagons	
Removal Charges <u>✓</u>	
Getting Burial Permit <u>✓</u>	
Certified Copies of Death Certificates	<small>(State Number and Districts)</small>
Personal Charges	
Pal Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	<small>(Name of Newspaper)</small> Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$ <u>✓</u>	Cremation, \$
Opening of Grave or Tomb	<u>6</u>
Lining Grave, \$ <u>✓</u>	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$ Organist, \$
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>700</u>
Less <u>Op. St.</u>	\$ <u>600</u>
Balance	<u>700</u>
Entered into Ledger, page.....	or below \$

To Funeral Charges... Total, \$	By Cash..... \$
<u>Ch. C. Wolfe, Mrs. Dinkins, Quisch, Reaver, Stuttgart</u>	
<u>S. C. F. B. - Mrs. Ed. Denny, Mrs. J. Cole, Pines - Mrs. Lloyd Matthews</u>	
<u>Mrs. A. Marsh in Charge</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness Sainte Signed.....
 Signed.....

RECORD OF FUNERAL

Total No. 1751 Yearly No. 38 Date Oct. 28, 1939
 Name of Deceased Mary Ellen Bolon (Single - Married - Divorced)
 Husband - Wife - Widow Robert Bolon (What Race) (Where Born) County, Galway, Ireland

Vocation
 Name of Employer
 Charge to Elizabeth Bolon
 Address
 Connection Daughter
 Order given by
 How Secured
 Date of Funeral 10/28/39 Sat. 2 P. M.
 (Date) (Day of Week) (Time)
 Services at M. C. Church - Davis City
 Clergyman Rev. A. Chaville; Mrs. Campbell
 His Address
 Certifying Physician D. P. Reed (or Coroner)
 His Address
 Cause of Death Cerebral Hemorrhage
 Contributory Causes Hypertension & Arteriosclerosis
 Remarks
 Date of Death Oct. 25, 1939
 Place of Death Res - Davis City, Ia.
 Religion
 Resided in the State (Years) (Months)
 Date of Birth Nov. 27, 1864
 Age 70 Years 10 Month 28 Days
 Name of Father Michael Bolon
 His Birthplace Ireland
 Maiden Name of Mother Mary E. Hogan
 Her Birthplace Ireland
 Motor Ship Body to
 Size and Style of Casket 117 Gray Beaded State
 Manufactured by Good
 Interment at Clark { Cemetery
 Crematory

Complete Funeral	\$ <u>298.00</u>
Casket	
Metallic Lining	
Outside Box	
Burial Vault	\$ <u>78.00</u>
Embalming Body	with Fluid
Barber	Hair Dressing
Dressing Body	
Suit or Dress	Hose
Underwear	Slippers
Folding Chairs	Tarpaulin
Candelabrum	Candles
Door Badge	Gloves
Hearse	Ambulance
Limousines to Cemetery	2 @ \$
Autos to R. R. Station	2 @ \$
Getting Remains from	D. C.
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers	\$ <u>10.00</u>
Rental of Palms	\$ <u>10.00</u>
Rental of Tent	\$ of Temporary Tomb
Lowering Device	Cremation
Opening of Grave or Tomb	
Lining Grave	Matting
Outlay for Shipping Charges	
Minister	Singers
Organist	
Railroad Tickets	Aeroplane Service
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ <u>376.00</u>
Less	
Balance	
Entered into Ledger, page	or below \$

To Funeral Charges, Total, \$ <u>C. B. Carl, Carl, Clear, Sullards, John, Jenton, Boyd, Thompson, Arthur, Cummings, Carl, Newton</u>	By Cash \$ <u>S. W. K. - Letaude, Wadler, Irene, Piker, Burnham, Siley, G. T. Bittenger</u> <u>S. W. S. T. - Vocal - Letaude, Wadler</u> <u>S. W. S. T. - Violin - Harold, Wadler</u> <u>S. W. S. T. - Mayorie, Oliver</u>
---	--

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness M. White Signed
 Signed

RECORD OF FUNERAL

Total No. 1752 Yearly No. 29 Date Oct 30 1939
 Name of Deceased Lewia Benjamin Gaultier St. Louis, Mo.
(Single) (Married) (Divorced)
 Husband—Wife—Widow—
 or of Kathryn Gaultier (What Name) (Where Born)

