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20 Blgir Wettie a. 45 Backam, Jemina Melvina 25 33 Brenizer, Melven V Spacken, Mary arable 42 Saker, alpina Viola 46 Denson, Deorgia J. Boyer, naucy Jene 57 Bloke moth 59 Daftantigue, Mary Taith 78 88 Sayet masin North Donner John 89 Sooth Susia May 90 Ballautyne, James Olivin Brenizer, Mary Francis 101 105 Brooks, Levi C. 121 BALLANTYNE, JAMES CHYIN 122 Bell, Edwin Clarence 129 Boswell, arthur &. 135 Blake, arthur Porter Barth. Helen Gertrude 152 153 Bowen, Emily F 156 Bowen, Charley, A 157 BAKEN, HARRIET G. 169 BRENIZER, LOW THERESE 170 BATHE KAREN LAENE. BOTH 178 BOHALL, JOSEPH 227 BLAKE, MARY ELizebeth 238 Oll, Bessie Oral 262 Brierley, William Janes, 282 Bierlein , Kathering B, 185

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Jaggers, Etta Jane Johnson, Cosic Johnson, Burton L. Johnston, Mary E. 85 Jamison, Tourse Referen 92 Genkein, Mattieans. 138 Glerome, Benjamin a, 162 Johnson, Joseph a. Johnston, John Jones, Sara Polenina 161 175 240 Johnson Luella Jane Johnson, Geo. W. 116 245 Jackson, amor Kile 256 Johnson, Louisa C. 275 278

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Hotteger Ida Maybells Roftsger, Arthur 54 94 191 Officer, Josephine, Olsen Mellie M. Oiler, Walter

Toush, andrew Janiel Parker, Wingil Ora Paris, Samuella (44/89) Peterson, Floyd O. Parker, Ruby Arnold Pidgeon, Estella Grace Petersen, Chris Orall, Eleanor Margart PERRY, John T Pouss, Jemina Orthein, Will

Joberts, agna B Richardson, Carl Roth, mary arthur a. Richey, James L. Robbison, Choes. E. Rossitu, Jesse Rabidon, Martha Rhode, Darrell Richardson, Charles Roth, War Chitan

Shakespeare, Jane Willets 3 Scott, Lorna May 31 Stanly, Homes Ruchen 40 63 69 Dabina Steckel David & Stolberg John Strickland, Am Riley 73 Depler, Jesse Smith, 81 91 Stringer Halberine Louise elandage, Veva Ferne 97 Stone, Sylvester Royal 98 Swigert Infant 100 Sharp. Grover C. 106 Stanley Jane Elizabeth 108 Shell Edward (Ted) 113 Scott John :/23 Sheets . Samuel Moses 142 of hakespeare, Joseph 137 Shakesplane If In T. Stemm , Well 159 173 Stanley, Jemina Jane 177 Smith, Robert J. 179 Silty, Blanch 199 Schenk, Walter Laverne 219 Sheets, Ruth LaMae 236 Stofferd, Hannah 237 Shoots, Cuma Catherine 257 Spaulding, Martin John. 258 Spurier, alece 265 Snively, Charles Edward. 269

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Harne Page -Young-Mattha Yould- Mary Jane York - Sara cuma 234 247

X

Total No 17.6.2 Yearly No	9 Date Dec. 19,
Name of Deceased Sarah Colling HE A.	M.d. Divorced (What Race)
Residence Lolfox Twop, Harrison Co	MO. Husband Wile Widow John J. D. E. Long.
Charge to Atom & DE Hong	1266
Address	Complete Funeral \$ 4.73
Order given by	Burial Vault or Box My wild
How Secured 30 Day Contistant	Embalming Body(Name of Embalmer)
Occupation Journife.	Barber, \$
Name of Employer. (Social Security Number)	Dressing Body, \$ Underwear, \$ Suit or Dress Orched Owld 5 Top 12
Address	(State Kind and Color) Slippers, \$
Date of Death Dec. 18, 1939 1am.	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. april 21, 1969 (Hour)	Candelabrum, \$
Age. 76 7 27	Funeral Car, \$Ambulance, \$
Date of Funeral (Days) (Months) (Days) (Days) (Days) (Days) (Days) (Days) (Days) (Days) (Blour) (Bour)	Limousines to Cemetery @ \$
Date of Funeral (Day of Week) (Hour)	Autos to R. R. Station G. S. Getting Remains from Settiany.
Services at Sunkil Wome	Taking Remains to Trip to Coroner's Inquest
Clergyman C. G. Maryce (Address)	Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace . Ofefelklon	
Resided in the State	Procuring Burial Permit. (State Number and District) — Certif. Copiesof Death Certificates No. (State Physician's or Coroner's Pall Bearer Service, \$. Use of Chapel, \$
Place of Death Most May , Settiagu VIIIo.	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death. Caranoma of distri	Personal Service.
Contributory Causes.	
	Gross-Total for Sales Tax. on . Casheh \$
Certifying Physician. Mord.	Outlay for Lot.
His Address . Settany . W o	line Death Notices in Papers
Name of Father Octob Warris	Flowers, \$ Names of Newspapers) Matting, \$ 5 10.
His Birthplace Scotland .	Flowers, \$ Palms, \$ Matting, \$
Maiden Name of Mother alssura Cole.	Opening of Grave or Tomb.
Her Birthplace Michigan	Lining Grave, \$ Lowering Device, \$
Motor Remains to	Clergyman,\$Singers,\$Organist,\$ Rallroad Tickets, \$plane Service,\$
Size of Casket 3450 Perf Shring - Steel End Dor	or Motor Tickets, \$ plane Service,\$
Manufactured by (State Color and Number)	Telegr., Phone, Cable or Radio Charges
2 LI Kore W. W. Compton	Out of town Undertaker's Charges
(Crematory	
Lot No	Sales Tax
Grave No	Total Footing of Bill
Section No.	Less
Diagram of Lot or Vault Owner	Balance\$ Entered into Ledger, pageor below.
Date R. B. Amount Paid Balance	
1 1 1 1	V// GA / 0
By Payment Schuldo Hame	To Balance Forward \$
" " Clarence Way	By Payment MAN Della Colo
" " s. Ect Stranley	" "
" " soned stad	e
" " s Chas stop	6 9." 8 6 8.4
* * s	Jeans - Mes Dere O CWES.
ss	" "ssss
Insurance \$ Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have st	afficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same withindays from date. Interest to accrue from
maturity at the rate of % per annum.	Signed
WWW. WIND.	

	Total No. 1763 Yearly No. 50	Date Dec 20, 1939
	Name of Deceased Caroline Tysingu	4
	Residence Samoni Married Single	Widowed Divorced What Race) What Race What Race Thomas Race What Race Thomas Race What Race Thomas Race Thom
	Charge to Old age assistance Com	or of
	Address	Complete Funeral \$ 100 80.
	Order given by And hysing El.	Casket
	(of informant)	Casket Burial Vault or Box (State Kind)
		Embalming Body (Name of Embalmer) Barber, \$. (Hair Dressing, \$.
	Occupation (Social Security Number)	Dressing Body, \$ Underwear, \$
	Name of Employer	Suit or Dress
	Address Date of Death Dec. 18, 1939 6am.	Slippers, \$
	Date of Birth. W.W. Ph. 1858 (Hour)	Candelabrum, \$ Candles, \$
_		Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$
	(Years) (Months) (Days)	Limousines to Cemetery / @ \$
	Date of Funeral 120/39 (Pay-9) Week) (Hour)	Autos to R. R. Station @ \$
	Services at . Justical Monte	Taking Remains to
	Clergyman Toy Chewille	Trip to Coroner's Inquest Delivering Box to
	Religion of the Deceased	Deliver Flowers to
	Birthplace . W. Mawa . & Musico	Removal Charges.
	Resided in the State	Procuring Burial Permit. Certif. Copiesof Death Certificates No. Sate Physicals or Coveres; Pall Bearer Service, \$ Use of Chapel, \$
,	Place of Death. O amou Jova.	Pall Bearer Service, \$ Use of Chapel, \$
-	Cause of Death Stonch fraumonia	Personal Service.
	Contributory Causes. Strictly	
	, , , , , , , , , , , , , , , , , , ,	Gross Total for Sales Tax\$
	Certifying Physician 6. 6. 2 anuch	Outlay for Lot.
	His Address	line Death Notices in Papers
	Name of Father. Ofulsion.	Flowers, \$
	His Birthplace	Rental of Tent, \$ of Temporary Vault, \$
	Maiden Name of Mother	Opening of Grave or Tomb
	Her Birthplace!!	Lining Grave, \$ Lowering Device, \$
	Motor Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$plane Service,\$
	Size of Casket Hed Cafe Cuffe	or Motor Tickets, \$
	Manufactured by (Standfolor and Number)	Cash Advanced
	Interment at Jose Will Cemetery	Out of town Undertaker's Charges
	Lot No. 761	
		Sales Tax
	Grave No97	Total Footing of Bill \$ /// 8 Less \$
	Section No	Balance. \$
	Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
	Date Amount Paid Balance	Date O Wa FR Amount Paid Balance
	To Above Balance 16. Hayler	To Balance Forward Change Della
	By Payment D. K. Meusten.	By Payment S. S. O. Saulen
	" " s Ovrille Midgen	de " s Oil Loney
	sally muley	law ,
	" " Story Redge In	
	s of J. A. Allias	14 L \$ \$ \$
	" " \$ \$	Chans - Weller Dall
	Names of	and the second of the second o
	Insurance \$	Insurance Companies
	I hereby authorize the above Funeral, and I hereby represent that I have su for the payment of aforesaid sum, and I hereby covenant and agree to pay	
	maturity at the rate of % per annum.	Signed
	18/11/11/1	

Address

4 RECORD OF FUNERAL Yeaply No... Name of Deceased Infant of Noy and Residence. Charge to ... A.oy draway Complete Funeral Casket. Ar.... Order given by !! Burial Vault or Box How Secured . . Cash . Embalming Body ... Barber, \$..... Occupation Dressing Body, \$..........Underwear, \$ Name of Employer. Suit or Dress (State Kind and Color) Address Slippers, \$..... Hose, \$..... Folding Chairs, \$..... Tarpaulin, \$. Candelabrum, \$......Candles, \$... Door Spray, \$ Gloves, \$. . Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$. . . Autos to R. R. Station . . Getting Remains from. Taking Remains to Clergyman.. Trip to Coroner's Inquest Delivering Box to . . Religion of the Deceased. Deliver Flowers to. Removal Charges.... Procuring Burial Permit... Certif. Copiesof Death Certificates No. Pall Bearer Service, \$.... Use of Chapel, \$ Place of Death Personal Service..... Contributory Causes Gross Total for Sales Tax... Outlay for Lot..... Cremation.line Death Notices in Papers Flowers, \$... Palms, \$... Matting, \$ Name of Father. Rental of Tent, \$. . . of Temporary Vault, \$. Opening of Grave or Tomb..... Maiden Name of Mother Manage Lining Grave, \$..... Lowering Device, \$ Her Birthplace Outlay for Shipping Charges. Motor Remains to . Clergyman,\$....Singers,\$...Organist,\$.. Railroad Tickets, \$..... Aero-Service,\$... Size of Casket . 20 Telegr., Phone, Cable or Radio Charges Cash Advanced..... Manufactured by. Out of town Undertaker's Charges. Interment at ... Sales Tax . Grave No.. Total Footing of Bill Section No. Balance. . Entered into Ledger, page or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	bove Balance	\$ s	/	.,	To Balance Forward By Payment	\$	ss.
Thou	Luneral	wed tak	eers in	y,	я я я я	\$	\$ \$
		\$\$			# #	\$	\$ \$
	и Nam	ss			« « Insurance		s

Compiled by F. J. FRINEMAN, St. Louis, Mo.

RECORD (OF FUNERAL
1.2001.2	
Total No. 1766 Yearly No	Date January 19 19.40
Name of Deceased Martha Ellea exina	ler O
/ Married Single 2	Widowed Divorced (What Race)
Residence. Harrison County, Mo	Husband Wile Wildow Clar J. Kruder
Charge to & state	Complete Funeral \$ 197,00
Address To Clifford Kinder, Halfield, Me	
Order given by Maude Richardson	Casket Burial Vault or Box Manualled Sint
How Secured	Embalming Body (Name of Embalmer)
Occupation Amblewife	Barber, \$
(Social Security Number)	Dressing Body, \$
Name of Employer	Suit or Dress Lux V. Slux L
Address , ,	Slippers, \$
Date of Death January 17, 1940 - 445 a	Polding Chairs, \$ Tarpaulin, \$
(Hour)	Candelabrum, \$ Candles, \$
Date of Birth Stylleshirt 14.1.1.6.3	Door Spray, \$
Age. 76 4 3	Funeral Car, \$Ambulance, \$
(Years) / (Months) (Days)	Limousines to Cemetery @ \$
Date of Funeral 1/19/40 500 100 M	
Dates (Day of Week) (Hour)	Getting Remains from
Services at Mand Parkly Mes	Taking Remains to

Certif. Copiesof Death (Standard Service, \$....

Personal Service

Gross Total for Sales Tax.... Outlay for Lot..... Cremationline Death Notices in

Total Footing of Bill

Less

Date

Balance

Insurances.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to...

(Firm Name of Funeral Directors.)

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Simplo purumania

lesatillo Mallie

Grave No.

Section No.

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within

To Above Balance ...

S.C. Danno

Amount Paid

Trip to Coroner's Inquest Delivering Box to Deliver Flowers to. Removal Charges.....

Procuring Burial Permit. ... (State Number and District)
Certif. Copies of Death Certificates No.

..Palms, \$ Matting, \$ Rental of Tent, \$. . . of Temporary Vault, \$ Opening of Grave or Tomb.....

Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges..... Clergyman, \$. . . . Singers, \$... Organist, \$ Railroad Tickets, \$ Aero-plane Service,\$ 'Telegr., Phone, Cable or Radio Charge Cash Advanced..... Out of town Undertaker's Charges

... Entered into Ledger, page or below.

To Balance Forward.

Amount Paid

days from date. Interest to accrue fr

Relence

His Address Name of Father.

Maiden Name of Mother.

Date

Total No. 1767 Yearly No. 4	Date January 2.	119 4.19
Name of Deceased & lande Chillet Dur	tcher J.	
Residence Sumy Surps . Illature Co. : 3.	Widowed Divorced (What Race)	Entcher
Charge to Decatur Co.		4000
Address	Complete Funeral	
Order given by Elsie Tutcher (ch.).	Casket. Burial Vault or Box	
How Secured Netter O.K.	Embalming Body (State Kind) (Name of Embalmer)	
	Barber, \$	A
Occupation January (Social Security Number) Name of Employer.	Dressing Body, \$	- <u></u>
Adduses	Barber, \$	
Date of Death. (Pate) 1940 (Hour)		
Date of Birth Jan (Bate)	Candelabrum, \$ Candles, \$	
	Door Spray, \$	-
Age. (Years) (Monfles) (Days)	Limousines to Cemetery @ \$	
Date of Funeral 121/4.0 Day of Week) (Hour)	Autos to R. R. Station	-
Services at Lulus of Home.	Taking Remains to Lend Faute	
Clergyman . Mo France	Trip to Coroner's Inquest Delivering Box to Jesse Hauti ma h	uck -
Religion of the Deceased	Deliver Flowers to	
Birthplace Decatus Co. Jan	Removal Charges	
Resided in the State. (or U.S. or City or County) (Years) (Months)	Procuring Burial Permit. (State Number and District)	
Place of Death. Dec. Co. (Gunty) (Years) (Months)	Procuring Burial Permit. (State Number and District) —Certif. Copiesof Death Certificates No. (State Physician) or Corone's (Bate P	
Cause of Death. Heart distast	Personal Service.	-
Contributory Causes	Gross Total for Sales Tax	40 00
TO PRIL	Outlay for Lot.	
Certifying Physician	Cremation	
His Address Davie City Ja	line Death Notices inPapers	
Name of Father. James Dulley	Flowers, \$. (Names of Newspapers) Palms, \$ Matting, \$	270
His Birthplace . Wuttern Co Indiana	Rental of Tent. \$ of Temporary Vault. \$	
Maiden Name of Mother. Hannel. Sucss	Opening of Grave or Tomb. Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.	
Her Birthplace Alcatus	Outlay for Shipping Charges	
Motor Remains to . Terre Hants	Clergyman, \$ Singers, \$ Organist, \$	
Size of Casket 337 Eng Crefel . Hyd Cap.	Clergyman, \$. Singers, \$. Organist, \$. Railroad Tickets, \$. Aero Service, \$. Telegr., Phone, Cable or Radio Charges.	
Manufactured by State Contract Number	Cash Advanced	
Interment at Serre Hante Cremator	Out of town Undertaker's Charges	
Lot No.		
	Sales Tax	1/12 60
Grave No	Total Footing of Bill	.7. J. J. O.
Section No	Less	
Diagram of Lot or Vault Owner	Balance\$ Entered into Ledger, pageor below.	
Date Amount Paid Balance		
		Balance
	To Balance Forward	. \$
	By Payment \$. \$
" " e e	я п	. \$
n u 2 2	a a	. \$
	4 4 8	
	s	s
a a s s	и и \$	
Insurance \$	Insurance Companies	
Insurance 5. Longes. Long I hereby authorize the above Funeral, and I hereby represent that I have s	sufficient resources Legally available to	
for the payment of aforesaid sum, and I hereby covenant and agree to pay	y the same within	irectors.)
maturity at the rate of)% per annum.	Signed	
Witness V. Mile.	Address	
	FEINEMAN, St. Louis, Mo.	