Vocation _____
 Name of Employer _____
 Charge to Mrs. L. B. Gaultier
 Address _____
 Connection _____
 Order given by Chas. & Mrs. L. B.
 How Secured _____
 Date of Funeral 10/30/39 Mon. 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman D. B. Louden
 His Address _____
 Certifying Physician G. E. Gamm
(or Coroner)
 His Address _____
 Cause of Death Myocardial Failure
 Contributory Causes _____
 Remarks _____

Date of Death Oct 28, 1939
 Place of Death St. Louis
 Religion _____
 Resided in the State _____
(Years) (Months)
 Date of Birth Aug 26, 1848
 Age 91 Years 2 Months 2 Days
 Name of Father George Gaultier
 His Birthplace Rockelle, France
 Maiden Name of Mother Hannah Morgan
 Her Birthplace London, England
 Motor Ship } Body to _____
 Size and Style of Casket 24 1/2 x 34 x 14 Ref. Sh. Dr.
 Manufactured by Robt.
 Interment at Rose Hill Cemetery
 Crematory _____

Diagram of Lot or Vault
 Lot No. 318
 Grave No. 4
 Section No. _____
 Owner _____

Complete Funeral	\$ <u>212.00</u>
Casket	✓
Metallic Lining	_____
Outside Box	✓ <u>Revised</u> <small>(State Kind)</small>
Burial Vault	_____ <small>(State Kind)</small>
Embalming Body	_____ with _____ Fluid
Barber	_____ Hair Dressing, \$ _____
Dressing Body	_____
Suit or Dress	_____ Hose, \$ _____
Underwear	_____ Slippers, \$ _____
Folding Chairs	_____ Tarpaulin, \$ _____
Candelabrum	_____ Candles, \$ _____
Door Badge	_____ Gloves, \$ _____
Hearse	_____ Ambulance, \$ _____
Limousines to Cemetery	_____ @ \$ _____
Autos to R. R. Station	_____ @ \$ _____
Getting Remains from	_____ Yes _____
Taking Body to	_____ Yes _____
Delivering Box to	_____
Flower Wagons	_____
Removal Charges	_____
Getting Burial Permit	_____ <small>(State Number and District)</small>
Certified Copies of Death Certificates	_____
Personal Charges	_____
Pall Bearer Service	_____
Outlay for Lot	_____
Death Notices in	_____ Newspapers _____
Flowers	_____ Rental of Palms, \$ _____
Rental of Tent	_____ of Temporary Tomb, \$ _____
Lowering Device	_____ Cremation, \$ _____
Opening of Grave or Tomb	_____ <u>7.00</u>
Lining Grave	_____ Matting, \$ _____
Outlay for Shipping Charges	_____
Minister	_____ Singers, \$ _____ Organist, \$ _____
Railroad Tickets	_____ Aeroplane Service, \$ _____
Telegr., Phone, Cable or Radio Charges	_____
Cash Advanced	_____
Total Footing of Bill	\$ <u>213.00</u>
Less	<u>Op. Sh.</u> \$ _____
Balance	\$ <u>116.00</u>
Entered into Ledger, page _____	or below \$ _____

To Funeral Charges	Total	By Cash
<u>P. B. John Morgan, Arthur, L. D. Williams, M. C. Meyer, A. D. Clark, E. M. Bell</u>		
<u>D. W. B. K. S. - Gertrude Walden, Nanda Perry</u>		
<u>V. A. M. S. - Major Oliver</u>		

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. White Signed _____
 _____ Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1753 Yearly No. 40 Date Nov. 5, 1939
 Name of Deceased Charles George Lewis Addison, New York
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or of Grace Lewis

Vocation retail merchant
 Name of Employer
 Charge to O. A. P.

Address
 Connection
 Order given by Winfield, Jennie & Mary

How Secured
 Date of Funeral 11/5/39 Sunday 2:30 P. M.
(Date) (Day of Week) (Hour)

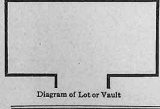
Services at Residence
 Clergyman Wm. B. Burt; Ch. Harp
 His Address Independence
 Certifying Physician E. C. Samsel
(or Coroner)

His Address Branch, pneumonia
 Cause of Death
 Contributory Causes Intoxication

Remarks
 Date of Death Nov. 2, 1939
 Place of Death Res. - Harmon
 Religion
 Resided in the State 95
(Years) (Months)

Date of Birth Oct. 31, 1851
 Age 81 Years 0 Month 2 Days
 Name of Father George Lewis
 His Birthplace Unknown
 Maiden Name of Mother Mary Gickett
 Her Birthplace Unknown

Motor Ship } Body to
 Size and Style of Casket Red Velvet Cape
 Manufactured by Wade Bluff
 Interment at Rose Hill (Cemetery Crematory)



Lot No. 1077
 Grave No. 4
 Section No.
 Owner

Complete Funeral	\$	100.00
Casket		
Metallie Lining		
Outside Box		
Burial Vault		100.00
Embalming Body		
Barber		
Dressing Body		
Suit or Dress		12.50
Underwear		
Folding Chairs		
Candelabrum		
Door Badge		
Hearse		
Limousines to Cemetery		
Autos to R. R. Station		
Getting Remains from		
Taking Body to		
Delivering Box to		
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		20.00
Death Notices in Newspapers		
Flowers		10.50
Rental of Tent		
Lowering of Grave or Tomb		
Lining Grave		7.00
Outlay for Shipping Charges		
Minister		
Railroad Tickets		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	252.00
Less Cash Paid	\$	29.00
Balance	\$	223.00
Entered into Ledger, page		or below \$

To Funeral Charges... Total, \$	By Cash \$
<u>C. B. J. May, J. Conway, Art Lane, Carl Lewis, Mr. Louie, Mrs. Weston</u>	
<u>M. Anthony, Mrs. Schmale, Mr. L. L. Winters, Andrew Park</u>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness W. White Signed
 Signed

RECORD OF FUNERAL

Total No. 1754 Yearly No. 41 Date July 1, 1939
 Name of Deceased George McLeith Blair (Single - Married - Divorced)
 Husband - Wife - Widow or _____ of Jessie Blair (Where Born) (Where Born)

Vocation Real Estate & Ins.
 Name of Employer Self
 Charge to State
 Address W. H. Blair
 Connection W. H. Blair
 Order given by _____
 How Secured _____
 Date of Funeral 7/6/39 7:00 1:30 P. M.
(Date) (Day of Week) (Hour)
 Services at C. Johnson
 Clergyman D. B. Gorman, J. L. Schapp
 His Address J. G. Cook
 Certifying Physician C. E. Lamb
(or Coroner)
 His Address _____
 Cause of Death Coronary Occlusion
 Contributory Causes Smoking
 Remarks _____
 Date of Death 7/1, 1939
 Place of Death Res - Gorman
 Religion A. D. D.
 Resided in the State 70 (Years) (Months)
 Date of Birth Sept. 22, 1859
 Age 82 Years 1 Month 11 Days
 Name of Father W. H. Blair
 His Birthplace Bethesda
 Maiden Name of Mother Elegance Doty
 Her Birthplace Anderson
 Motor Ship } Body to _____
 Size and Style of Casket 732 W. & State Fair Bldg
 Manufactured by Boyd
 Interment at Rose Hill { Cemetery
 Crematory

Complete Funeral	\$ 317.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault <u>Union</u>	78.00
Embalming Body with <u>Fluor</u> Fluid	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	Hose, \$ <u>Tie</u>
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Blair</u>	
Taking Body to <u>Blair</u>	
Delivering Box to <u>Blair</u>	
Flower Wagons <u>2</u>	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates <small>(State Number and District)</small>	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ <u>30</u> <small>(Name of Newspaper)</small>	
Rental of Palms, \$	30.00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	7.00
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Diagram of Lot or Vault

Lot No. 431
 Grave No. 9-4
 Section No. _____
 Owner _____

Total Footing of Bill	\$ 359.00
Less <u>PAID</u>	\$ 89.00
Balance	270.00
Entered into Ledger, page _____ or below \$ _____	

To Funeral Charges... Total, \$	By Cash \$
<u>J. B. By</u> <u>Comm. Ind. Nat. Bank</u> , <u>W. G. Anderson</u> , <u>Wm. E. Anderson</u> , <u>Wm. E. Anderson</u> , <u>Wm. E. Anderson</u>	
<u>W. H. Blair</u> - <u>Wanda Dray</u> , <u>Mrs. Anderson</u> , <u>Wm. E. Anderson</u> , <u>Wm. E. Anderson</u>	
<u>O. E. Anderson</u> - <u>Mrs. O. E. Anderson</u>	

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness P. M. White Signed _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1755 Yearly No. 42 Date Feb. 26, 1939

Name of Deceased Benjamin Franklin Brown (Single - Married - Divorced) Widow
 (What Race) White (Where Born) Watkins, Mo.