Total No. 1768. Yearly No.	Date January 22, 1944
Name of Deceased Methit. J. Jant	Widowed □ Divorced (What Race)
Residence Lamoni Java	Busband Wife Widow J. Arank Jr. Laut.
Charge to Shauk Lauk	1 /2-1
Address	Complete Funeral \$ 700 00
Order given by	Burial Vault or Box Oice
How Secured . Cenh	Embalming Body (State Kind) (Name of Embalmer)
Occupation Amsterife (Sacial Security Number)	Barber, \$
Name of Employer(Social Security Number)	Dressing Body, \$
Address	(State Kind and Color) Slippers, \$. Hose, \$.
Date of Death January 20, 1940 - 33007	Folding Chairs, \$ Tarpaulin, \$
Date of Birth July 16, 1978 (Hour)	Candelabrum, \$
Age. 0610 6 3	Funeral Car, \$ Ambulance, \$
Date of Funeral 121/40 (Months) (Days) 2 P. M.	Limousines to Cemetery
Services at Sunna (Day of Week) (Hour)	Getting Remains from
Clergyman Certhus daux	Taking Remains to Trip to Coroner's Inquest
(Address)	Delivering Box to
Religion of the Deceased. Birthplace Yawawad, Milliami.	Deliver Flowers to
	Procuring Burial Permit.
Resided in the State. (Months) (Years) (Months)	Procuring Burial Permit (the Number and District) Certif. Copies of Death (the Student and District) Certif. Copies of Death (the Student and District) Pall Bearer Service, (State Thyride And District) Page 2019 Service
Place of Death. A amount, a	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Myo Cardial Dagennston	Personal Service.
Contributory Causes Chalungstan	
6 8 4- 1	Gross Total for Sales Tax. \$ 100 00 Outlay for Lot.
Certifying Physician G. G. Samel.	Cremation
His Address	line Death Notices inPapers
Name of Father John Fore	Flowers, \$. Palms, \$. Matting, \$
His Birthplace Lug land	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother. Mary	Opening of Grave or Tomb
Her Birthplace	Outlay for Shipping Charges.
Motor Remains to	Clergyman,\$Singers,\$Organist,\$Raliroad Tickets,\$plaine Service,\$
Size of Casket Orik Bleef Med Cap Orefle	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced. Out of town Undertaker's Charges.
Interment at	Out of town Undertaker's Charges
Lot No 10.9.9.	Sales Tax 200
Grave No4	Total Footing of Bill \$ 1/5 00
	Less
Section No.	Balance
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward \$
	By Payment s
More midag my Rus Ra	7 7 7 7
M -V 1 1 1	The result - ss.
4 Vancerfulte s langth;	
	1 majoris \$ \$
my Bother!	loy d. Markenson - s s
My Bodal : Man &	loy d mintures - s s
Wave Hacke Names of	а а \$
Faul Hatke Names of Lodges.	u u s s s s s s s s s s s s s s s s s s
Insurance \$ Lodges. I hereby authorize the above Funeral, and I hereby represent that I have su	"
Faul Hatke Names of Lodges.	" \$
Insurance Names of Lodges Insurance Lodges I hereby authorize the above Funeral, and I hereby represent that I have su for the payment of aforesaid sum, and I hereby covenant and agree to pay	"

In I a	Jak # 1046
Total No. 1769 Yearly No	Date. A
Name of Deceased Jama John Gingle	Widowad D Divorced (What Race)
Residence Jammi, Juna	Husband Wile Widow Chas. G., Church
Charge to 6 has & Church	029100
Address Jamoni, Qu.	Complete Funeral
Order given by Atthe Church	Casket Burial Vault or Box Halim Saulis 930a.
How Secured.	Embalming Body
Occupation Hustwife Mal (Social Security Number)	Barber, \$
Name of Employer	Dressing Body, \$
Address	Slippers, \$
Date of Death St. 1, 1940 1871	Folding Chairs, \$ Tarpaulin, \$
Date of Birth Soloh 19, 1863 (Hour)	Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$
Age. 76 4 19	Funeral Car, \$ Amgulance, \$
Date of Funeral (Days) (Manha) (Days) (Days) (Days) (Days) (Bour) (Bour)	Limousines to Cemetery
Date of Funeral (Date) (Day of Week) (Hour) Services at	Autos to R. R. Station
Clergyman DB Sorden, JA. Beck, K.A. Christle	Taking Remains to
	Trip to Coroner's Inquest Delivering Box to Deliver Flowers to
Religion of the Deceased. Rivthplace To Flame, Allegan Co. Olf.	Removal Charges
	Procuring Burial Permit (State Number and District)
Resided in the State (of U. S. or City or County) (Years) (Months)	Procuring Burial Permit (State Number and District) Certif. Copiesof Death Certificates No. Certif. Copiesof Death Certificates No. (State Physicalus Coconer's) Pall Bearer Service, \$ Use of Chapel, \$.
Place of Death O danning du	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
Cause of Death Auricular Fabrilletisk,	Totaliai periodi
Contributory Causes . A freat Land Contributory Causes	Gross Total for Sales Tay 97/00
Coronal Templing E.	Gross Total for Sales Tax.
Certifying Physician	Cremation
His Address	
Name of Father . / Sommen. W. January.	Flowers, \$
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Allen Trouse Grang	Opening of Grave or Tomb
Her Birthplace	Outlay for Shipping Charges. Clergyman, \$. Singers, \$. Organist, \$
Motor Ship Remains to	or Motor Tickets, \$ plane Service,\$
Size of Casket 17 July (Strate Colgrand Number)	Telegr., Phone, Cable or Radio Charges
Interment at Hote Will Commeters	Out of town Undertaker's Charges.
Interment at Crematory	Coolemn / ental 500
Lot No	Sales Tax
Grave No	Total Footing of Bill
Section No	Less\$
Diagram of Lot or Vault Owner.	Balance\$
Date Amount Paid Balance	
0.00	
	To Balance Forward \$
ME Howers Windows Some	Can a del
I a Planta & Randa Della	nd goves J. a. Deck
D.a. Oaster. , Jens Olyn	U
Sta Juanalla s. Gacks Mig	Mp.: " " s s
of the state o	
Sold Christine Su S.	
Insurance \$	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have s	
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of	
maturity at one late of the state of the sta	Signed

Total No Yearly No	Date Fet 5, 1940		
Name of Deceased & the land of Signal			
Residence: Lamont, Juva	☐Husband ☐Wife ☐Widow }		
Charge to: Old age asstratuce Com	or, of }		
Address	Complete Funeral \$ 100.00		
Order given by Mary Richer Suf	Casket Eurial Vault or Box		
How Secured . C.A. C. C.K.	Embalming Body (State Kind) [Name of Embalmer]		
Occupation (Social Security Number)	Darber, \$		
Name of Employer	Dressing Body, \$		
Address	(State Kind and Color)		
Date of Death Ast 2, 1940 4:40 M	Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.		
Date of Birth. Jan. 18. 18.68	Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$		
Age. 72.	Funeral Car, \$Ambulance, \$		
Date of Funeral 75/4p Mon, 1:30 8. M	Limousines to Cemetery		
Services at 64th Site College (Hour)	Getting Remains from Market Central Communication Control Communication Control Communication Control		
Clarenman J.D. De Lang.	Trip to Coroner's Inquest Delivering Box to		
Religion of the Deceased(Address)	Delivering Box to		
Birthplace Mess Kelleston Inva.	Deliver Flowers to Removal Charges		
Perided in the State 76	Procuring Burial Permit.		
Place of Death. (or U. S. or City or County) (Years) (Months)	Procuring Burial Permit. (State Number and District) —Certif. Copies of Death Certificates No. (State Physicals for Cornoces) Pall Bearer Service, (State Physicals for Cornoces) Use of Chaptel, \$		
	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.		
Cause of Death Concinima of Signification			
Contributory Causes.	Gross Total for Sales Tax. \$ 100 00		
Certifying Physician 6. 6 Jasurh.	Outlay for Lot.		
(or Coroner)	Cremation		
Name of Father Silsu Jaggus.			
() (() () ()	Flowers, \$ - (Names of Newspapers) Palms, \$ Matting, \$ 14,00		
Maiden Name of Mother Lana Brown	Rental of Tent, \$ of Temporary Vault, \$		
no.	Opening of Grave or Tomb. Lining Grave, \$ Lowering Device, \$		
Her Birthplace	Outlay for Shipping Charges. Clergyman, S. Singers, Organist,		
	Clergyman, \$. Singers, \$. Organist, \$. Railroad or Motor Tickets, \$. plane Service, \$.		
Size of Casket 432 F. Size Color and Number	Telegr., Phone, Cable or Radio Charges		
1 . 1 D B MI 1	Out of town Undertaker's Charges		
Interment at Kunggold Co - Concerns Cremator	7		
Lot No	Sales Tax Stite Clig - Ws Fry		
Grave No	Total Footing of Bill		
Section No.	Less\$		
	Balance\$		
	Entered into Ledger, page or below.		
Date Amount Paid Balance	Date Amount Paid Balance		
C. A. To Above Balance OIN & EVS.	To Balance Forward \$		
6 Colo Ale " S Mis Ed D	By Payment \$\$		
bet Danier Candrew Pe	Mari .		
Wessel Danderfluto & Mrs socheke	spear " " "		
Juin Schofield & Faith H	Golon " " s s		
Jos munkhom & & s	S S S		
1 spm whate 8 1 x BM hos t +	Vernisal Malla. s s		
Insurance \$ Names of Lodges	Insurance 		
I hereby authorize the above Funeral, and I hereby represent that I have			
for the payment of aforesaid sum, and I hereby covenant and agree to pa	y the same within		
maturity at the rate of% per annum.	Signed		
Witness Wolffhile	Address		
Compiled by F. J. FEINEMAN, St. Louis. Mo.			

Total No. 1771 Yearly No. 8	- Jeh. 10 1940
211. K Ola 1	Date of Officer
Name of Deceased lo lum 9 Married Side	Widowed Divorced (What Race)
Residence Jameni, Java	Husband Wite Wildow Christian S. May en de
Charge to: 6 state	or
Address.	Complete Funeral
Order given by M.M. Jours Nadinbangh	Casket - Burial Vault or Box Wife (State Kind)
How Secured Contract	Embalming Body (State Kind)
Occupation Homewife Hone.	Barber, \$(Name of Embalmer) Hair Dressing, \$
Name of Employer. (Social Security Number)	Dressing Body, \$ Underwear, \$
Address	Suit or Dress
Date of Death 34. 8, 1946 11:380.76	Slippers, \$
Date of Birth May 21, 1858 (Hour)	Candelabrum, \$Candles, \$
	Door Spray, \$
Age (Years) (Months) (Days)	Limousines to Cemetery . I @ \$
Date of Funeral 100/40 (Day of Figle) (Hour)	Autos to R. R. Station
Services at	Taking Remains to
Clergyman	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace J. Eland, Oll:	Delivering Box to Deliver Flowers to Removal Charges Propuring Burial Dermit
Resided in the State.	(State Number and District) Certif Conject Death Certificates No.
Place of Death. Jamon, Sowa	Procuring Burial Permit. Certif. Copiesof Death Certificates No. Certif. Copiesof Death Certificates No. Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Myocoulis Je configution	Personal Service.
Contributory Causes.	
Contributory Causes.	Gross Total for Sales Tax
Certifying Physician 6. 6. Stessuch	Outlay for Lot.
(or Coroner)	Cremation
His Address () Agrand Hope & Arm	
Name of Father. Samuel Summann.	Flowers, \$ Palms, \$ Matting, \$
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb
Maiden Name of Mother Julia Jundenson,	Lining Grave, \$ Lowering Device, \$
Her Birthplace (! Desgles Woway	Outlay for Shipping Charges.
Motor Remains to	Clergyman, \$ Singers, \$ Organist, \$ Railroad Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges
(State Color and Number)	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash AdvancedOut of town Undertaker's Charges
Interment at ADL Auf Crematory	
Lot No. 4.5.9	Sales Tax 3 6.7
Grave No. 2. 7. 3.	Total Footing of Bill
	Less
Section No.	Balance\$
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance UNCASAS:	To Balance Forward \$
I a By Payment \$ \$	7
ONE Tayer Eque les	utter " " s s
D. M. Staulen . s Helyn I'm	nefug " " s s
The distinger s fogs that	" " s s
Olis Milder of the	United 1
The Mail of the State of the St	Helen Dischors " " " " " " " " " " " " " " " " " " "
Names of	Incurence
Insurance \$ Lodges	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have s	
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of	the same within
He 11 th	Signed
Witness	Address

Total No	Date 12, 19/10
Name of Deceased Mangautt almira a	Ultu. Wildowed □ Divorced (What Race)
Residence: Jamoni, dowa.	Husband Wile & Widow & Leo - Francy allen, De
Charge to: 6 State	1 320
Address.	Complete Funeral \$ 200 000
Order given by Mr. Mary June 1 Mr. Wille Wa	Burial Vault or Box
How Secured.	Embalming Body(Name of Embalmer)
Occupation . Oafe (Uplialm	Barber, \$. Hair Dressing, \$. Oo Dressing Body, \$. Underwear, \$.
Name of Employer.	Dressing Body, \$. Underwear, \$. Suit or Dress Jewist Madd
Date of Death. Ask. 9, 1940 4:15 CM	Slippers, \$. Hose, \$. Polding Chairs, \$. Tarpaulin, \$.
Date of Birth. Jan. 14, 1873 (Hour)	Candelabrum, \$ Candles, \$
	Door Spray, \$ Gloves, \$ ———————————————————————————————————
Age. (Years) (Months) (Days) Date of Funeral. (Date Days) (Week) (Hour)	Limousines to Cemetery
Services at June (Hour)	Getting Remains from
Clergyman . Res. J. U. Sant .	Trip to Coroner's Inquest
Religion of the Deceased (Address)	Delivering Box to
Birthplace Mlan Kamoni, Viwa.	Deliver Flowers to Removal Charges
Resided in the State.	Procuring Burial Permit
Place of Death. (or U. S. or City or County) (Years) (Months)	Gertif. Copiesof Death Certificates No. (State Physician's or Coroner's) Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death . Bronch Jensumous	Personal Service.
Contributory Causes, Child Hemning c.	
	Gross Total for Sales Tax. \$#43.00
Certifying Physician 6. 6 Januah.	Outlay for Lot.
His Address	line Death Notices inPapers
Name of Father Janua Manus Ashhun	Flowers, \$ (Names of Newspapers) Matting, \$ 560
His Birthplace Olliswis	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Kull & Lyalile Muck	Opening of Grave or Tomb
Her Birthplace	Outlay for Shipping Charges.
Motor Ship Remains to	Clergyman, \$ Singers, \$ Organist, \$ Orga
Size of Casket # 201 Quality U. Church	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced. Out of town Undertaker's Charges.
Interment at Carmetery Crematory	
Lot No.	Sales Tax
Grave No	Total Footing of Bill
Section No	Less allmanus for St. 8 00. Balance \$4.55 10
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
F. 75 To Above Balance ONN C.F. A.S.	To Balance Forward
By Payment \$\$	
They michigan & Majornia Deles	etidee " " s s s
HA. appeal s Journel Su	\$ sssssss
Shall Kemahaw. & andrew to	06
John Sarively 8 9 8	J 5 / " S S
Oscar Burigh s. KINN VSSI - M.	Mrs. Leve Clure. s s
Insurance \$ Names of Lodges.	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have st	officient resources Legally available to(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of % per annum.	the same within
Witness NAMbets.	Signed
	EINEMAN, St. Louis: Mo.

Total No. 1773 Yearly No. 10	Date 254 13, 1940
Name of Deceased Cory Other Chully la	Widowed Divorced (What Race)
Residence Granty Down Cures Spe	encer) Husband Wite Widow June Henrouer Welds
Charge to: Link Milds	Complete Funeral
Address	Casket
Order given by M.M. addle Newsmin.	Burial Vault or Box(State Kind)
How Secured	Embalming Body(Name of Embalmer)
Occupation Coarputur (Social Security Number)	Barber, \$
Name of Employer(Social Security Number)	Dressing Body, \$Underwear, \$ Suit or Dress
Address	Slippers, \$. Hose, \$
Date of Death . F. J. 1940 9.30 F. M. (Hour)	Folding Chairs, \$ Tarpaulin, \$
Date of Birth Let 6, 1914 (Hour)	Candelabrum, \$Candles, \$
Age. 26 0 3	Door Spray, \$
(Years) (Months) (Days)	Limousines to Cemetery @ \$
Date of Funeral (Date) (Day of Week) (Hour)	Autos to R. R. Station @ \$
Services at. Junesal Anne	Taking Remains to
Clergyman .: A. A. Chewille	Trip to Coroner's Inquest Delivering Box to Cerus
Religion of the Deceased	Deliver Flowers to
Birthplace Le verly Juna	Removal Charges
Resided in the State	Contif Conject Dooth Contificator No.
Place of Death. Jeneth Jana (Months)	Procuring Burial Permit. (State Number and District) —Certif. Copies of Death Certificates No. Pall Bearer Service, \$. "Use of Chapel, \$."
Cause of Death. Hodg kind distast.	Personal Service.
Contributory Causes	Gross Total for Sales Tax. \$ 41 50
I'm fett	Outlay for Lot. #1/30. 20.00.
Certifying Physician.	Cremation
His Address	line Death Notices inPapers
Name of Father tom N. Hulsh,	Flowers, \$. (Names of Newspapers) Flowers, \$. Palms, \$. Matting, \$
His Birthplace . Keystone , Ja.	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Musik Kurlskn	Opening of Grave or Tomb. Lining Grave, \$ Lowering Device, \$
Her Birthplace Jama, Java	Outlay for Shipping Charges.
Motor Remains to Luna II. Es. M. Mills Ch.	Outlay for Shipping Charges. Clergyman, \$ Singers, \$ Organist, \$ Railroad Tickets, \$ Aero Service, \$
a: .a	or Motor Tickets, \$
Manufactured by	Cash Advanced.
Interment at / 1 645 Hill Cemetery	Out of town Undertaker's Charges
Lot No. //30	Sales Tax
Grave No	Total Ecoting of Bill
Section No	Less Clem Flat. Y. Of Wr. \$ 3.7
Diagram of Lot or Vault Owner	Balance\$ 5.1.3.2. Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
P. D: To Above Balance O INCATS	To Balance Forward \$
By Payment Mr. 9 18: Wattle	Md By Bayphent S S S S S S S S S S S S S S S S S S S
Carl Dallantifue & Olandos Herri	D Lody Shift of to Die M
Roy Cornel Colle . Shelmas Silly	y "4" "G. F. & Tungon, J. I.
My Misale , mis Toland	signitian " " Systemeter da 3
Man marlin	Mr Mit 11:158M. Milwankie
Marthow:	June 11 Des Minister The Sie
Insurance \$	Insurance Companies.
I hereby authorize the above Funeral, and I hereby represent that I have s	
for the payment of aforesaid sum, and I hereby covenant and agree to pay	y the same withindays from date. Interest to accrue from
maturity at the rate of% per annum.	Signed
V 3/1 AUVIALS U .	4.10

Total No	Date March &	9,19.4
Name of Deceased. Also Seture Sto	Widowpd Divorced (What Race)	
Residence Jamoni Dova	□Husband□Wife□Widow}	
Charge to: Costate - Millite alm.	or, ot }	16300
Address.	Complete Funeral	2.0.000.
Order given by MM. Comma Moftsger	Burial Vault or Box	
How Secured	Embalming Body(Name of Embalmer)	······
Occupation Jaminy - Ods Sta. Mone (Social Security Number)	Barber, \$ Hair Dressing, \$ Dressing Body, \$ Underwear, \$	84.
Name of Employer		
Address Date of Death Selfs 6, 1879	Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$. Folding Chairs, \$ Tarpaulin, \$	
(Date) (Hour)	Candelabrum, \$Candles, \$	
Date of Birth. March 27, 1940	Door Spray, \$	-
Age. (Yearn) (Monthly) (Days) 2 R	Limousines to Cemetery @ \$	
Date of Funeral 129/40 (Day of Work) (Hour)	Autos to R. R. Station @ S Hosp.	-
Services at Junior From	Taking Remains to	
Clergyman V. S. Milland Maddress)	Delivering box to	
Religion of the Deceased	Deliver Flowers to	
Resided in the State.	Procuring Burial Permit. Certif.Copiesof Death Certificates No. Case Population of Connects: Pall Bearer Service, \$ Use of Chapel, \$	
Place of Death LLC. G. Foffe , DKSM , Courts	Certif.Copiesof Death CertificatesNo(State Physician's or Coroner's)	
Cause of Death Thombour - right former and	Pall Bearer Service, \$. V. Use of Chapel, \$ Personal Service.	
Contributory Causes. Artuno Surario	J:	
Contributory Causes. Affective Course	Gross Total for Sales Tax	
Certifying Physician 6. 5. Januah	Outlay for Lot	
His Address (or Coroner)	Cremation	
Name of Father John Stolling	Harris (1981) (1981) (1981) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982)	2 /
His Birthplace Livesaug	Flowers, \$. \(\nabla \). Palms, \$. \(\text{Matting, \$} \). Rental of Tent, \$. \(\nabla \) of Temporary Vault, \$.	2.66
Maiden Name of Mother Musl. Manson	Opening of Grave or Tomb.	7.00.
Her Birthplace Ollands	Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges	
Motor Remains to	Clergyman & Singers & Organist &	
Size of Casket # 768. Myd. Cufe - Cug. Cufe.	Railroad Tickets, \$ Aero-Service,\$ Telegr., Phone, Cable or Radio Charges	
Manufactured by (State Color and Number)	Cash Advanced. Out of town Undertaker's Charges.	
Interment at For Mill Cemetery	Out of town Undertaker's Charges	
Lot No. 167	Sales Tax	163
Grave No.	Total Footing of Bill\$	17653
Section No.	Less\$	
	Balance\$	
	Entered into Ledger, page or below.	
Date Amount Paid Balance	Date Amount Pai	d Balance
To Above Balance\$	OWO BKS To Balance Forward	\$
Of Hayer s s 27/11	y Was I Was Jold	\$
A. Nanderflute & & G	24 anthony "	s
Malley mothy s s Can	ais No prestern	
Supplier Sup	11 700 11 11 11	\$
Dancy of to	15% - Mars Story of Morling	Mg
Insurance \$ Names of Lodges	Insurance	
Insurance \$ Lodges. I hereby authorize the above Funeral, and I hereby represent that I have st	Commont	
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within	Directors.) rest to accrue from
maturity at the rate of% per annum.	Signed	
Witness	Address	
Compiled by F. J. F	EINEMAN, St. Louis Mo.	