Husband - Wife - Widow } Armetta Brown
 or of

Vocation Farmer
 Name of Employer Self

Charge to Estate
 Address

Connection

Order given by Mrs. B. F. Brown

How Secured Cash - 7 day
 Date of Funeral Feb 26/39 2 P M.
 (Date) (Day of Week) (Hour)

Services at Funeral Home
 Clergyman S. O. De Long

His Address

Certifying Physician J. M. Hills
 (or Coroner)

His Address

Cause of Death Septic Alveolitis with hemorrhage & perforation

Contributory Causes

Remarks

Date of Death Jan. 21, 1939

Place of Death near Darden, Mo., 24 County

Religion Am. Meth. Church

Resided in the State 45
 (Years) (Months)

Date of Birth Feb. 5, 1881

Age 58 Years 9 Month 15 Days

Name of Father Geo. W. Brown

His Birthplace Marion, Mo.

Maiden Name of Mother Fannie Sawyer

Her Birthplace England

Motor Ship } Body to

Size and Style of Casket #272 Half Couch, C.V. Wood

Manufactured by Kash

Interment at Rose Hill Cemetery Crematory

Lot No. 1503

Grave No. 4

Section No.

Owner

Complete Funeral	\$ 254.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault <u>Helon Reinas</u>	78.00
Embalming Body with <u>Fluid</u>	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Amulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot # <u>1503</u>	40.00
Death Notices in Newspapers	
Flowers, \$	
Rental of Palms, \$	10.00
Rental of Tent, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	7.00
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Minister, \$	
Singers, \$	
Organist, \$	
Railroad Tickets, \$	
Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Funeral Home <u>Armetta D. Darden</u>	20.00
Total Footing of Bill	\$ 717.00
Less <u>Cash & Op. Ch.</u>	<u>647.99</u>
Balance	\$ 69.01
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$	By Cash \$
<u>C. B. Neal, Sandage, Norm. Standley, Chas. Lutz, Carl Cook, Hill, Darden, Lloyd, Luchner.</u>	
<u>SUBSCRIBERS: Mrs. Roland Schneider, Mrs. Art Denny, Forrest Lutz, B. J. Spillan, Ed. Lawrence</u>	
<u>P. M. W. - Antanda Holden</u>	

Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed R. M. White

Witness R. M. White

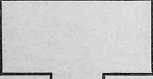
RECORD OF FUNERAL

Total No. 1756 Yearly No. 43 Date Nov. 28 1939
 Name of Deceased David Louie White (Single - Married - Divorced)
 Husband - Wife - Widow Anna Delphine White, Dec. (What Race) (Where Born)
 or of of

Vocation Retired Merchant & Minister
 Name of Employer
 Charge to estate (4 children)
 Address
 Connection
 Order given by children
 How Secured none
 Date of Funeral Nov 29 (Date) June 2 P (Day of Week) M (Hour)
 Services at Columbus
 Clergyman
 His Address
 Certifying Physician E. C. Lambert (or Coroner)
 His Address
 Cause of Death Bronchial Carcinoma

Complete Funeral	\$ <u>517.00</u>
Casket	
Metallic Lining	
Outside Box <u>wood</u> <small>(State Kind)</small>	
Burial Vault <small>(State Kind)</small>	
Embalming Body <input checked="" type="checkbox"/> with <input type="checkbox"/> Fluid	
Barber, \$	Hair Dressing, \$
Dressing Body <input checked="" type="checkbox"/>	
Suit or Dress, \$	Hose, \$ <u>12.50</u>
Underwear, \$	Slippers, \$ <u>8.00</u>
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$ <input checked="" type="checkbox"/>	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit <small>(State Number and District)</small>	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in <u> </u> Newspapers	
Flowers, \$ <small>(Names of Newspapers)</small>	10.00
Rental of Tent, \$ <u> </u> of Temporary Tomb, \$	
Lowering Device, \$ <u> </u> Cremation, \$	
Opening of Grave or Tomb	7.00
Lining Grave, \$ <u> </u> Matting, \$	
Outlay for Shipping Charges	
Minister, \$ <u> </u> Singers, \$ <u> </u> Organist, \$	
Railroad Tickets, \$ <u> </u> Aeroplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced <u>Columbus</u>	5.00