Total No. 1.7.7.5	Yearly No	12		Date.	.acjou	g		107
Name of Deceased	Married S	Stair	Vidowed	Divorced		(What Race)		
Residence	Married 2		Пи	waband Wife Wife	iaw}			
Charge to: O. A. C						s	100	00
Address	,		Complete Fu	or Box		-		
Order given by My K.	101818		Casket Burial Vault	or Box	fine	K		
How Secured . 1.4.4.6. 24	Solinformant) Hours	ANA TY	Embalming I	Body	State Kind)	F		
Occupation Des . W	iones							
Name of Employer	(Social Securi	y Number)	Dressing Bod Suit or Dress	ly, \$	Underwei	ar, \$		
Address				(Stat	Kind and Color			
Date of Death. Afril.	0.1940	1:30 a 14	Folding Chai	rs. \$ 4	l'arpaulin, \$	K		
Date of Birth.	2. 1867	(Hour)	Candelabrum	\$	loves, \$			
Age. 7.2	6 2	1	Funeral Car.	S Al	noulance, 4			
Date of Funeral. # 14.0	Months (Days)	10 V	Auton to D 1	o Cemetery . R. Station .	@ S	\$		
/(Date) (Day of Week)	(Hour)	Getting Rem	ains from) es mo	MEN	1.0.	00
Services at Sunulus	DA Wille		Taking Rema	ains to ner's Inquest				
Clergyman Mann.	Mddress)		Delivering B	ner's Inquest ox to	٠٠٠	·		
Religion of the Deceased	of the		Deliver Flow	ers to		_		
Birthplace A miloy	9.4. 1	٤٠٠٠٠٠٠	Procuring Bu	rial Permit.	n	nd District)		
Resided in the State	City or County) (Years)	(Months)	Certif.Co	piesof Death	Certificates	No		
I face of Detroit	ines (14.4.6.M			Service, \$.	Use of Cha	pel, \$		
Cause of Death	. O Muller	nud !	Personal Serv	vice				
Contributory Causes							//	
	1.01.			for Sales Tax		\$	1.11.0.	S.O.
Certifying Physician.	r. Hansey		Cremation					
His Address Deg . M.	mus Xu		line Dea	th Notices in	Pape	ers		
Name of Father M. M. M.	w/ Dlas	B	Flowers, \$.	. Palms, \$	spapers) Matti	ng. \$	2	50
His Birthplace	Thu G	494	Rental of Ter	nt, 5 . 7 of 16	emporary v	aшt, ф		
Maiden Name of Mother &	torah Clyl	64.	Opening of G Lining Grave	rave or Ton	vering Devi	ce. 8 -	/	0.0.
Her Birthplace	Maku	wis:	Outlay for Sl	hipping Char	ges			
Motor Remains to . fum . De	e Moints.	.,	Clergyman,\$ Railroad \Tick	ets, \$,\$ Orga:	nist,\$		
Size of Casket . Faur	egg Cap Cu	er.	or Motor (Tick Telegr., Phor	ne, Cable or R	adio Charg	es		
Manufactured by Want	Suff		Cash Advan	ced				
Interment at	- 14U	Cemetery Crematory	Out of town	Undertaker's	Charges			
	Lot No. 44	4		State	Su tan	,		
- 48 3 3 3 3 3 3 3			Total Footin	. Male			120	00
Charles A to the state of	Grave No			21.76	hudures	, ,	7	50
	Section No				dance		1/2	50
Diagram of Lot or Vault	Owner		Entered into	Ledger, page		elow.		
Pate	Amount Paid	Balance	Date			Amount Paid	Ва	lance
To Above Balance		s		To Balance	Forward		s	T
. A	s. M.	sec:		By Paymer	it	\$. \$	
tom Dars. "	\$	s. Q.	01.	" of	1	\$. \$	
Uscar andirem	1 s. O LAND Y	5. A.S.Co	Merce	ae mai	acr.	\$. \$	
The Mais	\$	\$		и и		\$. \$	
The second	\$	\$		" "	*********	\$. \$	
C. St. Service.	\$	\$			*********	e	\$	
	Names of	*		Insurance	*********	· · · · · · · · · · · · · · · · · · ·	. \$	
Insurance \$.Lodges		Balant raggues	Companies.				
I hereby authorize the above Funeral	and I hereby represent	tnat I have sui	ncient resources	Legally available	e to (Firm	Name of Funeral T		

Address....
Compiled by F. J. FEINEMAN, St. Louis, Mo.

1921	10	711001	. 72-							
Total No. 17.76 Yearly No.		Date Mou	<i></i>	194.4						
Name of Deceased	Widowed □ Di		(What Race)							
Residence:	☐ Husb		the spen	lerele						
Charge to: Sto Home O. a. 6.	or4	dislaver of 5. Months								
Address	Complete Fune		\$.1.4	20.00.						
Order given by Aishop Beck	Casket									
/ (or imormant)	Burial Vault or	Box(State Kind)								
How Secured.	Barber, \$	dy(State Kind) (Name of Embalmer) Hair Dressing, \$								
Occupation . Museum (Social Security Num		\$Underwear								
Name of Employer	Suit or Dress	(State Kind and Color)								
Address	Slippers, \$	Hose, \$ \$ Tarpaulin, \$.								
(Date) (Ho	Candelabrum,									
Date of Birth July 11 1863	Door Spray, \$.	Door Spray, \$								
Age. (Years) (Months) (Days)	Timousines to	Cemetery @\$								
Date of Funeral. May 2 1/10 - Week 9:30 (Date) (Day of Week) (Hour)	A.M. Autos to R. R.	Station								
Services at J. D. S. Home	Getting Remain	Autos to R. R. Station								
Clergyman & a Tunsolley; arthur Las	Trip to Coroner	's inquest								
Religion of the Deceased . The (Address)	Delivering Box Deliver Flowers									
Birthplace Askausas	Removal Charg	'AS -								
- 1/2 421.	Procuring Buria	al Permit	District)							
Resided in the State. (or U. S. of City or County) (Years) (Mor	certif.Copie	al Permit. (State Number and sof Death Certificates No (State Physician's or Co vice, \$ Use of Chape	roner's;							
	Pall Bearer Ser Personal Service	vice, \$ Use of Chape	4, \$							
Cause of Death. Old age.										
Contributory Causes				*** ****						
S/ M. H. 60	Gross Total for Outlay for Lot		\$							
Certifying Physician.	···· Cremation									
His Address . X aman		Notices in Papers								
Name of Father. John Spullock.	Flowers, \$	(Names of Newspapers) Palms, \$ Matting	. \$							
His Birthplace	Rental of Tent,	\$of Temporary Vau	lt,\$							
Maiden Name of Mother Elega Esles	Opening of Gra	ve or Tomb								
Her Birthplace	Outlay for Ship	Lowering Device ping Charges	, φ							
Motor Remains to Independence Mr.	Clergyman,\$	Clergyman,\$Singers,\$Organist,\$								
Size of Casket Had Caps, Cupe	or Motor Tickets	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$Aero-service,\$ Telegr., Phone, Cable or Radio Charges								
Manufactured by (State Obler and Number)	Cash Advanced	Cash Advanced.								
Interment at Mound Links { Cen	netery Out of town Un	ndertaker's Charges								
10										
Lot No	Sales Tax			2_						
Grave No5	Total Footing	of Bill	\$	00						
Section No	Less		\$							
Discram of Lot or Yault Owner	Entered into L	Balance edger, pageor belo	\$							
	lance Date		mount Paid							
	liance Date		mount Paid	Balance						
		To Balance Forward	\$							
		By Payment\$.	\$							
		« « e	\$							
s s		" " s								
* * \$ \$		" "\$.	ss.							
* *		" "								
ss.		и и\$.	s							
Insurance \$		Insurance Companies		THE SE						
I hereby authorize the above Funeral, and I hereby represent that I i	have sufficient resources Le	rally available to								
for the payment of aforesaid sum, and I hereby covenant and agree	to pay the same within	(Firm Nar	ne of Funeral Directo date. Interest to	accrue from						
maturity at the rate of% per annum. Signed										
Witness, ONTA MANA. Address.										
Compiled by	F. J. FEINEMAN, St. Louis. M	fo.								

Total No 1777	Yearly No	14		Date Mar	12.9.	19#0
Name of Deceased. Kall	Married DS	. U. real	enting.		(What Race)	te
Residence. January	i Dowa.		Hunt	and Wite Widow Day	Millow	1 redentur
Charge to Z. M. V.	nammag		Complete Fund			457000
Address					0	
Order given by	(or informant)		Burial Vault or	· Box Salem. 9.	urless	.73.00
How Secured			Embalming Bo	dy . Mua. MW.	Co	
Occupation Answerfe		u	Barber, \$	Hair Dressin	g, \$. 140 May	2 /
Name of Employer	(Social Securit		Suit or Dress	,\$		
Address			Slippers, \$	(State Kind and Col	or)	
Date of Death . Thay 2.	7.1940 - 4	3 8 M.	Folding Chairs	, \$ Tarpaulin,		
Date of Birth . May . 1	1, 1886	(Hour)	Door Spray. \$	\$Candles, \$ Gloves, \$.		
Age 54	0 16	Ś	Funeral Car, \$			
Date of Funeral. 5/29/40.	(Months) (Days)	30 P. W	Autos to R. R.	Cemetery @ \$. Station		
Services at	(Day of Week)	(Hour)	Getting Remai	Station	lle	Mo Chy
Clergyman D. B. Sna	44: 09 A 1	196	Taking Remain	ns to		
			Delivering Box	r's Inquest	,	
Religion of the Deceased.		down	Deliver Flower Removal Char	s toChurch		
Birthplace Statues, 7	Ladara	F.09091.	Procuring Buri	al Permit.		
1 or U.S. o	city or County)_(Years),	Months	Certif.Copie	al Permit	sNo	
101.	Josep Centerii	ce, so	Pall Bearer Ser	vice, \$ Use of Ch	apel, \$	
Cause of Death . G. Lillou	MA		Personal Service	:e		
Contributory Causes	tinal Optime					
Language of S.	mall Bowel.		Gross Total for	Sales Tax # 485	sel	2000
Certifying Physician			Cremation			00.00
His Address Ctrifered	lle Down		line Death	Notices in Pap	oers	
Name of Father Chas	1. Quetusm	4	El e /	(Names of Newspapers) Palms, \$ Mat		11286
His Birthplace Many !!	apride 1	rich.	Rental of Tent,	\$ of Temporary	Vault, \$.	
Maiden Name of Mother	vey M. Boller	ly ue.	Opening of Gra	ve or Tomb		
Her Birthplace. Dow.	Tity, Jour	e	Outlay for Ship	Lowering De- pping Charges		
Motor Remains to	ecris.		Clergyman, \$ Railroad)	Singers,\$Org.	anist,\$	
Size of Casket #107 Bla	ek Nolnul.	Jan dent	or Motor Ticket	s, \$ plane Se Cable or Radio Char	rvice,\$	
Manufactured by	ate Color and Number)		Cash Advance	1	gca	,
Interment at Ass.	e Will	Cemetery Crematory	Out of town U	ndertaker's Charges.		
	Lot No. 148	5		·/·/·//	··· · · · · · · · · · · · · · · · · ·	
	1		Sales Tax Cu		7.06	179 000
	Grave No		Total Footing		\$	18 7
	Section No,		Less. Com.		\$	109.00.
Diagram of Lot or Vault	Owner J.M.		Entered into I	Balance edger, pageor	helow	6.7.2.7.
Date	Amount Paid	Balance	Date	l l	Amount Paid	
	Amount Faid	Balance	Date		Amount Paid	Balance
To Above Balance.	Pare	10.	*	To Balance Forward By Payment		\$
By Payment	5.077.97	f. L		By Payment	δ	. \$
a. E. Lewis.	· a Car	bella (Chorus	* O *	\$	
Q. C. Danielen.	s A		21	18 01	s	\$
Ph. D. Stocked.	solows	1: 1/	no Moran	J. Schmider	. \$	\$
g. M. Jul.	\$,	1000	", "A	. \$	\$
. Chas Hyde	s Origin	mis -	- Muss c	dua Trah	, \$	s
Insurance \$	Names of U			Insurance		
I hereby authorize the above Funeral	, and I hereby represent t	hat I have su	fficient resources Le	walls available to	Name of Funeral D	Contact V
for the payment of aforesaid sum, an	d I hereby covenant and				om date. Intere	st to accrue from
maturity at the rate of	% per annum.		Signed.			
Witness Abel While			Address			
	Com	piled by F. J. FE	STATEMAN, SE PORIS,	ato.		

Name of Deceased. Miller. Market Charge to Deceased Children Charge to Designated Charge to Designation Charge to D	Total No. 1778 Yearly No. 1.5	Date June 1 1940
Residence Mathematy College: Mand Model Charge to Acceptant of Charge to Acceptant of Complete Fineral Casket. Complete Fineral Complete Fineral Casket. Complete Fineral Complete Fineral Casket. Casket. Complete Fineral Complete Fineral Casket. Complete Fineral Complete Fineral Casket. Control Complete Fineral Casket. Control Casket. Complete Fineral Casket. Complete Fineral Casket. Control Casket. Salt Orses. Control Casket. Complete Fineral Ca	Name of Deceased I Nam Market of Finels	Widowed Divorced (What Race)
Order given by Order given shows Order giv	Residence Spaceland College Healt Hall.	wobiW oliW bnadeuH
Conder given by 1 How Secured Conder internation Burial Vaulation Box (Gasa Med) Box Secured Conder internation Burial Vaulation Box (Gasa Med) Box Secured Conder internation Burial Vaulation Box (Gasa Med) Box Secured Conder internation Burial Vaulation Box (Gasa Med) Box Secured Conder Burial Valuation Buri	Charge to Samuel Q. martin	112-1
Order given by 100 for intermant Burnial Vault or Box Cours shall How Secured 0. Co., 100 for intermant Burnial Mante of Employer Address Name of Employer Address Name of Employer Address Date of Death Address Address Date of Birth Address Address Date of Birth Address Address Date of Birth Address Date of Fuer Date of Death Address Death Dea	Address Bridgepork, Ohio.	
Docupation	Order given by	Burial Vault or Box
Occupation Markets Bearing Numbers Name of Employer Address Address Date of Death Markets I I I I I I I I I I I I I I I I I I I	How Secured Paid (or informant)	(State Kind)
Name of Employer Date of Death Date of Birth Date of Funeral Date of Fun	Occupation Student Zone	Barber, \$ Hair Dressing, \$
Date of Death MANNE (1940) Date of Birth (1940) Age. Age. Cramy (Membro) (Obys) Lindels Fundalle, S. Candels, S. Candelshyum, S. Candels, S. Date of Fundalle, S. Candelshyum, S. Candels, S. Candelshyum, S.		
Date of Birth. Control (1994) 192	Address	
Doer Spray, \$ Gloves, \$ Ambulance, \$ Limousines to Cemetery @ \$ Auto to R. R. Station @ \$ Limousines to Cemetery @ \$ Limousines t	Date of Death June 1, 1840 12:35 Bm	Folding Chairs, \$ Tarpaulin, \$
Date of Funeral (Crism) Date of Funeral (Crism) Date of Funeral (Crism) Services at. Mulder of Funeral (Crism) Clergyman (Colored) Clergyman (Colored		Candelabrum, \$Candles, \$
Date of Funeral Company (1997) Services at. Autology & Fork College (1997) Resided in the States Company (1997) Resided in the States College (1997) Place of Death College	10 , 7	Funeral Car, \$Ambulance, \$
Clergyman Congributory Causes Congributory Causes Clergyman Contributory Causes Contributory Con	(Years) (Months) (Days)	Limousines to Cemetery @ \$
Religion of the Deceased Religion of the Deceased Religion of the Deceased Birthplace Birthplace Cause of Death Cause of	(Date) (Day of Week) (Hour)	Getting Remains from Artificial
Delivering Box to Deliver Flowers to Removal Charges Procuring Burial Permit Control Processing Place of Death Control Processing Place of Death Control Processing P		Taking Remains to . ORCA
Birthplace	(Address)	Delivering Box to
Resided in the State (
Pale Bearer Service, \$. Use of Chapel. \$ Cause of Death. According to Causes. Paramal Service. Contributory Causes. Cathol State Manual Service. Certifying Physician. C. S. Law. Cremation	112	Procuring Burial Permit
Cause of Death Cutablad Accounting to Gross Personal Service. Contributory Causes. Cutablad Accounting to Gross Total for Sales Tax. Certifying Physician. 6 (or Conserv.) His Address. Name of Father Manual A. Mallan Fliss Birthplace Cause of Mother Manual Co., Olico Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb. Lining Carse, \$ Lovering Device, \$ Outlay for Shipping Charges. Clergyman, \$ Singers, Organist, \$ Manufactured by Outlay Co. Company, \$ Singers, Organist, \$ Resilvoid Tickets, \$ and Advanced. Interment at Command Co., One Company Carse, \$ Company Co., One Canset Co., One Company Carse, \$ Compan	(or U.S. or City or Courty) (Years) (Months)	Certif. Copies of Death Certificates No.
Contributory Causes. Cliffed. Springer Contributory Causes. Certifying Physician. Contributory Causes. Contributory Causes. Certifying Physician. Causes. Certifying Physician. Causes. Certifying Cartery Causes. Causes	Place of Death. Decator Co. 1979 (4 day	Pall Bearer Service, \$ Use of Chapel, \$
Certifying Physician Bis Address Name of Father Manuel Mis Birthplace Matter Mis Birthplace Matter Manuel Mis Birthplace Matter Mis Birthplace Matter Mis Birthplace Matter Misser M	Cause of Death Celebral Williams & Jone	Personal Service.
Certifying Physician His Address Name of Father Manual His Brithplace Manual Manual Maiden Name of Mother Hamber Marker		G Market and a Market and a 100 and
His Address. Name of Father Manual A. Mallan Flowers, \$ Plays, \$ Matting, \$ 10.0.0. Maiden Name of Mother Manual Co., May Opening of Grave or Tomb Lining Grave, \$ Lowering Device, \$ Lining Grave, \$ Lining Grave, \$ Lowering Device, \$ Lining Grave, \$ Lowering Device, \$ Lining Grave, \$ Lowering Device, \$ Lining Grave, \$ Lining Grave, \$ Lowering Device, \$ Lining Grave, \$ Lowering Device, \$ Lining Grave, \$ Lining Grave, \$ Lining Grave, \$ Lowering Device, \$ Lining Grave, \$ Lowering Device, \$ Lowering Device, \$ Lining Grave, \$ Lining Grave, \$ Lining Grave, \$ Lowering Device, \$ Lowering Device, \$ Lining Grave, \$ Lining Grave, \$ Lowering Device, \$ Lowering Device, \$ Lining Grave, \$ Lowering Device, \$ Lining Grave, \$ Lowering Device, \$ Lowering Device, \$ Lowering Device, \$ Lining Grave, \$ Lining Grave, \$ Lowering Dev		Outlay for Lot.
Name of Father Samuel A. Mallor His Birthplace Authors Mandar Co. Allo Rental of Tent, \$. of Temporary Vault, \$. O. c. Rental of Tent, \$. of Temporary Vault, \$. Opening of Grave or Tomb Lining Grave, \$. Lowering Device, \$. Outlay for Shipping Changes. Organiat, \$. Rallowed Recomposition of Shipping Changes. Outlay for Shipping Changes. Organiat, \$. Rallowed Recomposition of Shipping Changes. Organiate, \$. Rallowed Recompositio	(or Coroner)	Cremation
Maiden Name of Mother Clause (March Comming of Grave or Tomb. Her Birthplace Clause (March Comming Organis of Shipping Charges Organis (Shipping Ch	1/0:00	(Names of Newspapers)
Maiden Name of Mother Clause (March Comming of Grave or Tomb. Her Birthplace Clause (March Comming Organis of Shipping Charges Organis (Shipping Ch		Flowers, \$ Palms, \$ Matting, \$
Her Birthplace Australia Co., Lining Grave, \$ Lowering Device, \$ Lower		Techtai of Tene, \$ of Temporary Vaute, \$
Remains to Allow Charles Size of Casket Control		Lining Grave, \$ Lowering Device, \$ 49 67
Manufactured by Manufactured by Cametery Interment at Crematory Intermediate Constitution Interment at Crematory Intermediate Constitution Internet Constitution Internet Constitution Intermediate Constitution Internet Constitution Internet Constitution Internet Constitut		Clergyman,\$Singers,\$Organist,\$
Manufactured by Manufactured by Cametery Interment at Crematory Intermediate Constitution Interment at Crematory Intermediate Constitution Internet Constitution Internet Constitution Intermediate Constitution Internet Constitution Internet Constitution Internet Constitut		Railroad or Motor Tickets, \$ Aero- Service,\$
Interment at Cematary Interment at Committer Lot No. Grave No. Grave No. Total Fooging of Bill Less SciffMed Chap = \$ 165 65. Less SciffMed Chap = \$ 176 55. Balance Section No. Dagum of Lot of Yeal: Owner Entered into Ledger, page or below. Date Amount Paid Balance To Above Balance To Balance Forward \$ 165 65. For Above Balance Section No. By Payment Section No. Section No. By Payment Section N	Size of Casket	Cook Advanged
Grave No. Grave No. Sales Tax Total Foojing of Bill Less. Application of Less. Application of Balance Balance Balance Section No. Balance Balance To Above Balance To Balance Forward Section No. To Balance Forward Section No. Balance To Balance Forward Section No. Section No. Balance Amount Paid Balance To Balance Forward Section No. Section No. Section No. Section No. Balance To Balance Forward Section No.	(Cemetery	Out of town Undertaker's Charges
Grave No. Grave No. Sales Tax Total Foojing of Bill Less. Application of Less. Application of Balance Balance Balance Section No. Balance Balance To Above Balance To Balance Forward Section No. To Balance Forward Section No. Balance To Balance Forward Section No. Section No. Balance Amount Paid Balance To Balance Forward Section No. Section No. Section No. Section No. Balance To Balance Forward Section No.	Interment at	Composition of They was
Section No. Less . Biffled. Chap - \$ ## & 5. Balance . Balance . Section No. Date Date Amount Paid Balance Date . To Above Balance . To Above Balance . Section No. By Payment . Section Paid . By Payment . Section . Secti	Lot No	
Section No. Balance Balance Section No. Balance Balance Date To Above Balance To Above Balance To Above Balance By Payment By P	Grave No	
Date Date Amount Paid Balance Date Amount Paid Balance To Above Balance To Balance Forward By Payment To Above Balance To Balance Forward Support To Balance Forward Support To Balance Forward To Balance To Balance Forward Support To Balance To Balance Forward Support To Balance To Balance Forward Support To Balance Amount Paid Balance To Balance Forward Support T	Section No.	111
Date Date		
To Above Balance By Payment	- Displace Detail Talls	
Authorized States of State	Date Amount Paid Balance	
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to. (Firm Name of Funeral Direction.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within. Signed. Witness. Address.	To Above Balance\$	To Balance Forward\$
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to. (Firm Name of Funeral Direction.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within. Signed. Witness. Address.	By Payment & Diplos	X Ballacia Plant Con X Ray and
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to. (Firm Name of Funeral Direction.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within. Signed. Witness. Address.	Julia Cours of German soft	as remained and a start to the start of
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to. (Firm Name of Funeral Direction.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within. Signed. Witness. Address.	Orciving Survey Derestor:	- Howard H. Or ilson,
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to. (Firm Name of Funeral Direction.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within. Signed. Witness. Address.	(#) # \$ \$	Bridge from Ohio s
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to. (Firm Name of Funeral Direction.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within. Signed. Witness. Address.		
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to. (Firm Name of Funeral Direction.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within. Signed. Witness. Address.		
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to. (Firm Name of Funeral Direction.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within. Signed. Witness. Address.	Insurance \$Lodges	
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to across from maturity at the rate of "Sper annum. Signed. Witness Address.		
Witness Address Address		y the same withindays from date. Interest to accrue from
	maturity at the rate of% per annum.	Signed
	Witness	Address