Contributory Causes Smoking
 Remarks
 Date of Death Nov. 26, 1939
 Place of Death St. Louis, Missouri
 Religion
 Resided in the State Missouri 40 (Years) (Months)
 Date of Birth Sept. 12, 1852
 Age 87 (Years) 2 (Month) 14 (Days)
 Name of Father Wagon White
 His Birthplace Salia Co., Ohio
 Maiden Name of Mother Mary Buck
 Her Birthplace Franklin Co., Ohio
 Motor Ship Body to Sp. Linn Undertake R.R. Sta
 Size and Style of Casket Bot.
 Manufactured by
 Interment at Rose Hill (Cemetery Crematory)

 Diagram of Lot or Vault
 Lot No. 759
 Grave No. 4
 Section No.
 Owner

Total Footing of Bill	\$ <u>517.81</u>
Less <u>Spec. Disc.</u>	\$ <u>100.00</u>
Balance	\$ <u>417.81</u>
Entered into Ledger, page <u> </u> or below \$	

To Funeral Charges... Total, \$	By Cash \$
<u>L. H. Harold, Undertaker, Carl, Okerman, Bot. Casket, Mrs. Mason</u>	
<u>D. W. F. S. - Harold, Mrs. Schneider, Bot. Billantyne, Funeral Duty</u>	
<u>ORGANIST - Mrs. J. A. Beck</u>	

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness D. White Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

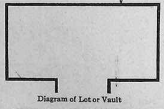
RECORD OF FUNERAL

Total No. 1757 Yearly No. 44 Date Nov. 29 1939
 Name of Deceased Bertha Rynden Brautwold, Solon, Norway
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow of Anton Rynden, Dec.

Vocation _____
 Name of Employer _____
 Charge to M. A. Rynden
 Address _____
 Connection Son
 Order given by _____
 How Secured _____
 Date of Funeral 12/1/39 Wed 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Lunenburg Home
 Clergyman D. B. Sorden
 His Address _____
 Certifying Physician E. M. Hovig
(or Coroner)
 His Address Wille, Minn.
 Cause of Death Coronary Atherosclerosis
 Contributory Causes Hypertension
 Remarks _____
 Date of Death Nov. 26 1939
 Place of Death Wille, Minn.
 Religion _____
 Resided in the State _____
(Years) (Months)
 Date of Birth July 7 1870
 Age 69 Years 4 Month 19 Days
 Name of Father Martin Rynd
 His Birthplace Solun, Solon, Norway
 Maiden Name of Mother Bertha Solberg
 Her Birthplace Brautwold, Solon, Norway
 Motor Ship) Body From Wille, Minn.
By E. C. Christensen & Son
 Size and Style of Casket _____
 Manufactured by _____
 Interment at Rose Hill { Cemetery
 Crematory

Complete Funeral	\$	25.00
Casket		
Metallic Lining		
Outside Box		
Burial Vault		
Embalming Body	with	Fluid
Barber	\$	Hair Dressing, \$
Dressing Body		
Suit or Dress	\$	Hose, \$
Underwear	\$	Slippers, \$
Folding Chairs	\$	Tarpaulin, \$
Candelabrum	\$	Candles, \$
Door Badge	\$	Gloves, \$
Hearse	\$	Ambulance, \$
Limousines to Cemetery	2 @ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Body to		
Delivering Box to	<u>Open</u>	
Flower Wagons		
Removal Charges		
Getting Burial Permit		
Certified Copies of Death Certificates		
Personal Charges		
Pall Bearer Service		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers	\$	
Rental of Palms	\$	
Rental of Tent	\$	of Temporary Tomb, \$
Lowering Device	\$	Cremation, \$
Opening of Grave or Tomb		
Lining Grave	\$	Matting, \$
Outlay for Shipping Charges		
Minister	\$	Singers, \$
Organist	\$	
Railroad Tickets	\$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Total Footing of Bill	\$	25.00
Less	<u>Op. Fi.</u>	\$ 7.00
Balance		25.00
Entered into Ledger, page		or below \$