Address

100 -	
Total No. 1780 Yearly No. 7	Date 7 1111k
Name of Deceased . John aller Jodf	ky.
Residence. A Lamoni & G Single	Widowed Divorced (What Race)
1 10 1 -11 1	orof
Charge to Souls - Teo Y Albert	Complete Funeral \$23700
Address.	Casket.
Order given by Atta Y all the Avelying	Burial Vault or Box (State Kind)
How Secured Mitg. M. Rot. 3 VICK 19	Embalming Body
Occupation Blackswith une	Barber, \$
Name of Employer (Social Security Number)	Dressing Body, \$
Address	Slippers, \$ (State Kind and Cofor) Slippers, \$ Hose, \$
	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. //- 17 - 65 (Hour)	Candelabrum, \$Candles, \$
7	Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$
Age. (Veary) (Months) (Days)	Limousines to Cemetery
Date of Funeral (Pay of Work) (Hour) M.	Autos to R. R. Station (\$ Getting Remains from 100 \$
Services at . Surges Home	Taking Remains to.
Clergyman J. B. Sorden	Trip to Coroner's Inquest
Religion of the Deceased.	Delivering Box to
Birthplace Michigan	Removal Charges
Resided in the State.	Procuring Burial Permit. —Certif. Copiesof Death CertificatesNo.
(or U. S. or City or Coupty) (Years) (Months)	Certif.Copiesof Death CertificatesNo
Place of Death. Almani, Jua - 188.	Pall Bearer Service, \$. (State Physician's or Coroner's Use of Chapel, \$.
Cause of Death. Colonary Occuler	Personal Service.
Contributory Causes.	
0 0 L	Gross Total for Sales Tax \$ 227.00
Certifying Physician G. C. Dannel	Outlay for Lot.
His Address	line Death Notices in Papers
Name of Father. Unknown.	
	Flowers, \$. — (Names of Newspapers) Matting, \$
His Birthplace	Rental of Tent, \$. —of Temporary Vault, \$
Maiden Name of Mother	Lining Grave, \$ Lowering Device, \$
Her Birthplace	Outlay for Shipping Charges
Motor Ship Remains to	Clergyman, \$ Singers, \$ Organist, \$ Railroad Tickets, \$ plane Service, \$
Size of Casket Och Steel Stull /2 C.	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced
Interment at ATU Will Cemetery	Out of town Undertaker's Charges
Lot No. 1568	
	Sales Tax
Grave No	Total Footing of Bill
Section No.	Less\$
Diagram of Lot or Vault Owner	Balance
	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
O. D. To Above Balance	To Balance Forward \$
By Payment \$ \$	
Loun Walder & State	unde Thattle " s s
I) Monday Juther Ja s See	a flaver " " s s
s s	· Mine - N. Commission - s
\$ \$ \$	
\$	
s s	ssss
Names of Lodges.	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have st	efficient resources Legally available to
to pay	the same within
maturity at the rate of 7.4% per annum.	Signed
Witness.	Address
Compiled by F. J. F.	

20	RECORD (OF FUNERAL
Total No 1781	Yearly No.,	1 Date June 11. 1940
Name of Deceased.	ama matel and	derson
Residence Lamon	Married Masingle [☐ Widowed ☐ Divorced (What Race) ☐ Husband☐Wife☐Widow {
Charge to		or,of }
Address.	. Day Party of the	Complete Funeral
Order given by	//	Burial Vault or Box . Reduced Groves
How Secured Rend Est	to Wita Wood Course	(State Kind)
	seper 481-16-54	### Barber, \$. (Name of Embalmer) ### Barber, \$. Hair Dressing, \$.
Name of Employer.	A. (Social Security Number)	Dressing Body, \$
Address		Suit or Dress
Date of Death . June	9.1940 3 PM	Slippers, \$
Date of Birth. Mars	(Date) 18, 1882 (Hour)	Candelabrum, \$Candles, \$
Age 5.8	2 21	Door Spray, \$
Date of Funeral. 6/4/40	(Montkin) (Days) 2 1 . M	Limousines to Cemetery . / . @ \$
[Date]	(Day of Week) (Hour)	Getting Remains from
Services at	LIGORNE	Taking Remains to Trip to Coroner's Inquest
Clergyman	(Address)	Delivering Box to
Religion of the Deceased.	ston, Inva	Deliver Flowers to Removal Charges.
	4.40. j. 400. e.c.	
Resided in the State	on City or County) Years) (Months)	Certif.Copiesof Death CertificatesNo
Place of Death	Hoya, Nem, oce,	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death	CANY COCCULION	Tersonal Service.
Contributory Causes.	accommende	10000
amegras suciai	eg euroganis	Gross Total for Sales Tax. \$ Outlay for Lot.
Certifying Physician	(or Coroner)	· Cremation
His Address	3 1 1 1	line Death Notices inPapers
Name of Father	D. Maurin	Flowers, \$
His Birthplace.	Mario Da Josephina	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb.
Maiden Name of Mother.	gang unisities n	Lining Grave, \$Lowering Device, \$
Her Birthplace	. J	Outlay for Shipping Charges. Clergyman, S. Singers, S. Organist, S.
Motor Remains to	1016/16	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$Paine Service,\$
Size of Casket	State Colgrand Number	Telegr., Phone, Cable or Radio Charges
Interment at	Gemeter	Out of town Undertaker's Charges
Interment at GTVC.	Cremator	y
	Lot No 8. 2. 7	Sales Tax
	Grave No	Total Footing of Bill
	Section No	Less
Diagram of Lot or Vault	Owner	Balance
Date	Amount Paid Balance	
1	1 10 00-	W M
By Payment	ss	To Balance Forward Struck William
Even Walden.	Leiten	Halden " " Ling Schilled
Murchel Hatch	erost s nea	I Dlaver : 1 - 1 Palon Shill:
agl fano ;	s smy	A man go auction of to sayney.
dud to ging	- 8 80/	"D" IS ME BUNCE
gay avovio	s. Thatas	1 : Errent bayer . s. Theat campbell
	N	" " S
Insurance \$	Names ofLodges	Insurance Music By Hertrude Chald
		sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, a	and I hereby covenant and agree to pay 2.% per annum.	y the same withindays from date. Interest to accrue from Signed
1 With	6	Address
Witness	Compiled by P. J. 1	FEINEMAN, St. Louis, Mo.

Total No. 1783 Ygarly No	9.0 Date Lunt 20.	194.0
Name of Deceased John Riley D &	Town What Race)	
Residence Lamoni Jona		Jong
Charge to Estate :	Complete Funeral	178 00
Order given by A.O. Sef Mrs Dr. Long.	Casket Burial Vault or Box Redword -	
How Secured . Cold (or informant)	(State Kind)	
Occupation City Marshall - More.	Barber, \$	
Name of Employer Jan of Social Security Number)	Dressing Body, \$ Underwear, \$	
Address	Suit or Dress	
Date of Death 6/18/40 4.05 P.M.	Slippers, \$	
Date of Birth. Och. 3. 1874 (Hour)	Candelabrum, \$Candles, \$	
Age 65 8 15	Door Spray, \$	
(Years) / (Months)// (Days)	Limousines to Cemetery	
Date of Funeral (Day of Week) (Hour) M.	Autos to R. R. Station	
Services at Coluneum	Taking Remains to	
Clergyman V. A. / Zeck.	Trip to Coroner's Inquest Delivering Box to Clan	
Religion of the Peceased	Deliver Flowers to	
Birthplace Decatus Co., a.	Removal Charges.	
Resided in the State. (Months)	Procuring Burial Permit	
Place of Death of amou, Down;	Pall Bearer Service, \$ Use of Chapel, \$	
Cause of Death Concinoma of Stomack	Personal Service.	
Contributory Causes.		
0 0 01	Gross Total for Sales Tax	178 00
Certifying Physician 6. 6. Dankh.	Outlay for Lot	
His Address (or Coroner)	Cremationline Death Notices inPapers	
Name of Father Saac Mewton Dr. Jong		
-// 1: 7	Flowers, \$	750
His Birthplace Undergo	Rental of Tent, \$ of Temporary Vault, \$	800
Maiden Name of Mother & Author Stroke.	Opening of Grave or Tomb	
Her Birthplace	Outlay for Shipping Charges	
Motor Remains to	Clergyman, \$ Singers, \$. Organist, \$ Railroad or Motor Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges	
Size of Casket . 6. 8	Telegr., Phone, Cable or Radio Charges	
Manufactured by	Cash Advanced	
Interment at	Coliseum Kintel	
Lot No. 109-2	Sales Tax	0,00
Grave No.	Total Footing of Bill	0028
Section No.	Less Op. 4. + Colistum s	1200
	Balance	87 28
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.	
Date Amount Paid Balance	Date Amount Paid	Balance
To Above Balance \$	To Balance Forward	. s
L.C. Danulan	By Payment \$	\$
a. A. Gurl.	Manda Serry, s	\$
m. d. Wuden:	Gettrude Malden s	. \$
Evan Malden.	Rones Fresh	\$
John Reynard. 8		. \$
Ca. Ob BELL : O	CANIT-MANA TOO NEO	2
Names of	Insurance	marf
Insurance \$		
for the payment of aforesaid sum, and I hereby covenant and agree to pay	(Firm Name of Funeral D	irectors.)
maturity at the rate of	the same withindays from date. Intere	st to accrue from
Witness / Holland	Address	
	INEMAN, St. Louis, Mo.	

22 RECORD C	OF FUNERAL
Total No. 1783 1 Yearly No. 7.6	Date June 30 1940
Name of Deceased Okemand Dickey	(What Race)
Residence Samou Ma	Widowed Divorced Widow Class May Dickey Or
Charge to Children	(0) 305H Ad
Address	Complete Funeral
Order given by Deckey	Burial Vault or Box
How Secured . Cours	Embalming Body (Name of Embalmer)
Occupation Darker 42-055-3920	Barber, \$
Name of Employer. Relined.	Suit or Dress
Address	Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.
Date of Death. July 28, 1940. (Hour)	Candelabrum, \$ Candles, \$
Date of Birth. 23, 1812.	Door Spray, \$
Age (Years) (Moaths) (Days)	Limousines to Cemetery @ \$
Date of Funeral Day of Week) (Hour)	Autos to R. R. Station Dec & Hills - His Cag. Getting Remains from Dec & Hills - His Cag. Taking Remains to Englewill Mus.
Services at . Maile Juneary Jame	Taking Remains to Eaglewill Miss.
Clergyman Men J. B. Andlin: (Address)	Trip to Coroner's Inquest
Religion of the Deceased.	Deliver Flowers to
Birthplace Eaglistille, Mo.	Procuring Burial Permit. Certif Copiesof Death Certificates No.
Resided in the State (ar U. S. or Cité or County) (Years) (Modities)	Certif.Copiesof Death CertificatesNo
Place of Death. Let . Co. Mary . Okan . Ch.	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
Cause of Death . Two Aids . Orgund g. head ,	
Contributory Causes. Suncell	Gross Total for Sales Tax. \$ 3.5400
- Vannes Der a Mid Pour	Outlay for Lot
Certifying Physician.	Cremation
His Address Agent To Deelous	
Name of Father A multin Old	Flowers, \$ Names of Newspapers) Matting, \$ 2
Maiden Name of Mother & Usa Haut William	Rental of Tent, \$. of Temporary Vault, \$
Her Birthplace	Opening of Grave or Tomb Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges.
Motor Remains to Englivelle, M.O.	Clergyman,\$Singers,\$Organist,\$
Size of Casket # 230 CN Velace.	Clergyman,\$ Singers,\$ Organist,\$ Railroad Tickets,\$ plane Service,\$ Telegr., Phone, Cable or Radio Charges
Manufactured by (State Color and Number)	Cash Advanced
Interment at Capleville Cemetery	Out of town Undertaker's Charges
Lot No	m H
	Sales Tax 254 Total Footing of Bill 7286
Grave No	Less
Section No	Balances
Diagram of Lot or Vauit Owner	Entered into Ledger, pageor below.
Pate Amount Paid Balance	Date Amount Paid Balance
To Above Balance.	1.C. To Balance Forward
Hans Mark S. S.	By Payment s s
And resoringer	s s
Clif Shewill & This	my tiller - Promise \$
Ed Jenney s s	
ark Madelin s s	а и \$
Orankowyene s s	ss.
Insurance \$ Names of Lodges	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have st	officient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of	the same within. (Firm Name of Funeral Directors.) Agys from date. Interest to accrue from Signed.
Witness Wallata	Address.

Total No. 1784 Yearly No. 3.	Date Janus 30	19.4.0
Name of Deceased.	Widowed Divorced (What Race)	
Residence Jameni Phra	or	kky
Address.	Complete Funeral	29200
Order given by Jeo. H. Dukkey.	Casket Holim Petiless Burial Vault or Box Holim (State Kind)	93 20
How Secured Cont. (or morman)	Embalming Body (Name of Embalmer)	
Occupation Amservile none	Barber, \$	
Name of Employer. (Social Security Number)	Dressing Body, \$	
Address	Slippers, \$ (State Kind and Color) Slippers, \$ Hose, \$	
Data of Dorth June 28, 1940	Folding Chairs, \$ Tarpaulin, \$	
Date of Birth Dec 5, 1877 (Hour)	Candelabrum, \$Candles, \$ Door Spray, \$Gloves, \$	
Age 62 6 23	Funeral Car, \$ Ambulance, \$	
	Limousines to Cemetery @ \$	
Date of Funeral (30/40 Jun A M. (Boy-of Week)	Autos to R. R. Station @ \$	
Services at	Taking Remains to 1911 Chillums	4000.
Clergyman N. D	Trip to Coroner's Inques	
Religion of the Deceased	Deliver Flowers to	
Birthplace Mayne Co., Alliers	Removal Charges Procuring Burial Permit	
Resided in the State	Certif Conject Death Certificates No.	
Place of Death Jamoni Jony - Kis -	Certif. Copiesof Death Certificates No. (State Physician's or Coroner's) Pall Bearer Service, \$ Use of Chapel, \$	
Cause of Death Sunshoh Nounds	Personal Service.	
Contributory Causes Amirciale		
Contributory Causes.	Gross Total for Sales Tax\$	16500
Money Down Cook	Outlay for Lot	
Certifying Physician. (or Cochner)	Cremation	
His Address	line Death Notices in Papers	
Name of Father . A: Hulland	Flowers, \$ Palms, \$ Matting, \$	3346
His Birthplace Luckmyky Co. a. Chud	Rental of Tent, \$ of Temporary Vault, \$	
Maiden Name of Mother Manda Chijafilla. Het	Lining Grave, \$Lowering Device, \$	
Her Birthplace Jayu Co. Oll.	Outlay for Shipping Charges	
Motor Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad or Motor}Tickets,\$Aero-Service,\$	
Size of Casket #201/01/01/01/01 V. EU.	Telegr., Phone, Cable or Radio Charges	
Manufactured by y	Cash Advanced	
Interment at Leff Cemetery	Out of town Undertaker's Charges	
Lot No.	Jo+ on Caskin	3,32
	Sales Tax M Vaulh	50 3 /16
Grave No	Total Footing of Bill	7.0.0
Section No	Balance\$	
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.	
Date Amount Paid Balance	Date Amount Pa	id Balance
To Above Balance S		Danatice
By Payment S S	To Balance Forward	\$
" " S S	s s s	
s s	u u	
		s
	" " s	. s
" " \$ \$		s
		s
Insurance \$ Names of Lodges.	Insurance Companies	
I hereby authorize the above Funeral, and I hereby represent that I have s	ufficient resources Legally available to	
to the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within	Directors.) rest to accrue from
maturity at the rate of% per annum.	Signed	************
Witness Compiled by F. J. i	Address	
Compact by F. S. E		