Lot No. 1593
 Grave No. 2
 Section No. _____
 Owner _____



To Funeral Charges... Total, \$	By Cash	\$
<u>P. B. - Ivan Wallen, Ed Downey, Ch. Kelly, Stuart Wright, Alfred Dewar, Tot. Back.</u>		
<u>P. B. - Mrs. & Mrs. Ivan Wallen, Neal Dewar, Paul Rynden,</u>		
<u>Funeral - Thelma Selaby</u>		

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness R. M. White Signed _____
 Signed _____
 Compiled by P. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1758 Yearly No. 75 Date Dec 1, 1939

Name of Deceased Laura E. Ellen Sandy near Kulshia, Davis Co., Iowa
(Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow or Geo. Sandy, Dec.

Vocation Complete Funeral \$ 259.00

Name of Employer C. Ethel Sandy

Charge to C. Ethel Sandy

Address Adwood (State Kind)

Connection Daughter

Order given by Daughter

How Secured Comb. (Cash)

Date of Funeral 12/1/39 3 P. 2 P. M. (Day) (Day of Week) (Hour)

Services at Funeral Home

Clergyman P. B. Jordan

His Address D. M. Hills (or Coroner)

Certifying Physician D. M. Hills

His Address Stude

Cause of Death Stroke

Contributory Causes

Remarks

Date of Death Nov. 29, 1939

Place of Death Res. - Hanson, Ia.

Religion

Resided in the State Iowa (Years) (Months)

Date of Birth May 17, 1864 (Years) (Months)

Age 75 Years 6 Month 12 Days

Name of Father Clayton H. Ryan

His Birthplace Ill.

Maiden Name of Mother Eliza Cadwallader

Her Birthplace Ohio

Motor } Body to
Ship } H. C. Plush

Size and Style of Casket Order Valley Casket Co.

Manufactured by Rose Hill { Cemetery Crematory

Interment at Rose Hill

Lot No. 825

Grave No. 7

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$ 259.00
Casket	
Metallic Lining	
Outside Box	<u>Adwood</u> <small>(State Kind)</small>
Burial Vault	
Embalming Body	with <u>Fluid</u>
Barber	Hair Dressing, \$
Dressing Body	
Suit or Dress	Hose, \$
Underwear	Slippers, \$
Folding Chairs	Tarpaulin, \$
Candelabrum	Candles, \$
Door Badge	Gloves, \$
Hearse	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	<u>Ia.</u>
Taking Body to	
Delivering Box to	
Flower Wagons	
Removal Charges	
Getting Burial Permit	<small>(State Number and District)</small>
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in	Newspapers
Flowers	<small>(Name of Newspaper)</small>
Rental of Palms	\$ 6.00
Rental of Tent	of Temporary Tomb, \$
Lowering Device	Cremation, \$
Opening of Grave or Tomb	\$ 7.00
Lining Grave	Matting, \$
Outlay for Shipping Charges	
Minister	Singers, \$ Organist, \$
Railroad Tickets	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	

Total Footing of Bill	\$ 252.00
Less <u>op. ch.</u>	\$ 7.00
Balance	\$ 245.00
Entered into Ledger, page	or below \$

To Funeral Charges... Total, \$	By Cash \$
<u>P. B. Whitcomb, J. A. Jones, P. B. Hanson, W. H. Hold, J. W. Sears, J. C. Campbell</u>	

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness R. S. White Signed _____
Signed _____
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1759 Yearly No. 46 Date Dec. 8 1939

Name of Deceased Mary Hanson (Single - Married - Divorced) (What Race) (Where Born)

Husband - Wife - Widow - or - of

Vocation

Name of Employer

Charge to Sto Home

Address

Connection J. A. Beck

Order given by

How Secured

Date of Funeral Dec 30 10 a. M. (Date) (Day of Week) (Hour)

Services at Sto Home

Clergyman C. E. Harpe

His Address

Certifying Physician Dr. A. Cowman (or Coroner)

His Address

Cause of Death Bronchial Pneumonia

Contributory Causes

Remarks

Date of Death Dec. 5th 1939

Place of Death County Home, Leon, Ia.

Religion

Resided in the State (Years) (Months)

Date of Birth

Age 77 Years 8 Month 25 Days

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Body to

Size and Style of Casket 322 Heavy Cop. Cof.

Manufactured by Lehigh Valley

Interment at Wase Mill {Cemetery Crematory 12475

Lot No. 1427

Grave No. 1

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$ 60.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	By <u>W. H. Stewart</u> Fluid
Barber	Hair Dressing, \$
Dressing Body	
Suit or Dress	\$ - Hose, \$ <u>Diaper</u>
Underwear	\$ - Slippers, \$
Folding Chairs	\$ - Tarpaulin, \$
Candelabrum	\$ - Candles, \$
Door Badge	\$ - Gloves, \$
Hearse	\$ - Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	<u>Leon</u>
Taking Body to	
Delivering Box to	<u>Leon</u>
Flower Wagons	
Removal Charges	
Getting Burial Permit	
Certified Copies of Death Certificates	
Personal Charges	
Pall Bearer Service	
Outlay for Lot	
Death Notices in Newspapers	
Flowers	\$ - Rental of Palms, \$
Rental of Tent	\$ - of Temporary Tomb, \$
Lowering Device	\$ - Cremation, \$
Opening of Grave or Tomb	6.00
Lining Grave	\$ - Matting, \$
Outlay for Shipping Charges	
Minister	\$ - Singers, \$ - Organist, \$
Railroad Tickets	\$ - Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Body Picked up from County Home and embalmed by <u>W. H. Stewart</u> \$25.00 paid by <u>Sto Home</u>	
Total Footing of Bill	\$ 66.00
Less <u>Op. H.</u>	\$ 6.00
Balance	60.00
Entered into Ledger, page	or below \$

To Funeral Charges	Total, \$	By Cash	\$
<u>P. B. La Beck, Spurlach, Reeves, Suttart, Mard, Van Rhoite</u>			
<u>W. H. Stewart</u>			
<u>Mrs. Ralph Drake, Mrs. Pleasant Cole</u>			
<u>P. A. S. I. - Mrs. Floyd M. M... ..</u>			

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

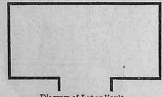
Witness R. H. White Signed

RECORD OF FUNERAL

Total No. 1760 Yearly No. 47 Date Dec 8, 1939
 Name of Deceased Jeanette Raymond Blair Widow Sandwich, Ill.
(Single - Married - Divorced) (What Race) (Where Born)
 Husband—Wife—Widow E. Leo H. Blair
or of

Vocation _____
 Name of Employer _____
 Charge to Costly
 Address _____
 Connection _____
 Order given by M. H. Blair
 How Secured _____
 Date of Funeral 12/3/39 Am 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman Roy Choille, D.B. Jordan, J. H. Beck
 His Address _____
 Certifying Physician E. C. Sarsch
(or Coroner)
 His Address _____
 Cause of Death _____
 Contributory Causes _____

Remarks _____
 Date of Death Dec 6, 1939
 Place of Death Dec Co. Hosp., Leon, Ill.
 Religion _____
 Resided in the State Ill. 5 Years 5 Months
 Date of Birth Aug 23, 1859
 Age 80 Years 3 Month 13 Days
 Name of Father John Raymond
 His Birthplace Wisconsin
 Maiden Name of Mother Richard Mc Lee
 Her Birthplace Wisconsin
 Motor Ship } Body to _____
 Size and Style of Casket Spec. Fun B.C. R. S. Co.
 Manufactured by Post
 Interment at Rose Hill Cemetery
Crematory



Lot No. 431
 Grave No. 142
 Section No. _____
 Owner _____

Complete Funeral	\$ 317.00
Casket	✓
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Burial Vault	<u>Woods</u> <u>Leon</u> 78.00 (State Kind)
Embalsming Body	with Fluid
Barber, \$	Hair Dressing, \$ 1.00
Dressing Body	✓
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	✓ Ambulance, \$
Limousines to Cemetery	2 @ \$
Autos to R. R. Station	@ \$
Getting Remains from <u>Leon</u>	✓
Taking Body to _____	
Delivering Box to <u>Leon</u>	✓
Flower Wagons	✓
Removal Charges	✓
Getting Burial Permit	(State Number and District)
Certified Copies of Death Certificates	✓
Personal Charges	✓
Pall Bearer Service	✓
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$36	Rental of Palms, \$ 36.00
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	90.00
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Minister, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aeroplane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 425.00
Less <u>Op. S.</u>	\$ 40.00
Balance	\$ 431.00
Entered into Ledger, page _____	or below \$ (431.00)

To Funeral Charges... Total, \$	By Cash	\$
<u>D. R. J. J. Hager, John McLaughlin, Wm. Lane, Henry Mann,</u>		
<u>O. S. Williams, Walter Monahan</u>		
<u>MRS. Mrs. Schneider, Theda Derry, Neil Weaver, Mabel Jennings</u>		
<u>P. A. H. S. T. Mrs. J. A. Sech.</u>		

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Witness R. M. White Signed _____
 Signed _____
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.