Total No. 1785	Yearly/N	10	2	Date	Luly	£.,	194.0
Name of Deceased	longo Ori	lan 2	ale			Pagel	
Residence Hamison	To: Mo	Single 🗵	Widowed U	Divorced usband□Wife⊠Widow of	eligate	the Hal	e
Charge to Male			The second section			. 8 22	700
Address		,,,,,,,,,	Conplete Fu	neral			
Order given by MM. Co	of Michara	45.W	Burial Vault	or Box Red Sody Augustian (Namo Hair I	wsood		
How Secured	Wester 91	wa:	Embalming I	Body Augustin	of Embalmer)		
Occupation A amuer	······ In	e	Barber, \$		Oressing, \$		
Name of Employer Self.	(Social Sect	irity Number)	Dressing Bod Suit or Dress	y, \$	Jiluei wear, ç		
Address				(State Kin	nd and Color)		
Date of Death July . of	1940	<u>.</u>	Folding Chai	rs, \$ Tar	paulin, \$		
Date of Birth June	7, 1857.	(Hour)	Door Spray.	, \$	ves, \$		
Age	0 2	4	Funeral Car,	\$	ulance, \$		
Date of Funeral. 7/4/+0.	(Months) (Days	3. P. M.	Autos to R. I	o Cemetery /	@\$		
Services at . White Ju	(Day of Week) Last	(Hour)	Getting Rem	R. Station	R		
Clergyman . C. Ha		~~······	Taking Rema	ins to			
	(Address)		Delivering Bo	ner's Inquest ox to	m		
Religion of the Deceased	Z. W.		Removel Che	ers to			
	-0:,		Procuring Bu	rial Permit			
Resided in the State	r City or County) (Year	s) (Months)	Certif.Con	rial Permit Diesof Death Certain (State Picture) ervice, \$ Us	tificatesNo		
Place of Death. Amusen.			Pall Bearer S	ervice, \$ Us	of Chapel, \$.		
Cause of Death . G. Miles .	1 100	.ŧ	Personal Serv	ice			
Contributory Causes. Cardin		use				92	
Neveral Certerios		•••••		or Sales Tax		\$ 0. 6.	1.00
Certifying Physician . C. M.:	Mª Cartru	4	Cremation				
His Address Eagleville	2.1.7.4.0:			h Notices in			
Name of Father. Olivan	' // /		Flowers, \$	(Names of Newspape Palms, \$	Matting, S.		
His Birthplace	Ilnote	ina	Rental of Ten	t, \$ of Temp	orary Vault, \$.		,
Maiden Name of Mother	Coff	Ey	Upening of G Lining Grave	rave or Tomb. , \$Loweri	ng Device. \$,\×	P. P
Her Birthplace	undur	24.:	Outlay for Sh	ipping Charges.			
Motor Ship Remains to			Clergyman, \$ Railroad \Tick	Singers,\$	Organist,\$		
Size of Casket / T Couch	ate dolfe and Number)		Telegr., Phon	e, Cable or Radi	o Charges		
Manufactured by	Nan		Cash Advanc	ed			
Interment at If out	Hill	{ Cemetery Crematory	Out of town	Undertaker's Ch	arges		
	Lot No 76	0					7 77 77
	Grave No	7	Sales Tax	g of Bill		237	27
		•••••	Less				
	Section No	• • • • • • • • • • •		Balan			
Diagram of Lot or Vault	Owner		Entered into	Ledger, page			
Date	Amount Paid	Balance	Date	DEW HOUSE	Amount	Paid I	Balance
To Above Balance.		s		To Balance For	vard	-	
J D By Payment	\$	s. Q. M.	\$512	. By Payment	\$	\$	
M:11 " "	\$	891.4		. и и	\$	\$	
Mylmova: " "	\$	s. 14900	ude applalal	n " "	\$	\$	
" "	\$	\$			\$	\$	
	s	\$	************		····· \$	\$	
	s.	\$			\$	\$	
	Names of Lodges.			Insurance		\$	
Insurance \$		that I have	fficient resource T	Insurance			
for the payment of aforesaid sum, and					(Firm Name of Pos	eral Directors.)	
	% per annum.	,,,,,	Signed		days from date.	nterest to ac	crue from
Witness William			Addres				
	Con	piled by F. J. Fl	EINEMAN, St. Louis,		*************		

Total No1.7.8.6	Yearly N	To	3	Date Ju	ly 24	194.0
Name of Deceased	muma /	Jelvin	Widowed 1	ham C	(What Race)	ž
Residence: Zamen		Pls Hor	ul□Hu	band Wife Widow }	nazon (Badhar
Charge to: Q. A. V.					0	10000
Address			Complete Fun			, , , , , , , , , , , , , , , , , , , ,
Order given byClasa	(or informant)	Y	Burial Vault o	r Box Jule		
How Secured,			Embalming Bo	ody(State Kind) (Name of Embals		
Occupation . Housew.	fl	untl rity Number)	Barber, \$	Hair Dressin	g, \$	
Name of Employer	(oocial oaci		Suit or Dress	, \$	e encolors and a	
Address			Slippers, \$	(State Kind and Co Hose, \$	lor)	
Date of Death . July . 2	3.1940	J.A.M	Folding Chairs	s, \$ Tarpaulin,	\$	
Date of Birth	418.5.4	(nour)		\$Candles, \$Gloves, \$.		
Age	2 2	9	Funeral Car, \$	Ambulance,		
Date of Funeral. 7/2.4/40	Week (Days	9130 AM.	Limousines to	Cemetery @ \$.		
Services at Saints H.	Day of Week)	(Hour)	Getting Remai	Station	性.玩	
Clergyman Vigel-o	Philippand		Taking Remain	ns toer's Inquest		15 00.
	(Address)		Delivering Box	to		
Religion of the Deceased.	150+ 11	ta/	Deliver Flower	s to	<u> </u>	
Birthplace Harnman	4. F.O.V., M.	un	Removal Char Procuring Buri	al Permit		
Resided in the State	City or County) (Year	s) (Months)	Certif.Copi	al Permit. (State Number esof Death Certificate (State Physician's vice, \$ Use of Ch	and District)	
Place of Death. Alex	ne, Join	au .	Pall Bearer Ser	vice, \$ Use of Ch	apel, \$	
Cause of Death Myoca	roual decor	whork	Personal Service	:e		
Contributory Causes	rac asth	ma				
		,	Gross Total for		\$	
Certifying Physician	Samet	-	Outlay for Lot Cremation			
His Address Laura	(pr Coroner) la			Notices in Par	oers	
Name of Father Hesike	in Peca	3,		(Names of Newspapers) Palms, \$ Mat		
His Birthplace Muy	link.		Flowers, \$.Palms, \$ Mat	ting, \$	
Maiden Name of Mother.	mina +	wood	Opening of Gra	ive or Tomb		
Her Birthplace	hio .		Lining Grave,	\$ Lowering Dev	rice, \$	
Motor Remains to Hence	lerson -	la_	Clergyman,\$	oping Charges Singers,\$Orga	nist,\$	
Size of Casket	P.		Railroad or Motor Ticket	Singers,\$Orga s, \$ Aero- plane Ser	vice,\$	
Manufactured by Acolls	te Color and Number)		Telegr., Phone,	Cable or Radio Char	ges	
Interment at A	derson	Cemetery -Grematory	Out of town U:	ndertaker's Charges.		
Interment at J.V		(-Grematory				
	Lot No		Sales Tax			
ATTACA DE LA CALLACTE	Grave No		Total Footing	of Bill	\$	15.00.
,	Section No		Less		\$.	
				Balance	\$	
Diagram of Lot or Vault	Owner			edger, pageor l	pelow.	
Date	Amount Paid	Balance	Date		Amount Paid	Balance
To Above Balance.		\$		To Balance Forward	·	\$
By Payment	\$	\$		By Payment	\$	\$
	s	\$		* *	\$	\$
		\$	· h · · · · · · · · · · · · · · · · · ·		\$	\$
	8	9		и и	8	\$
	\$	s		и и	0	\$
	\$	s		и и	s	9
Insurance \$	Names of Lodges			Insurance Companies		
I hereby authorize the above Funeral,	and I hereby represent	that I have su	flicient resources Les	zally available to		***********
for the payment of aforesaid sum, and	I hereby covenant and	d agree to pay	the same within	(Firm	Name of Funeral Dir	ectors.)
maturity at the rate of	% per annum.	7 3			ante. Interes	co acerue from
Witness NAM			Address			

26	ECODD (ומו זייו יוו	EDAT			
I.	ECORD C	JF FUN	CRAL	1		
Potal No. 1787	Yearly No	V\$.	Date Ju	ly 26.	194.4	9
Name of Deceased. Jose	phino Old	Lice		1 miles	<i>q</i>	
2 //. 0	Married Single	Widowed Div		(What Race)		
Residence. Zaulau		Hunbn	nd Wife Widow			
Charge to: Q. A. O.				8/	00 00	
Address	,		al			
Order given by Ina Off	cces	Casket	Box (State Kind)			
How Secured	rmant)	Embalming Boo	(State Kind) (Name of Embalmer			
Occupation School J.	ache Tetried (Social Security Number)	Barber, \$	Hair Dressing,	\$		
Name of Employer	(Social Security Number)	Dressing Body,	\$Underwet	ır,\$		
Address		Suit or Dress				
Date of Death July 25	1940	Folding Chairs,	\$Tarpaulin, \$			
Date of Birth. (Date)	4 1859 (Hour)	Candelabrum, \$	Candles, \$			•
20 10	1	Funeral Car. \$	Gloves, \$ Ambulance, \$			
(Years) (Months	(Days)	Limousines to	Semetery 7 @ \$	·		
Date of Funeral. 727/40(Day of	Week) 9.63.0.AM	Autos to R. R.	Station @ \$			
Services at .: Lumbral Tx	fame	Taking Remain	s to andav	·		
Clergyman. Our, Hari	Leu.	Trip to Coroner	's Inquest	·······		•
Religion of the Deceased	(Address)		to	-		
Birthplace Harrison	Co., Mo:	Pomoval Chara	00 14			
Resided in the State. Wort	life	Procuring Buris	(State Number ar	d District)		i
Place of Death . (or U. S. or City of	r County) (Years) (Months)	Dell Bearer Son	of Death Certificates (State Physician's or vice, \$ Use of Char	Coroner's;		ì
Cause of Death Myrogradial J	encutation.	Personal Service	e 			
]				
Contributory Causes Semility +	spring in the	Cross Total for	Sales Tax	8 7	100	İ
V. 11 16	7		Dates Tax			
Certifying Physician J.M.J	Coronery	Cremation				
His Address	12 11	Out the United States and States and States	Notices in Pape			
Name of Father. Mclllan.	Officer	Flowers, \$	(Names of Newspapers) Palms, \$ Matti	ng, \$		
His Birthplace		. Rental of Tent,	\$of Temporary Va	ault,\$		
Maiden Name of Mother.	a deputy.		ve or Tomb			
Her Birthplace		Outlay for Ship	ping Charges			
Motor Remains to . Chiclor	er, Mo	Clergyman, \$ Railroad \ Tieleat	Singers,\$Organ s, \$Plane Serv	nist,\$		i
Size of Casket C. A. P.	prand Number)	Telegr., Phone.	Cable or Radio Charg	es		Ü
Manufactured by		Cash Advanced	1			
Interment at andoug	Centay Cemeter	y Out of town U	ndertaker's Charges			ĺ
	No	Sales Tax			100 00	
Gra	ve No		of Bill	\$ /.	00. =	1
Sect	ion No	Less		\$		2
Own	ner	. Entered into I.	Balance edger, pageor b	elow.		
Diagram of Lot of Vault			l			
Date	Amount Paid Balance	e Date		Amount Paid	Balance	i
	s	10-10	To Balance Forward		\$	
By Payment.	ss. 0.14	(6 F. T	By Payment	\$	\$	٠
Jason Pret " "	\$	Marto M	elden.	\$	\$	
	\$	austra Car		\$	s	
H. J. D. C. "	e e		и и	9		1
Gran Kyan.	s s		« «	\$	ę	Š
Norm Wolling	s		и и	\$	\$	i
Nam	nes of		Insurance			í
	nes of ges		.Companies			i
I hereby authorize the above Funeral, and I for the payment of aforesaid sum, and I he	nerepy represent that I have	sundent resources Le	(Firm	Name of Funeral Dire m date. Interest	ectors.)	i
for the payment of aforesaid sum, and I he	ieny covenant and agree to p		uays iro	uace. Interest	o accrue from	n

Signed.....

Total No. 1.788 Yearly No. 1246	F. 35. Date Aug. !!	19;	40
// Married □ Single □	Widowed □ Diverced (What Race)	4	0.00
Residence: Mea Zaniani Ja	DETusband Wife Widow Win J Ship	· kerfe	are
Address. Lean	Complete Funeral	1000	0
Order given by Joseph Shahlsflore	Casket Burial Vault or Box		
How Secured	Embalming Body (State Kind) (Name of Embalmer)		
Occupation Housewife	Barber, \$ Hair Dressing, \$		
Name of Employer	Dressing Body, \$		
Address	Slippers, \$		
Date of Death. (199 9 1940 10:30 AM	Folding Chairs, \$ Tarpaulin, \$		
Date of Birth. All 1867 (Hour)	Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$		
Age 72 7 28	Funeral Car. S Ambulance, S		
Date of Funeral 1/40 (Months) (Days)	Limousines to Cemetery @ \$		
Services at Whete Feneral Hour,	Getting Remains from		
Clergyman T. S. Williams, R. a. Ballanty	Taking Remains to		
Religion of the Deceased. L. L. (Address)	Trip to Coroner's Inquest Delivering Box to		
Birthplace Duelley, Oeun	Deliver Flowers to		
Resided in the State 50 years	Procuring Burial Permit.		
(op.U. S. or City of County) (Years) (Months)	Certif.Copiesof Death CertificatesNo		
Place of Death fol Shaker leave home	Certif.Copiesof Death Certificates No. Pall Bearer Service, \$\frac{\mathbb{State}{\mathbb{State}}}{\text{Use of Chapel, \$\mathbb{S}}}\$.		
Cause of Death Myocarellel deconforten	Personal Service.		
Contributory Causes Mcklute			
Labeti	Gross Total for Sales Tax\$	1000	0.
Certifying Physician C. C. Samet	Outlay for Lot		• • •
His Address. Laman Ja -	line Death Notices in Papers		
Name of Father Edward Welletts	Flowers, \$ (Names of Newspapers) Palms, \$ Matting, \$		• • •
His Birthplace. England.	Rental of Tent, \$ of Temporary Vault, \$		• • •
Maiden Name of Mother Saling Marsh.	Opening of Grave or Tomb		
Her Birthplace. England	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.		• • •
Motor Ship Remains to			
Size of Casket. Q.A.P.	Telegr., Phone, Cable or Radio Charges		
Manufactured by Suite Only	Cash Advanced		
Interment at OV was Atll Cemetery	Out of town Undertaker's Charges.		
Lot No. //2 0	***************************************		
	Sales Tax	10-	_
Grave No	Total Footing of Bill	100.00	2.
Section No.	Less\$		···
Diagram of Lot or Vault Owner H. J. Shakeles	Balance\$ Entered into Ledger, pageor below.		
Date Amount Paid Balance	Date Amount Paid		-
P.B. To Above Balance Surges	- I I I I I I I I I I I I I I I I I I I	Balance	_
By Payment & S	To Balance Forward	\$	
Ile Syrilly & Sadie Moon	- Longs -	\$	• • • •
about Haynes stred Weda	le Horne Beautife	1 No	ine
Juney Hugher & Bell Soul	0 0000	s .	
and solothy her	ornan " In 2 old /Kum	is W	ley
Ven deskin alene Drape	Piano " a fielo Will h	310	
Names of	4	8	<u></u> ,
Insurance \$ Names of Lodges.	Insurance Companies		
I hereby authorize the above Funeral, and I hereby represent that I have suf		rectors.)	**
for the payment of aforesaid sum, and I hereby covenant and agree to pay to maturity at the rate of% per annum.	one same within	t to accrue fro	m
Witness March	Signed		
	Address		

Total No. 1789	Yearly Ng 2.6	Date	1.4	19.7.0
Name of Deceased . O. W.	y amin Manklin	Widowed Divorced (W	hat Race)	1
Residence. Of Annual	i. Loua	or	. Jank!	Unglin.
Charge to:	O	Complete Funeral	\$ /0	0.00
Address	1	Casket		
Order given by	(or informant)	Burial Vault or Box (State Rind)		
How Secured		Embalming Body(Name of Embalmer)		
Occupation Amuse	/one	Barber, \$	1:16	
Name of Employer. Self.				
Address		Slippers, \$(State Kind and Color) Slippers, \$		
Date of Death dug. !	3,1940 3AM	Folding Chairs, \$ Tarpaulin, \$		
Date of Birth . Ded	5, 1856 (Hour)	Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$		
Age. 83	7 18	Funeral Car, \$		
Date of Funeral 8/14/40.	(Months) 2 P. M	Autos to R. R. Station		
(Date)	(Day of Week) (Hour)	Autos to R. R. Station @ \$		
Services at	John Davis OX	Taking Remains to	1	
Clergyman	Address) City,	Delivering Box to		
Religion of the Deceased	()	Deliver Flowers to		
Birthplace	Olndiana	Removal Charges	<u> </u>	
Resided in the State	r City or County) (Years) (Months)	Certif.Copiesof Death CertificatesNo	istrict)	
Place of Death Ammi	Sinva - Res	Procuring Burial Permit. (State Number and Di Certif. Copiesof Death Certificates No. (State Physician's or Geor Pall Bearer Service, \$ Use of Chapel,	\$	
Cause of Death . Olamija	z -	Personal Service		
Contributory Causes	71.			
Contributory Causesp.4.4	7	Gross Total for Sales Tax	\$./.	00.00.
Cartifation Discussion	E. Grand	Outlay for Lot		
Certifying Physician.	(or Coroner)	Cremation		
His Address	// / ,	(Name of Nameronard)		
Name of Father.	D. Duyun	Flowers, \$ Palms, \$ Matting,	\$	2.00.
His Birthplace.	lett Cotto	Rental of Tent, \$ of Temporary Vault Opening of Grave or Tomb	, φ	
Maiden Name of Mother.	arua gruson	Lining Grave, \$ Lowering Device,	\$	
Her Birthplace	Ornacina	Outlay for Shipping Charges	.s	
Motor Remains to	1. 0 11.	Clergyman, \$,\$	
Size of Casket	sate Color and Nymber	Telegr., Phone, Cable or Radio Charges.		
Manufactured by . U	L. D. Luff	Cash Advanced		
Interment at	7. My Crematory			
	Lot No.	Sales Tax		
	Grave No	Total Footing of Bill	s //	03 00
		Less	\$	
	Section No	Balance	s	
Diagram of Lot or Vault	Owner	Entered into Ledger, page or below	w.	
Date	Amount Paid Balance	Date Ar	nount Paid	Balance
To Above Balance		To Balance Forward		
J. D. By Payment	s 50 M	CERT: By Payment \$.	\$	
Jos Harler	s. s. Q.y.,	\$	\$	
Atemen " "	s s Zer	Made Maldin . " 8.	\$	
Brank " "	ş ş		s	
CE. Surso - "	\$ \$		s	
ash drave	\$ \$	\$	\$	
Ungy . sheppeares.	\$ \$		\$	
Insurance \$	Names of	Insurance Companies		
	d, and I hereby represent that I have s	sufficient resources Legally available to(Firm Name	e of Funeral Direc	tors.)
	nd I hereby covenant and agree to pa	y the same withindays from d	late. Interest	to accrue from
maturity at the rate of	% per annum.	Signed		