RECORD OF FUNERAL

Total No. 1761 Yearly No. 48 Date Dec 15, 1939
 Name of Deceased Paul Edwin Scott Hushy, Deatur Co., Iowa
(Single - Married - Divorced) (What Race) (Where Born)
 Husband - Wife - Widow - or Son of Rothman & Ruth Joy Scott

Vocation _____
 Name of Employer _____
 Charge to Rothman A. Scott
 Address _____
 Connection _____
 Order given by _____
 How Secured _____
 Date of Funeral 12/13/39 Tue 10:30 A.M.
(Date) (Day of Week) (Hour)
 Services at Cemetery
 Clergyman R. A. Chaville, D. B. Dodson
 His Address _____
 Certifying Physician E. E. Gansh
(or Coroner)
 His Address _____

Complete Funeral	\$ 100.00
Casket <input checked="" type="checkbox"/>	
Metallic Lining	
Outside Box	
Burial Vault <u>Helon</u> <small>(State Kind)</small>	9.00
Embalming Body <input checked="" type="checkbox"/> with _____ Fluid	25.00
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body <input checked="" type="checkbox"/>	
Suit or Dress, \$ _____ Hose, \$ _____	
Underwear, \$ _____ Slippers, \$ _____	
Folding Chairs, \$ _____ Tarpaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse, \$ _____ Ambulance, \$ _____	
Limousines to Cemetery <u>1</u> @ \$ _____	
Autos to R. R. Station <u>1</u> @ \$ _____	
Getting Remains from <u>Deatur</u>	
Taking Body to _____	
Delivering Box to <u>Deatur</u>	
Flower Wagons	
Removal Charges <input checked="" type="checkbox"/>	
Getting Burial Permit <input checked="" type="checkbox"/>	
Certified Copies of Death Certificates <small>(State Number and District)</small>	
Personal Charges <input checked="" type="checkbox"/>	
Pall Bearer Service	
Outlay for Lot # <u>1504</u>	40.00
Death Notices in _____ Newspapers	
Flowers, \$ _____ <small>(Name of Newspapers)</small>	
Rental of Palms, \$ _____	
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	
Lowering Device, \$ _____ Cremation, \$ _____	
Opening of Grave or Tomb	9.00
Lining Grave, \$ _____ Matting, \$ _____	
Outlay for Shipping Charges	
Minister, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad Tickets, \$ _____ Aeroplane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Total Footing of Bill	\$ 267.00
Less <u>218.00</u>	\$ 49.00
Balance	218.00
Entered into Ledger, page _____ or below \$ _____	

Contributory Causes _____
 Remarks _____
 Date of Death Dec 13, 1939
 Place of Death Deatur Co. Hosp., Deatur, Ia.
 Religion _____
 Resided in the State _____
 Date of Birth July 30, 1929 (Year) (Month)
 Age 10 (Years) 4 (Month) 13 (Days)
 Name of Father Rothman Scott
 His Birthplace Hushy, Deatur Co., Iowa
 Maiden Name of Mother Ruth Joy
 Her Birthplace Shawnee Park, Iowa
 Motor } Body to _____
 Ship } _____
 Size and Style of Casket 7-180 - 10 Standard
 Manufactured by Roth
 Interment at Rose Hill { Cemetery
{ Crematory

Diagram of Lot or Vault

Lot No. 1504
 Grave No. 4
 Section No. _____
 Owner _____

To Funeral Charges... Total, \$	By Cash	\$
<u>P. S. Chaville, Sgt. Landis, E. D. Doney, Killed Man</u>		
<u>W. R. F. S. - Wanda Drey, Mrs. Schneider, Gene Olson, Ernest Taylor</u>		

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Witness _____ Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1932.