		RECOF	RD C	F FUI	NERAL	7		
Total No	1790	Yearly No	25	7	Date.	Mr. 21.		1940
Name of De	ceased. Andres	J Danier	Sou	Widowed 🗆	Divorced	(What Race)		
Residence:	damo		oingle 📋		Bhand Wife Widow }	Jesnima	Tou	11
	mes Jen	, //	Ale			J. D. arous	100	-
Address	1/			Complete Fun		\$	127	00
		~	4	Casket.				
How Secured	. (ori	(Compant)		Embalming D	or Box (State ody (Name of .	Kind)		
	Retired James	44	26000	Rorbor &	(Name of Hair Dr	Embalmer)		
	1	(Social Secur	ity Number)	Dressing Body	v, \$Un			
Name of Emp				Suit or Dress.	(State Kind:	and Color)		
Address	X41 19	19 No	1020		Hose, s, \$Tarpa			
Date of Deati	1. Steph: 19		(Hour)	Candelabrum,	\$Candl	es, \$		
	May. 30	2,/.8.4.8			Glove			
Age	(Years) (Mon	(Days)			Cemetery			
Date of Funer	al. /81/40.	Set.	2. S. M.	Autos to R. R.	. Station	@ \$,.
Services at :	Juneal 1	forme.	(Hour)	Getting Remai	ins to ander	res -		
Clergyman A	B. Sordeni	repli to	ell.	Trip to Coron	er's Inquest x to And			
Religion of th	e Deceased	.35. (Address)		Deliver Flower	x to	NSS.		
	Indorn . M		A COLOR	Removal Char	-000			
	State (or U. S. or City			Procuring Bur	ial Permit	umber and District)		
Place of Dont	n. Kis - da	or County) (Years)	(Months)	Certif.Copi	iesof Death Certif	icates No		
	n My ocardia		1	Pall Bearer Se Personal Servi	ce Use o	of Chapel, \$		
	//	. 10e.m.y.						
Contributory	Catises			d			176	00
	2 %	7	······		tt	\$	139	00
Certifying Phy	ysician	r Coroner)		Cremation				
His Address		mayi	,	line Deatl	h Notices in	.Papers		
Name of Fath	er. Heary.	ouslo		Flowers, \$	(Names of Newspapers) Palms, \$	Matting, \$		
His Birthplace	······································	Terna	eany	Rental of Tent	,\$of Tempor	ary Vault, \$		
Maiden Name	of Mother.	rich. V. Jan	W.J		ave or Tomb \$			
Her Birthplac		Lles	cours.	Outlay for Shi	pping Charges			
Motor Remain	ns to . and no	1. Mo		Clergyman,\$.	ts, \$ Aer	Organist,\$		
Size of Casket		Capo Cil	Re	Telegr., Phone	Cable or Radio	Charges		
Manufactured	by A	Carret .		Cash Advance	d			
Interment at.	and	mr.	Cemetery Crematory	Out of town U	Indertaker's Char	ges		• • • • •
	In	t No						54
			0.000.000.000	Sales Tax			rolen	20
	Gr	ave No	• • • • • • • • • • • • • • • • • • • •	Total Footing	of Bill	§	70	2.7.
	Sec	ction No		Less		\$		• • • • •
Diagram of 1	Lotor Vault Ow	vner		Entered into I	Balance Ledger, page	.or below.		
Date	THE PARTY AND A PER	Amount Paid	Balance	Date	1000	Amount Paid	i Bal	ance
00	To Above Balance		s		To Balance Forwa	rd	s	1
1.0:	By Payment	. \$	\$. By Payment	Carlotte Commence of the Comme		1
66.9	Meddle	. \$	\$			\$		1
wh Mai	den .	. \$	\$			\$	\$	
none	Stantey.	. \$	š			····· \$. · · · · ·	\$	

To Above Balance	\$		To Balance Forward	\$
By-Payment	\$	J	By Payment	ss
68. Weddle	\$ 8			e .
ash Malden .	s		# #	e e
Frank Stanley	s s		* *	8 0
norma Stangy	\$		и и	8 9
	\$		и и	8
а п	\$		a a	ss
	Names of	I	nsurance	
Insurance \$	Lodges	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Companies	*************

Address...
Compiled by F. J. FEINEMAN, St. Louis Mo.

Total No. 1791 Yearly No. 79, 8.	Date Seph. 2.6 19#
Name of Deceased. Ama D. 10 Text	Widawed □ Diversed (What Race)
Residence.	5
	ofof
Charge to: Harry Spurier	Complete Funeral
Address	Casket
Order given by	Burial Vault or Box(State Kind)
How Secured Jaid 126/40 ty restor 11-10	(State Kind)
Occupation (Sin in UW)	Embalming Body
Name of Employer. (Social Security Number)	Dressing Body, \$Underwear, \$
	Suit or Dress (State Kind and Color)
Address	Slippers, \$ Hose, \$
Date of Death Stoph 23, 1940 (Hour)	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth	Door Spray, \$
Age. /2 // 26	Funeral Car, \$ Ambulance, \$
Date of Funeral 126/eto July (Days)	Limousines to Cemetery . I. @ \$
(Day of Week) (House)	Autos to R. R. Station @ \$
Services at .: Champeling of the Mile at J. M.	Taking Remains to Clean
Clergyman D. D. October	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace	Removal Charges
Resided in the State	Procuring Burial Permit. (State Number and District)
(or U. S. or City or County) (Years) (Months)	Procuring Burial Permit. (State Number and District) Certif. Copiesof Death Certificates No. (State Physicias or Coreser's) Pall Bearer Service, \$ Use of Chapel, \$
Place of Death Malman Itasp., E. lgin, 94	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death . Chronic my ocardilis	Personal Service
Contributory Causes.	
	Gross Total for Sales Tax \$
Certifying Physician. M. J. Carbelater, M.O.	Outlay for Lot
(or Coroger) / / (Cremation
His Address Lagin Oll.	line Death Notices inPapers
Name of Father	Flowers, \$(Names of Newspapers) Palms, \$Matting, \$
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother	Opening of Grave or Tomb
Her Birthplace.	Lining Grave, \$ Lowering Device, \$
1 110 . 101	Clergyman, S. Singers, S. Organist S. 05 00
billy ,	Railroad or Motor Tickets, \$ Aero- Service, \$
Size of Casket // (State Color and Number)	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced
Interment at	Out of town Undertaker's Charges
Lot No 8.3.7.	
	Sales Tax
Grave No	Total Footing of Bill
Section No.	Less. Mrs. 40 21. \$ 1000.
	Balance\$.2.59.9.
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance	To Balance Forward \$
By Payment S	
Dr. M. & Elion. & Sody Ships	Les via End by Coun Sures from
a. I. Sarving ton & S	" " clus del
Danslendinsm: s 1 s	1 1 1
C. J. Smith & Nickered up	L Davis Oty, 7:03 a. m. 9/26/40
Drunk allen 5 1) (5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
U. M. Barr & Unstato as	L. James Herene
Names of	Insurance
Insurance \$ Names of Lodges.	
I hereby authorize the above Funeral, and I hereby represent that I have so	(Firm Name of Funeral Directors)
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within
maturity at the rate of% per annum.	Signed

Total No. 1792 Yearly No	Date Seff Och. 4 19 40
Name of Deceased J. O. W. Single Single	Widowed Divorced (What Race)
Residence: a amoui, owa	Husband Wife Widow
Charge to: Estate:	Consists Revends
Address	Complete Funeral \$ 25.4.00.
Order given by Min Dan andium y Min Jugus	Burial Vault or Box Hallen Catalless 98 49.
How Secured	Embalming Body(Name of Embalmer)
Occupation Kitized auch Gorlinster	Barber, \$
Name of Employer	Dressing Body, \$
Address	Suit of Dress (State Kind and Color) Slippers, \$
Date of Death Och 2, 1940 5:3041	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth. May 1.5, 1877	Door Spray, \$
Age. 630 4 17	Funeral Car, \$
Date of Funeral 10/4/40 Fri 2 8 M	Autos to R. R. Station
Services at Junes Pay of Work (Hour)	Getting Remains from Ref. Taking Remains to
a Ra Mivilla	Trip to Coroner's Inquest
Religion of the Deceased A.S. (Address)	Delivering Box to Communication Deliver Flowers to Communication Deliver Flowers to Communication Delivering Box to Communication Deliver Flowers Education Deliver Flowers Flowers Education Deliver Flowers Flowers Education Deliver Flowers Flowe
Birthplace Plano, All.	Removal Charges
Desided in the Ctate	Procuring Burial Permit. Certif. Copiesof Death Certificates No. (State Physicals or Corner's) Pall Bearer Service, \$. Use of Chaple, \$.
Place of Death Nes - Saman (Years) (Months)	Certif.Copiesof Death CertificatesNo
	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Mente My oranges We comfort	6h
Contributory Causes Coronary Selvisia	a m. 11 a. m.
Trypellusing 1	Gross Total for Sales Tax. \$ 3.47.00. Outlay for Lot.
Certifying Physician . C G	Cremation
His Address	line Death Notices inPapers
Name of Father tom series	Flowers, \$. X. (Names of Newspapers) Matting, \$. 2090.
His Birthplace	Rental of Tent, \$. F. of Temporary Vault, \$
Maiden Name of Mother Saish Mollow	Opening of Grave or Tomb.
Her Birthplace	Outlay for Shipping Charges
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$ Rallroad Tickets, \$Plane Service,\$
Size of Casket 2 2 Charles of Casket 2 2 Cha	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash AdvancedOut of town Undertaker's Charges
Interment at	Out of town Undertaker's Onarges.
Lot No. 322	Sales Tax 740
Grave No. 4	Total Footing of Bill \$38230
	Less Of St. 1 Tex \$ 13 40
Section No.	Balance
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward
By Payment. \$ \$	
the Affeir s s	
. G. M. Marchi s s	" " \$ \$
South of the S. S.	
Place of Festin	
Rando W Robinson &	" " S S S S
Names of	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have s for the payment of aforesaid sum, and I hereby covenant and agree to pay	(Firm Name of Funeral Directors.) the same within days from date. Interest to accrue from
maturity at the rate of % per annum.	Signed
Witness Mallile	Address
	EINEMAN, St. Louis. Mo.

Total No. 1793 Yearly No. 3	Date Och 7. 1975
Name of Deceased Mary allie Marcink	nvski
Residence Mus Lassumi, Oma.	Husband_Wife_Widow orof
Charge to: Max A. asset	Complete Funeral
Address. Order given by. Max. Kawsky.	Casket F
How Secured	(State Kind)
Occupation Hansewife ume	Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$
Name of Employer	Dressing Body, \$
Address	Slippers, \$ (State Kind and Color) Slippers, \$
Date of Death Och 7, 1940 4 am.	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. March 21, 1877	Candelabrum, \$Candles, \$
Age. 63. 6. 16	Funeral Car, \$ Ambulance, \$
Date of Funeral 10/9/40 Med (Days) 2 8 M.	Limousines to Cemetery
Services at Duneral Deposit (Hour)	Getting Remains from
	Taking Remains to
Clergyman J. H. Wallmay; J. A. Mark.	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace Dallas County Sura .	Procuring Burial Permit.
Resided in the State (or U. S. or City or County) (Years) (Months)	Procuring Burial Permit (State Number and District) Certif. Copies of Death Certificates No. (State Product of State Product
Place of Death. W. Man. Tameri, Sa.	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death. O Astruction of Oylorus	Personal Service.
Contributory Causes Caremona of Pylones	
	Gross Total for Sales Tax\$\$\$
Certifying Physician & & Januah	Outlay for Lot.
His Address Canyon, Sa.	line Death Notices in Papers
Name of Father James L. Souton	Names of Newspapers) No. 440
His Birthplace Ollimois	Flowers, \$ Palms, \$ Matting, \$
Maiden Name of Mother. Salah. Ellia Rings	Opening of Grave or Tomb
Her Birthplace Indiahaa	Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges.
Motor Remains to	Clergyman \$ Singers \$ Organist \$
Size of Casket 131 Had Cap Cupl	Railroad Tickets, \$ Aero-plane Service,\$
Manufactured by (State Color and Number)	Telegr., Phone, Cable or Radio Charges
Part CHIV Cemeters	Out of town Undertaker's Charges
11110	·····
Lot No	Sales Tax
Grave No	Total Footing of Bill
Section No.	Less 90 M
	Balance
Diagram of Let or Vault Owner.	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward\$
By Payment \$ \$	By Payment \$
A. O. Salluntyne s s	of Ranker " " \$ \$
Carrie Magnette s s	Ma Inskirskare &
(1) San Alexandrus	Cambra Silvebra
W. V. We makes	1 4 4 / 3/
Villa monday 5 7	want + mon 1. E. Saplands
Names of Lodges.	Insurance Companies
Insurance \$Lodges. I hereby authorize the above Funeral, and I hereby represent that I have a	
for the payment of aforesaid sum, and I hereby covenant and agree to pay	
maturity at the rate of	Signed
1/1/1/-	

Total No. 1794 Yearly No. 3.1	Date. Oct 17. 1940
Name of Deceased Melvin V. Bren	
Residence Mausas Cily Mo	□Husband□Wife□Widow {
Charge to	orof }
Address	Complete Funeral
Order given by Oscar Brennyer	Casket
How Secured Gaid Cash	Embalming Body (Name of Embalmer)
Occupation (Social Security Number)	Barber, \$
Name of Employer(Social Security Number)	Dressing Body, \$Underwear, \$ Suit or Dress
Address	(State Kind and Color) Slippers, \$. Hose, \$.
Date of Death . O. e. 14 1940	Folding Chairs, \$Tarpaulin, \$
Date of Birth	Candelabrum, \$Candles, \$
Age. 62	Funeral Car, \$Ambulance, \$
(Years) (Months) (Days) Date of Funeral	Limousines to Cemetery @ \$
Services at Andrewer Church (Hour)	Getting Remains from
Clergyman Minsent Grey	Taking Remains to Trip to Coroner's Inquest
Religion of the Deceased	Delivering Box to
Birthplace	Deliver Flowers to
Resided in the State	Procuring Burial Permit(State Number and District)
(or U. S. or City of County) (Years) (Months)	Procuring Burial Permit. Certif. Copies of Death Certif. Copies Number and Polaristy Certif. Copies of Death Certification for Commer's. Pall Bearer Service, \$ "Lise of Chapel, \$ "Descended Service Commer's."
Place of Death Agnostatic Pulluminia	Pall Bearer Service, \$ Use of Chapel, \$
Contributory Causes	C The 16 of 1 - The
Certifying Physician. II. J. J. Mackey	Gross Total for Sales Tax
Certifying Physician.	Cremationline Death Notices inPapers
His Address . Ramsas Casty , Mo	
Name of Father	Flowers, \$
His Birthplace	Rental of Tent, \$ of Temporary Vauit, \$
Maiden Name of Mother	Lining Grave. \$ Lowering Device, \$
Her Birthplace	Outlay for Shipping Charges.
Motor Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$Plane Service,\$
Size of Casket (State Color and Number)	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced
Interment at	Cut of town Charles and a Charles
Lot No.	Sales Tax
Grave No.	Total Footing of Bill \$ 3300
	Less Of L. s 8 o.o.
Section No.	Balance\$ 9.5.00.
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Surgees Amount Paid Balance
	fitte Colling Forward. 8.
By Payment \$ \$	Educa Be Partient & Me &
	Gertille wareen
	Jolias J.
2 2 2	City Four Aquares 8
	Saved by Grace s
8 8 8	about with Mg. 8 8
Names of Lodges	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have a	
for the payment of aforesaid sum, and I hereby covenant and agree to pa	
maturity at the rate of % per annum.	Signed

Total No. 1795 Yearly No. 32	Date Och 26	19 7.0
Name of Deceased 6 Manua Dawson	Widowed □ Divorced (What Rage)	
Residence.	Widowed Divorced Student O	vaivson.
Charge to	Complete Funeral	10000
Address. Order given by Skaulsh Likeon	Casket. Burial Vault or Box (State Kind)	
(er informant)	Burial Vault of Box (State Kled)	
Occupation H MSWW 164 MML	Embalming Body	
(Social Security Number)	Dressing Body, \$	
Name of Employer	Suit or Dress (State Kind and Color)	
Address Date of Death OCK 18, 1940	Slippers, \$	
(Date) (Hour)	Candelabrum, \$ Candles, \$	
1021 7 75	Door Spray, \$	
Age. (Years) (Months) (Days)	Limousines to Cemetery	
Date of Funeral (Date) (Months) (Days) (Days) (Mour) (Bour)	Autos to R. R. Station @ \$	
Services at Synthal House	Taking Remains to	
Clergyman . Or Alland . Misan	Trip to Coroner's Inquest Delivering Box to	
Religion of the Deceased	Deliver Flowers to	
Birthplace Miagona Falls, 11. 19.	Pomoval Changes	
Resided in the State (or U. S. or City or County) (Years) (Months)	Cartif Conject Death Cartificates No.	
Place of Death. (or U. S. or City or County) (Years) (Months)	Pall Bearer Service, \$. Use of Chapel, \$	
Cause of Death.	Personal Service.	
Contributory Causes		
Contributory Gauses.	Gross Total for Sales Tax\$	10000
Certifying Physician.	Outlay for Lot.	
His Address (or Coroner)	line Death Notices in Papers	
Name of Father. M. Hunning way	Flowers, \$ (Names of Newspapers) Matting, \$	11.75
His Birthplace unlepsura.	Rental of Tent. S. : of Temporary Vault. S	/.///
Maiden Name of Mother	Opening of Grave or Tomb	~
Her Birthplace	Outlay for Shipping Charges	
Motor Remains to	Clergyman S . Singers S Organist S	
Size of Casket 1991 Cafe Cycle	Railroad or Motor Tickets, \$ Aero-Service,\$ Telegr., Phone, Cable or Radio Charges	
Manufactured by Siste Company Number	Cash Advanced	
Interment at	Out of town Undertaker's Charges	
Lot No	Sales Tax	111
Grave No	Total Footing of Bill\$	11175.
Section No	Less\$	
Diagram of Lot or Vault Owner	Balance\$ Entered into Ledger, pageor below.	
Diagram of Lot of Nation		
Amount Paid Balance	Date Amount Pa	id Balance
V. Q. i To Above Balance \$	To Balance Forward	\$
Ed Busses	By Payment \$	\$
morton Edmunds . Der	Taxide Makden.	\$
Elmu Turon . s s	« « §	\$
Crail Thomas . s		\$
C. Miller s	и и \$	\$
Layd Mortinge s s	и и\$	s
Names of Lodges.	Insurance Companies	
I hereby authorize the above Funeral, and I hereby represent that I have s	officient recourses I crells exell-bl- 4-	
for the payment of aforesaid sum, and I hereby covenant and agree to pay		Directors.) rest to accrue from
maturity at the rate of % per annum.	Signed	
Witness. Williams	Address	
Compiled by F. J. F	EINEMAN, St. Louis, Mo.	

KECOKD (OF FUNERAL	
Total No 179.6 Yearly No 3:	3, Date 1/0 tenter 7,	.19#c
Name of Deceased John William M	trafle	
✓ Married ☐ Single ☐	□ Widowed □ Divorced ○ (What Race)	
Residence.	Husband Wife Widow } . Mack Meable	·····
Charge to O.Q.O.	Complete Funeral \$ 100	00
Address.	Contrat	
Order given by a siles formant)	Burial Vault or Box	
How Secured	. Embaining Body	
Occupation Killing Slacksmith	Barber, \$	
Name of Employer.	Suit or Dress (State Kind and Color)	
Address	Slippers, \$	
Date of Death. Movember 5, 1940	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$	
Date of Birth	Door Spray, \$	
Age. 79 J 2 39	Funeral Car, \$	
Date of Funeral 1/7/40 June 28. M.	Autos to R. R. Station	
Services at Cash Side Guille (Hour)	Getting Remains from	
Clergyman Carl Fallautyset.	Trip to Coroner's Inquest	
Religion of the Deceased (Address)	Delivering Box to	
Birthplace O. gden Co., Illiusia	Deliver Flowers to Removal Charges	
Resided in the State.	December Descript Descript	
Place of Death	Certif. Copies of Death Certificates No (State Number and District) (State Physical as or Corner's) Pall Bearer Service, \$ Use of Chapel, \$	
Cause of Death Cubial Hemoulings	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.	
N = 1	Tersonal Bervice.	
Contributory Causes. Hyperline J.		
Cucuowall file	Gross Total for Sales Tax. \$ 100	0.0
Certifying Physician	Cremation	
His Address	line Death Notices in Papers	
Name of Father tohn Weatle	Flowers, \$	00
His Birthplace Lermany	Rental of Tent, \$ of Temporary Vault, \$	
Maiden Name of Mother Catherine	Opening of Grave or Tomb	
Her Birthplace	Outlay for Shipping Charges.	
Motor Ship Remains to	Clergyman, \$ Singers, \$ Organist, \$ Railroad or Motor Tickets, \$ Aero-plane Service, \$	
Size of Casket And Janes Cripe.	or Motor Tickets, \$	
Manufactured by (State Colerand Comber)	Cash Advanced	
Interment at	Out of town Undertaker's Charges	
Lot No.		
	Sales Tax	-
Grave No	Total Footing of Bill \$ 109.	~
Section No.	Balance. \$	
Disgram of Lot or Vault Owner	Entered into Ledger, pageor below.	•••••
Date Amount Paid Balance		lance
To Above Balance	To Balance Forward s	Ianoe
J. Die By Payment & & Mus	By Payment S	
Desuk Warks : 5 Less	wite Obelden - Lityrich	
Memen Harpe. s s Earl	line lasker " Prince s	
Messes Brider Huto . solang	S " " D S (S	
Super fello 8 s of	know the my in regular tours	
Kay had and	sory weeks Tray	
S. M.	The seaway we some . s	
Insurance Names of Lodges.	Invurance Companies	
I hereby authorize the above Funeral, and I hereby represent that I have su		
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the tate of	the same within	ue from
KAHL	Signed	
Witness Compiled by F, J, Fl	Address	

Total No. 1997 Yearly No 3	4. Date. 7.0.1.1. 1940
Name of Deceased. Can Janlon Dan	V2ov
Residence Sta Home, Lymothi. Down	E Pitusband Wife Widow & Comma Dawson.
Charge to	Complete Funeral
Address. Order given by G. A. Libern	Cooket
(or informant) -	Burial Vault or Box (State Kind)
How Secured	Embalming Body (State Klad) (Name of Embalmer) Barber, \$. — Hair Dressing, \$.
Occupation Lating Justice - MOLO	Dressing Body, \$ Underwear, \$
Name of Employer	Dressing Body, \$. Underwear, \$. Suit or Dress (State Kind and Color) Hoen \$ Heen \$
Date of Death 1/1.10, 1940	Slippers, \$
(Date) . (Moss)	Candelabrum, \$Candles, \$
Date of Birth	Door Spray, \$
Age. (Yours) / (Months) (Days)	Limousines to Cemetery
Date of Funeral (1940 (Day of Week) Hour)	Autos to R. R. Station & 3 Getting Remains from When Comme
Services at Aaista Work	Taking Remains to
Clergyman Maroui May Cer.	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace accounted California	Removal Charges.
Resided in the State.	Procuring Burial Fermit (State Number and District) Certif Conjesof Death Certificates No.
Place of Death Sta. Home, Danson. Se	Procuring Burial Permit. —Certif.Copiesof Death CertificatesNo. (State Physician's or Corone's Lord Pall Bearer Service, \$5. Use of Chaplel, \$5
Cause of Death. C. Mania	Personal Service
Contributory Causes	
Contributory Gauses	Gross Total for Sales Tax
Certifying Physician	Outlay for Lot.
(or Coroner)	line Death Notices in Papers
Name of Father. Walkerson.	1
His Birthplace	(Names of Newspapers) Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother.	Opening of Grave or Tomb
Her Birthplace.	Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges.
Motor Brunpace. Motor Remains to	Clergyman,\$: Singers,\$ Organist,\$
Size of Casket 3 Manual Carles.	or Motor Tickets, \$ Plane Service, \$
Manufactured by	Telegr., Phone, Cable or Radio Charges.
Interment at	Out of town Undertaker's Charges
1110	y
Lot No	Sales Tax
Grave No	Total Footing of Bill
Section No	Less
Owner.	Balance.´\$
Disgram of Apolity Facility	
To Above Balance \$	CANS: By Payment S S
By Payment \$\$	M. 4 . S. S
C. M. Miller & Sterter	ude daldle . " "
Share Steen : 5 5 Was	Thekasperse " " s s
Im Jayce s	a u s
Jun Stocked prake s 50141	10 - MIL MOUNTE S. S.
Insurance \$ Names of Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have	sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pa	ay the same within
maturity at the rate of	Signed
Witness	Address. FEINEMAN, St. Louis, Mo.
Complete by 1.0.	

Total No Yearly No	Date
Name of Deceased	Widowed Divorced (What Race)
Residence Sly thetale, Mo.	Husband Wile Wildow Wiley Hursh.
1 11.6 9/1.01	orot \$ 11.1/a1
Charge to	Complete Funeral
Address. Sly hedsle, Mo	Casket # 768 . Agd Cap
Order given by (orjhformant)	Burial Vault or Box . V
How Secured.	Embalming Body(Name of Embalmer)
Occupation William (Social Security Number)	Barber, \$
Name of Employer	Suit or Dress(State Kind and Color)
Address	Slippers, \$ Hose, \$
Date of Death 7 11, 1940 - 12:30 F.M.	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth February 6, 1812	Door Spray, \$
Age. 68 0 9 5	Funeral Car, \$ Ambulance, \$
Date of Funeral 1/13/40 (Months) 1:30 f. M.	Autos to R. R. Station
(Date) (Day of Week) (Hour)	Getting Remains from
Services at Testable Alfrage W	Taking Remains to
Clergyman (Marcos)	Delivering Box to
Religion of the Deceased.	Deliver Flowers to
Birthplace Caldwell Co., M. a.,	Proguring Burial Permit
Resided in the State	(State Number and District)
Place of Death & offan Owfer . Stormen Soll	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Collance Myocardiles	Personal Service.
Contributory Causes My scarded degreeste	a.
	Gross Total for Sales Tax
Certifying Physician A. a. Bryles.	Outlay for Lot.
(or Coroner)	Cremation
His Address	
Name of Father. Moulis, Will	Flowers, \$ Palms, \$ Matting, \$ 930
His Birthplace	Rental of Tent, \$. of Temporary Vault, \$
Maiden Name of Mother Tilly Davis	Opening of Grave or Tomb. Lining Grave, \$Lowering Device, \$
Her Birthplace Itward 95. M.O.	Outlay for Shipping Charges.
Motor Remains to	Clergyman,\$. Singers,\$ Organist,\$. Railroad Tickets,\$. Aero- or Motor Tickets,\$.
Size of Casket . 6. A Mark Color and Number)	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash AdvancedOut of town Undertaker's Charges
Interment at Challes	Out of town Undertaker's Charges.
Lot No.	163
	Sales Tax
Grave No	Total Footing of Bill
Section No	
Diagram of Lot or Vault Owner	Balance\$
Date Amount Paid Balance	Date Amount Paid Balance
2) 2	0-188
7 29	REMS To Balance Forward
alvert Tucherdsons & Mrs.	Flores By Payment S
Chayes Richardson & Mis	Glord Materials
may Banini a	REIN THINKS
Roland Will do	
Ralle Phipps &	4 4 9 0
Doss & lines.	4 4 S S
Names of	Insurance
Insurance \$	
I hereby authorize the above Funeral, and I hereby represent that I have s	(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of	
11/11/1	Signed
Witness	Address

1799	Mal. 19 10/10
Total No. Yearly No.	2 Date
Name of Deceased. A. M. Married Single	Widowed □ Divorced (What Race)
Residence O Marshauge MO.	
Charge to Lames Chareas	
Address	Complete Funeral 10000
Order given by and Jhouse (or informant)	Buriel Veult as Day Hills
How Secured	Embalming Body (Cash Caus) State 2500
Occupation Nelived	Barber, \$
Name of Employer	Dressing Body, \$
Address	Slippers, \$
Date of Death. 7 19 40	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth.	Door Spray, \$ Gloves, \$
Age. 86, 4	Funeral Car, \$ Ambulance, \$
Date of Funeral (Date Day-of Week) (Hour) M.	Autos to R. R. Station
Services at Suyers House	Taking Remains to
Clergyman & Milledson	Trip to Coroner's Inquest
Religion of the Deceased	Delivering Box to Control Deliver Flowers to Control Deliver Flowers to Control Deliver Flowers to Control Deliver Flowers to Control Delivering Box to Control Deliver Flowers Theorem Flowers Flowers Flowers Theorem Flowers Flo
Birthplace	Removal Charges
Resided in the State	Certif Conject Death Certificates No.
Place of Death Swilging Grade Studente	Procuring Burial Permit. Certif.Copiesof Death Certificates No. Call Bearer Service, \$\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot
Cause of Death. Angunania.	Personal Service
Contributory Causes	
O	Gross Total for Sales Tax\$ 177.50.
Certifying Physician Cork - Rug Mass.	Outlay for Lot.
His Address ande freudence Mo.	line Death Notices in Papers
Name of Father.	(Names of Newspapers)
His Birthplace	Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother	Opening of Grave or Tomb
Her Birthplace	Outlay for Shipping Charges.
Motor Remains to	Clergyman, \$ Singers, \$ - Organist, \$
Size of Casket #K1. Hyd Lif. Silver Wolelkin	Railroad Tickets, \$
Manufactured by A Sex Welstles Called Co.	Cosh Advanced
Interment at ROW Will Cemetery	Out of town Undertaker's Charges.
Lot No. 144	(Enthling) 25,00
	Sales Tax
Grave No	Total Footing of Bill Less Of Shave \$ 9
Section No	Balance 950 85
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance. Dell C	5 7 7 To Balance Forward s
De CO! By Payment \$ \$	
D. M. Gudenlang: s section	de Chalden " " s s s
Ch. E. Janes s saude	ey tenly ing El . " s s
Thirty Vander lute : " of one	and Hersaux s
Stoward Wight	" 2 5
a. oh. Floh	Syn Johnson - Jeans
Names of Lodges.	Insurance
Insurance \$Lodges. I hereby authorize the above Funeral, and I hereby represent that I have s	
for the payment of aforesaid sum, and I hereby covenant and agree to pay	
maturity at the rate of % per annum.	Signed
11/1///	

Total No. 1800 Yearly No. 3	Date D. L.C. 1, 1948
Name of Deceased Januar Jewest Mil	ler
Residence	Widowed Divorced (What Race)
Charge to . Jirg J. Milly	or of }
Address	Complete Funeral
Order given by	Casket Burial Vault or Box
How Secured . A. (or informant)	(State Kind)
Occupation	Embaiming Body (Name of Embaimer) Barber, \$. Hair Dressing, \$.
Name of Employer (Social Security Number)	Dressing Body, \$
Address	Suit or Dress (State Kind and Color)
Date of Death 7/01 30, 1940 11am	Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$
Date of Birth. 701. 27, 1940 (Hour)	Candelabrum, \$Candles, \$
Age. O S	Door Spray, \$
(Years) (Months) (Days)	Limousines to Cemetery
Date of Funeral 13/1/40 Sunday 230. 8. M	Autos to R. R. Station
Services at Junious J. Trans. (Hour)	Taking Remains to
Clergyman D. B. Solden . (Address)	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Denver Plowers to
Birthplace Ull. Co. Hosps, Tem, Lava.	Removal Charges
Resided in the State (or U. S. op/City, or County) / (Years) (Months)	Procuring Burial Permit. (State Number and District) — Certif. Copiesof Death Certificates No.
Place of Death. Ill. (gr U. S. og City or County) (Years) (Months)	Pall Bearer Service, \$. Use of Chapel, \$.
Cause of Death I when overy attection	Personal Service.
Contributory Causes Congraitat	
T	Gross Total for Sales Tax
Certifying Physician & C James	Outlay for Lot.
His Address /	Cremation
Name of Father Ding if Miller	
His Birthplace Decatur Co. Lug.	Flowers, \$. Palms, \$. Matting, \$. Rental of Tent, \$. of Temporary Vault, \$.
Maiden Name of Mother. Junk dank	Opening of Grave or Tomb Lining Grave, \$\times Lowering Device, \$\times \text{Lowering
Her Birthplace Pasa Il. Harrism Co. Sug.	Lining Grave, \$ Lowering Device, \$
Motor Ship Remains to	
Cinc at Carlos # 180 - 2/1 (1 0 1x V/41)	Clergyman, \$. Singers, \$. Organist, \$. Ralroad \ Tickets, \$. Aero- or Motor \ Tickets, \$. plane Service, \$.
Manufactured by	Telegr., Phone, Cable or Radio Charges
Interment at Nose All Cemetery	Out of town Undertaker's Charges.
1//	
Lot No 60.6	Sales Tax 30
Grave No	Total Footing of Bill
Section No	Less \$ \$ \$ \$ \$
Diagram of Lot or Vault Owner	Balance
Date Amount Paid Balance	
	Amount raid Balance
To Above Balance \$	To Balance Forward \$
AUA	By Payment S
" " s show	da Depuj " " "
	unita Mule " s s
Insurance \$	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have su	
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within

Total No. 1801 Yearly No	8 Date Dec	19.4.5
Name of Deceased. The March Street	Wiley Divorced (/ What Race	· C
Residence Contifunts, Myoming.	Orof	Slauley:
Charge to K. Stanley Address bills Reas Kente Chargente M.	Complete Funeral	7.5.00.
Order given by.	Casket. Burial Vault or Box	
How Secured	Embalming Body(Name of Embalmer)	
Occupation Zamuur . (Social Security Number)	Barber, \$ Hair Dressing, \$ Dressing Body, \$ Underwear, \$	
Name of Employer	Suit or Dress	
Date of Death December 3 1940 - 7.40 F.	Slippers, \$ Hose, \$	
(Hour)	Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$	
Date of Birth. April 13, 1870	Door Spray, \$	-
Age. (Monthb) (Days)	Limousines to Cemetery	
Date of Funeral (19/40 Day of Week) (Hour)	Autos to R. R. Station	
Clergyman Ab Fish Balleutyns; Comer Turin	Taking Remains to	
Religion of the Deceased (Address)		
Birthplace Decatus Co. Jone.	Deliver Flowers to	
Resided in the State	Procuring Burial Permit. (State Number and District) —Certif.Copiesof Death Certificates No.	
Place of Death Messaus W. T	Pall Bearer Service, \$ Use of Chapel, \$.	-
Cause of Death. Oarding Decompensation	Personal Service.	-
Contributory Causes. My Cardille.		
artenoselesous); sendity.	Gross Total for Sales Tax	
Certifying Physician Ses F. Johnson.	Outlay for Lot.	
His Address Chefring & Mys:	line Death Notices in Papers	
Name of Father. John Starley	Flowers, \$	
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$	70
Maiden Name of Mother	Opening of Grave or Tomb Lining Grave, \$ Lowering Device, \$	700
Her Birthplace	Outlay for Shipping Charges	
Ship Remains then Holls & Inskrite , J. D.	Clergyman, \$ Singers, \$ Organist, \$	
Size of Casket (State Color and Number) Manufactured by (State Color and Number)	Telegr., Phone, Cable or Radio Charges	
Interment at TDL Will Cemetery	Out of town Undertaker's Charges.	
0.11		
Lot No/84	Sales Tax	2 4
Grave No	Total Footing of Bill	2400.
Section No	Balance s	
Diagram of Lot of Vault Owner	Entered into Ledger, pageor below.	
Date Amount Paid Ralance	Date Amount Pa	id Balance
To Above Balance. \$ 1) . N 9	To Balance Forward	
ONIN State of sul 3 Dors	By Payment \$	s
Olia Every Vina	Sold Mary 1	\$
also reny	***************************************	\$
Mesers & allera . s & Sele	on Chapter - Ferril	\$
The deither s	y * "s.	\$
Money Grand	* *\$	s.
Insurance \$\frac{\text{Names of Lodges}}{\text{Lodges}}\$ I hereby authorize the above Funeral, and I hereby represent that I have su	Insurance	
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same of Posterit	Directors.)
maturity at the rate of % per annum.	Signeddays from date. Inte	rest to accrue from
Witness / V + Wull	Address	
Compiled by F. J. F.	EINEMAN, St. Louis, Mo.	

Total No. 1802 Yearly No	7 Date Dec	13,19/10
Name of Deceased. A Married O. Single	y lord □ Divorced (Wha	t Race)
Residence: Jamoni, Java	Husband Wife Widow or of	live Taylord.
Charge to: Cstate :	Complete Funeral	s 35400
Address.	Casket	
Order given by MM. Jaylord . ((or informant)	Burial Vault or Box	
How Secured 30 day	Embalming Body(Name of Embalmer)	
Occupation William - 478-09-734	Barber, \$	
Name of Employer Lon Cautiony	Suit or Dress	
Address Namou	Slippers, \$	
Date of Death. Que 10, 1945 - 4:14 (Hour)	Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$	
Date of Birth. Mars. 30, 1.876. (Hour)	Door Spray, \$	
Age. (Years) (Months) (Days)	Limousines to Cemetery @ \$	
Date of Funeral 7/12/40 Au 1:30 . M.	Autos to R. R. Station \$	10
Services at January Home	Taking Remains to	372.7
Clergyman DIS Sorden; Ja Seck.	Trip to Coroner's Inquest Delivering Box to	
Religion of the Deceased	Deliver Flowers to	
Birthplace Jabor Java	Removal Charges	· · · · · · · · · · · · · · · · · · ·
Resided in the State (or U. S. or Cisyop County) (Years) (Months)	Procuring Burial Permit Certif.Copiesof Death (State Number and Distruction Communication)	ct)
Place of Death Dec. Co. William (Months)	Pall Bearer Service, \$ Use of Chapel, \$	* '
Cause of Death	Personal Service	<u> </u>
Contributory Causes.	Gross Total for Sales Tax	25400
S. James	Outlay for Lot	
Certifying Physician. 6. 6. James.	Cremation	
His Address.	line Death Notices in Papers	
Name of Father & lijah Hay lord	Flowers, \$	1650
His Birthplace	Rental of Tent, \$of Temporary Vault, \$	
Maiden Name of Mother Mory Luffith	Opening of Grave or Tomb Lining Grave, \$Lowering Device, \$	- 4 -
Her Birthplace Kew Warmfelling	Lining Grave, \$	
Motor Ship Remains to	Railroad Tickets \$ Aero-Service \$	
Size of Casket 2.3.2. (N. 1991) 1/2 C. (State Color and Number)	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$plane Service,\$. Telegr., Phone, Cable or Radio Charges	
Manufactured by	Cash AdvancedOut of town Undertaker's Charges	
Interment at Kore Will Cemetery	Out of town Undertaker's Charges	
Lot No 7.8.7	Sales Tax	2.04
Grave No?	Total Footing of Bill	8104
	Less F.	8 8 00
Section No.	Balance	273 04
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.	
Date Amount Paid Balance	Date Amou	nt Paid Balance
Jolos To Above Balance S 9141	GETS! To Balance Forward	
By Payment \$ \$	By Payment\$	s
Willan Wederson s softan	da, flery " " s	s
	- Molynof Jalemaille s	s
Wall 14-011	I flore Marlina & 8	s
March Jacq of s s Sale	o Gasans Cole. s.	s
C. G. Hastaran . S. 1ANO	- Wind Strong Stock	
Names of	Insurance	
Insurance \$ Lodges		
hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) [Or 197] payment of aforesaid sum, and I hereby covenant and agree to pay the same within		
maturity at the rate of some and 1 hereby covenant and agree to pay	the same withindays from date.	Interest to accrue from
Witness Alley &	Signed	
Witness Compiled by F. J. F	Address	*****************

Total No. 1803 Yea	W #0		Dote Dec	. 15.	1945
5M - 1 1 1 1	rly No. 7.0	Em.	Date		
Name of Deceased. M. W. W. Married Residence. Samolin	☐ Single ☐	Widowed D	vorced and Wife Widow (M Mac Race)	ken.
Charge to: O Q		or	ol	- 11	
		Complete Fune	ral		0000
Address.	(m	Casket			
Order given by	//X:	Burial Vault or	Box (State Kind)		
How Secured		Embalming Bo	(Name of Embalme		
Occupation Amelewy &	ial Security Number)	Dressing Body.	Hair Dressing, \$Underwe	ar, \$ 9.19	
Name of Employer		Suit or Dress	(State Kind and Color		
Address	7.1.	Slippers, \$			
Date of Death. Lee		Candelabrum,	\$Tarpaulin, \$Candles, \$.		
Date of Birth. Steph. 3.6, 186	5./	Door Spray, \$	Gloves, \$		
Age. (Years) / (Months)	(Days)	Limousines to	Ambulance, \$ Cemetery @ \$		
Date of Funeral Date (Day of Week)		Autos to R. R.	Station @ \$		
Services at . Junusal . Home	9,	Taking Remain	is to		
Clergyman . W. a. Diewes	helpa Mo.	Trip to Corone	r's Inquest to Okan		
Religion of the Deceased	auressy	Deliver Flowers	s to		
Birthplace & Melemanh Co.,	Sewa -	Removal Charg	es		
Resided in the State Community. 2.7	yes	Cortif Conic	al Permit. (State Number a esof Death Certificates)	nd District)	
Place of Death. Parson	(Xears) (Months)	Pall Bearer Ser	vice, \$ Use of Cha	Coroner's)	
Cause of Death & Postate Sugus	unia	Personal Service	e		
Contributory Causes Muf Seasted dec	repolin.				
Carpal Hemorliage - a H	perleusion	Gross Total for	Sales Tax	\$	
Certifying Physician. C. L. Hash	let	Outlay for Lot			
(or Coroner)		Cremation	Notices in Pape	ers	
His Address					
Name of Father	Inchason.	Flowers, \$	(Names of Newspapers) Palms, \$ Matti	ing, \$	
His Birthplace	45 Kinney		\$of Temporary V we or Tomb		
Mandon Hamo of Mountain Hill	lukumok.	Lining Grave.	Lowering Dev	ice S	
Ator Shromphaeori i i i i i i i i i i i i i i i i i i	respondent	Clergyman,\$	pping Charges Singers,\$Orga s,\$Aero- plane Ser	nist,\$	
Motor Ship Remains to		Railroad or Motor Ticket	s, \$ Aero-Ser	vice,\$	
Size of Casket . State Chor and Num	6	Telegr., Phone,	Cable or Radio Charg	es	
Manufactured by Stuff	{ Cemetery Crematory		ndertaker's Charges		
Interment at	···· (Crematory				
Lot No	1.3.1.7	Sales Tax			
Grave No	4	Total Footing	of Bill	\$	10000
Section No.		Less		\$	
			Balance	\$	
Diagram of Lot of value			edger, pageor b		
Date Amount	Paid Balance	Date		Amount Paid	Balance
To Above Balance	s. Y.	eks.	To Balance Forward		\$
Vausin W S Elioy 8	\$.077		By Payment	\$	\$
Chrown Waide.	Mag	Ex Davis	4 4	\$	\$
Juin Potrats	s Alle	cilla 100	Lura.	8	
Carl Lowis . 8	\$,,.,.,,	P-1",	\$	s
Walter Wayes s	s. J. 1911.0	- Thelan	selly	\$	\$
Hemsel Johnson. s.	s		# V"	\$	s
Names of Lodges	*************		Insurance	*******	
I hereby authorize the above Funeral, and I hereby re	present that I have s	afficient resources Le	gally available to	Name of Funeral Dir	
for the payment of aforesaid sum, and I hereby cover	ant and agree to pay	the same within	days fro	om date. Interes	t to accrue from
maturity at the rate of% per annum.		Signed.			
Witness / HVI Will.	Compiled by F. J. F	Address EINEMAN, St. Louis,	Mo.		

Total No Yearly No	Date January 3, 1941
Name of Deceased Least Kuchardson	□ Widowed □ Divorced (What Race).
Residence: Muggold Co., Java.	Brighand Wite Widow Rullah Richardson
Charge to: MMS, OCar Michardson	Complete Funeral \$ 25400
Address. Mellitin Java.	Casket.
Order given by	Burial Vault or Box
How Secured,	Embalming Body
Occupation Samuer une	Barber, \$
Name of Employer. All.	Suit or Dress. (State Kind and Color)
Address	Slippers, \$ Hose, \$
Date of Death	7. Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$.
Date of Birth. 9-11-93	Door Spray, \$
Age. (Years) (Months) (Days)	Funeral Car, \$
Date of Funeral 13/4/ And West 1	Autos to R. R. Station
Services at . Lungy . Horst	Getting Remains from Alen
Clergyman . Co. C. Harpet . arthur Frank.	Trip to Coroner's Inquest
Religion of the Degreased	Delivering Box to
Birthplace Tringgold Co. Joura.	Damana I Channes
Resided in the State	Procuring Burial Permit. (State Number and District) Certif. Copiesof Death Certificates No. (State Physician's or Cerear's) Pall Bearer Service. S Use of Chanel. S.
Place of Death Dec. Co. Hospe, Okon, Su.	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Carcingua of Jungs.	Personal Service.
Contributory Causes Astan Akrusania	
	Gross Total for Sales Tax
Certifying Physician . C. Lanuch	Outlay for Lot. 9.9. 12 # 157? 20.00.
His Address 1.4	line Death Notices in Papers
Name of Father Leharles Millardian	(Names of Newspapers)
His Birthplace Rung gold Co. Dous	Flowers, \$ (Names of Newspapers) Flowers, \$ Palms, \$ Matting, \$ 0 0 Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother . 6 Mana & Janua	Opening of Grave or Tomb
Her Birthplace MANIE Co., Inva.	Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges.
Motor Remains to	Clergyman, \$ _ Singers, \$ _ Organist, \$
Size of Casket 2.3.2 CN Velous 1/2 Course	or Motor Tickets, \$
Manufactured by . (State Color and Number)	Telegr., Phone, Cable or Radio Charges
Interment at P. Dt. Will Cemeter	Out of town Undertaker's Charges.
	146
Lot No	Sales Tax 42.2.
Grave No	Total Footing of Bill
Section No	Less
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balanc	Balance
To Above Balance. \$	To Balance Forward\$
Je for By Payment \$ \$ 8 M	CFAS: By Payment \$ \$
Honk Richardson s	" " s s
Shed " " " s s Shed	ructe Wolden " " 8 8
Hang 11 terrains & S	that trakes " " s s
Clea Quelitt B	Tu True 24ndo . s. s.
High " 8 8	Y
Insurance S Names of Lodges.	Insurance
Insurance \$4	
for the payment of aforesaid sum, and I hereby covenant and agree to pa	
maturity at the rate of% per annum.	Signed
Witness White:	Address

RECORD OF FUNERAL

Yearly Nav. 2 Date January 14, 197.

Total No Yearly No	Date January 4, 197
Name of Deceased Aura Nek Skand	Widowed Divorced (What Race)
Residence Samuer Coo, Colfax turp, The	a. Husband WHE (Widow) Cypus Frank
Charge to: Mills. J. M. Hennisty,	10000
Address Ol walanda , I a	Complete Funeral
Order given by. A. B. Manh.	Casket Burial Vault or Box(State Kind)
How Secured,	
Occupation Hullwise une	Embalming Body
Name of Employer(Social Security Number)	Dressing Body, \$ Underwear, \$ Suit or Dress.
Address	Slippers, \$
Date of Death January 12, 19 41 11:30 Am	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. June 1.5, 1.8.66 (Hour)	Candelabrum, \$Candles, \$ Door Spray, \$Gloves, \$
Age. 74 6 37	Funeral Car, \$ Ambulance, \$
Date of Funeral 11.4/41. Julis 139 P. M	Limousines to Cemetery
(Date) (Day of Week) (Hour)	Getting Remains from . A.A
Services at. D. afffill, lunch, Bely trulate.	Taking Remains to
Clergyman K. Strank, Styletske.	Getting Remains from Taking Remains to Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Denver Flowers to
Birthplace Mullwall, Indiana	Removal Charges
Resided in the State	(State Number and District) Certif Conject Death Certificates No.
Place of Death. levery Level Vanida. Ca, Mo	Procuring Burial Permit. (State Number and District) —Certif. Copiesof Death Certificates No (State Physician's or Coccopies) Pall Bearer Service, S Use of Chapel, \$
Cause of Death S. o. far Sweumania	Personal Service.
Contributory Causes.	
Contributory Causes	Gross Total for Sales Tax. \$ 100 00
Certifying Physician Mr. Olg. U. Branker.	Outlay for Lot
(or Coroner)	Cremation
His Address Dellysuy Mo.	ime Death Notices in Papers
Name of Father J. Camps Wes Hearl Northers	Flowers, \$Palms, \$Matting, \$
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Caroling Kelsky	Opening of Grave or Tomb. Lining Grave, \$Lowering Device, \$
Her Birthplace	Outlay for Shipping Charges
Motor Remains to Me & Maguery Maguery Mo :	Clergyman,\$Singers,\$Organist,\$ Rallroad \Tickets,\$plane Service,\$
Size of Casket . Turk Mad Caff. Cleft.	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced
Interment at Nost Hell Cum, Middleway - Cometery	Out of town Undertaker's Charges
Lot No.	
Lot No	Sales Tax
Grave No	Total Footing of Bill
Section No	Less
Diagram of Lot or Vault Owner	Balance\$ Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$. N	To Balance Forward
Of Di By Payment S S J	Q E () By Payment S
Harold smoss s mus.	aslia Michaedesna s
Meredia Harsh s s 1800	Magn Frances.
Mayord have s \$ 10	194 " " " " " " " " " " " " " " " " " " "
Chayne Mounto s sCB	
Don Donoler s	
Maly Firey: s si	я я \$ \$ \$ \$
Insurance \$ Names of Lodges.	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have st	
for the payment of aforesaid sum, and I hereby covenant and agree to pay	(Firm Name of Funeral Directors.) the same withindays from date. Interest to accrue from

Address.

for the payment of norman summarrity at the ratio of the payment of normal summarrity at the ratio of the summarrity of

Total No. 1806 Yearly No. 3	Date Dehu	ary 2	,19.4.
Name of Deceased Aulian Vecumen	L ashburn.	<u> </u>	
Residence Man. L. aman Decation Co.	Widowed Divorced Divorced	What Race)	Shhan.
Charge to:	Complete Funeral	s s	26900
Address.			
Order given by Catthing Conformat)	'Burial Vault or Box . Hallon (State Kind)	lease	.7.8. 00
How Secured . Sales Cons.	(Name of Embalmer)	K	
Occupation Farma MAR (Social Security Number)	Barber, \$		
Name of Employer	Suit or Dress (State Kind and Color)		,
Address Jambus Jova	Slippers, \$.:		
Date of Death . January 31, 1941 - 8:30 a.M. (Hour)	Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$		
Date of Birth. Lune dy 1180	Door Spray, \$ Gloves, \$		
Age. (Years) / (Months) (Days)	Funeral Car, \$Ambulance, \$ Limousines to Cemetery. 2. @ \$	-	
Date of Funeral 2/2/41. Jun	Autos to R. R. Station @ \$ Getting Remains from	· · · · · ·	
Services at Auweraf Work	Taking Remains to		
Clergyman D, B, Souless (Address)	Trip to Coroner's Inquest	~	
Religion of the Deceased	Deliver Flowers to	-	
Birthplace Decature County Joura	Removal Charges	<i>y</i>	
Resided in the State	Certif Conjegof Death Certificates No.	District)	
Place of Death. Samoni, Jawa.	Pall Bearer Service, \$ Use of Chape	oner's	
Cause of Death Hy perme paromo of	Personal Service		
Contributory Causes left Kidusy			
- J	Gross Total for Sales Tax	\$ 3	48 00
Certifying Physician & C. Januel.	Outlay for Lot		·····
His Address, (or Coroner)	line Death Notices in Papers		
Name of Father January Maulor allhum	Flowers, \$		2050
His Birthplace Allinois	Rental of Tent, \$. F. of Temporary Vau	it,\$	
Maiden Name of Mother Tata Elizabeth ?	Opening of Grave or Tomb Lining Grave, \$Lowering Device,		
Her Birthplace. Andrews	Outlay for Shipping Charges	φ	
Motor Ship Remains to)	Outlay for Shipping Charges. Clergyman,\$Singers,\$Organis Railroad Tickets, \$Aero- plane Service	t,\$	
Size of Casket A. M. Claradan State	Telegr., Phone, Cable or Radio Charges	ε,φ	
Manufactured by Mo-Jan	Cash Advanced		
Interment at	Out of town Undertaker's Charges		
Lot No.	Sales Tax Cashy 269: Vans	156	4 23
Grave No	Total Footing of Bill	s 3	72 75
Section No.	Less	\$	
	Balance	\$	
Diagram of Lot or Vault Owner	Entered into Ledger, page or belo	w.	
Date Amount Paid Balance	A	mount Paid	Balance
To Above Balance \$ Q M	C. 5 PJ To Balance Forward		\$
3	By Payment \$		\$
(Marini from 8 Style	ula Jauch." "		\$
Will Salguan . Still	11/2 /1		\$
mis advise & Sha	asu Barders: s		8
Isac slauter 118 8.	A		\$
alla Japrest 8. 8.1.190	110 Til New Oredenker	eg.	s
Names of Lodges.	Insurance Companies.	/	
I hereby authorize the above Funeral, and I hereby represent that I have s	ifficient resources Legally available to	e of Funeral Dire	
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within days from c	late. Interest	to accrue from
maturity at the rate of% per annum.	Signed		
Witness Compiled by F. J. b	Address		
complied by F. 3. F			

Total No. 1807 Yearly No	Date 1.56. 5. 1941
Name of Deceased. A. lanina liola Das	
Married Single	Widowed Divorced (What Race)
01 10 1 11 6	Husband Wild Wildow . Mulland Maker.
	Complete Funeral
Address Out to to toleral	
Order given by . MAS. Memit New worlds	Burial Vault or Box (State Kind)
How Secured.	Embalming Body (Name of Embalmer)
Occupation	Barber, \$ Hair Dressing, \$
Name of Employer	Suit or Dress (State Kind and Color)
Address	Slippers, \$
Date of Death A. R. (Date) (Hour)	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. (10, 1876	Candelabrum, \$
Age. 64 5 22	Door Spray, \$
Date of Funeral	Limousines to Cemetery
Services at . : Date (Day of Week) (Hour)	Autos to R. R. Station @ \$
Clergyman Bev. D. V. Solden	Taking Remains to
Religion of the Deceased	Delivering Box to
.// /=	Deliver Flowers to
Birthplace Xnuliana	Procuring Burial Permit.
Resided in the State Old No. (Mears) (Months)	Certif.Copiesof Death CertificatesNo
Place of Death (LSCVIa , Joura :	
Cause of Death Juyumoua	Personal Service.
Contributory Causes. Influence.	
	Gross Total for Sales Tax\$ 100.00
Certifying Physician N. C. Stray	Outlay for Lot.
His Address Of Cooler Inc.	line Death Notices inPapers
Name of Father Lalon Onth:	(Names of Newspapers)
His Birthplace	Flowers, \$. (Names of Newspapers) Palms, \$. Matting, \$. Rental of Tent, \$. of Temporary Vault, \$.
Maiden Name of Mother & Mino. Huntsimus.	Opening of Grave or Tomb
Her Birthplace us data	Lining Grave, \$ Lowering Device, \$
Motor Remains to Q	Clergyman,\$Singers,\$Organist,\$
Size of Casket Are Ordan, State (Spre):	Clergyman,\$Singers,\$. Organist,\$. Railroad Tickets,\$plane Service,\$. Telegr., Phone, Cable or Radio Charges
Manufactured by 700 7 (State Color and Number)	Telegr., Phone, Cable or Radio Charges Cash Advanced
Cemetery (Cemetery	Out of town Undertaker's Charges.
Crematory	
E Lot No 670	Sales Tax
Grave No	Total Footing of Bill
	Total rooting of Bill.,
Section No.	Less Of At 700
Section No	Less
Section No Diagram of Loter Vault Owner	Less Of In
	Less
Diagram of Leter Vault Owner.	Less
Diagram of Loter Vault Date Amount Paid Balance	Less
Date Amount Paid Balance To Above Balance S	Less
Date Amount Paid Balance To Above Balance S	Less
Date Amount Paid Balance To Above Balance S	Less
Date Amount Paid Balance To Above Balance S	Less
Date Amount Paid Balance To Above Balance S	Less
Digmun of Later Fresh Date Amount Faid Balance To Above Balance S. J. M. G. J.	Less
Diagram of Lot or Yould Date Amount Paid By Payment By Payment S S Date S Date By Payment S S Date By Payment B	Less
Diagram of Lot or Yould Date Amount Paid Balance By Payment S S S S S S S S S S S S S	Less
Diagram of Lot or Yould Date Amount Paid By Payment By Payment S S Date S Date By Payment S S Date By Payment B	Less

100011000000000000000000000000000000000	erbert Murro			Date	may	7	19.7./.
Name of Deceased	FR Married Single		Vidowed	Divorced			
Residence James	i Jova	J - "		sband Wife Widow \	a Mus	hack .	
Charge to: Estate	' 		or,	of §		2	
Address			Complete Fun		\$	26.7	00.
Order given by John.	& Murray.	E	Casket Burial Vault o	Box Halin To	kalo a	79	
How Secured . Sales .	Confident O		Embalming B	(State Kind)	0.0100.4		
Occupation James			Barber, \$		xer) Z, \$		
Name of Employer	(Social Security N	imber) I	Pressing Body	,\$	ear,\$		
Address			uit or Dress. lippers, \$	(State Kind and Col	or)		
Date of Death. Jef.	2.1941 1220	924. F	olding Chairs	s, \$ Tarpaulin.	\$		
Date of Birth Fet !	9, 1871	Hour) C	landelabrum,	\$ Candles, \$.			
Age. 69	11 21	F	uneral Car, \$		\$	6	00
Date of Funeral. 14/4/	(Months) (Days)	I	imousines to	Cemetery 11 @ \$			
Services at . June 5	(Pay of Week) (Hou	G	etting Rema	Station (0 8 ins from Dea William)	nyes -	Mo.	Ma.
0 0	essler III	Tan T	aking Remai	ns to . Charlon . er's Inquest	.d.a	/.2	2
Religion of the Deceased.	(Address)		elivering Box	to	.4	10	Chy.
Birthplace Jucas	Co. Java	D	1 Ol	s to			
Resided in the State . V. E.A.	Was 6	P	rocuring Buri	al Permit			
Place of Death Leteraus	or City or County) (Years) (h	Conthay /	Certif Con	esof Death Certificates	No		
0.	ningerest sua mo	P	all Bearer Ser ersonal Service	vice, \$ Use of Ch	apel, \$		
Cause of Death . Churchis	1. Sacunatus		·····				
Contributory Causes	u My rearsita						
.VILLOURIUM THY	more rely	6	ross Total for	Sales Tax	\$		
Certifying Physician	(or Coroney)	····· C	remation				
His Address	Hes . Maries			Notices in Pap			
Name of Father John	muray	FI	lowers, \$	(Names of Newspapers) Palms, \$ Matt	ing. \$	28	00
His Birthplace.	Our	2 R	ental of Tent,	\$ of Temporary V	ault.S		
Maiden Name of Mother	agosels Durka	Li Li	ning Grave, S	ve or Tomb Lowering Dev	ice. \$.,0	Ψ. Q .
Her Birthplace	James:	O1	utlay for Shir	ming Charges			···
Motor Remains to Chapt	lon Java.	Ra	ilroad Ticket	Singers,\$Orga s, \$Pane Ser	vice.S		Ψ.Ψ.
Size of Casket# 819. MA	Tage Color and Number)	10	elegr., Phone,	Cable or Radio Charg	es		
Manufactured by	A	metery O	ash Advanced	ndertaker's Charges			
Interment at Charuc	Cre	matory	Deards	ey SMERA! M	Sue.		
	Lot No	Sa	les Tax Ca	18 3.67 Jan	17.126	5	23
	Grave No		otal Footing			08	73
	Section No			1. 1. Organist	\$	13	s.a.
	Owner			Balance		96	2.3.
Diagram of Lot or Vault				edger, pageor be	elow.	1,	
Date		alance	Date		Amount Paid	Bala	nce
To Above Balance	\$ (7)	de de	0	To Balance Forward	Description.	\$	
By Payment	\$ su//	CEA.	11/1	By Payment		Willy.	
10 Davidson	S	ma.	Dula			\$ 1	/
O. Will Salema	44: 8 8 5	nu n	Carol alle	chile.	Post	\$1200	cur. h
ma Nyuder	5.18	Try D	eary.		1	\$	
N. D. Stickel	\$: \$	9.14	Teary.			9	
goton Bucy.	ss		\mathcal{A}	u u		8	
Insurance \$	Names of Lodges.			Insurance Companies	NEW YORK		
I hereby authorize the above Funeral	, and I hereby represent that I	nave sufficie	ent resources Leg	ally available to		********	
for the payment of aforesaid sum, an	d I hereby covenant and agree	to pay the	same within	(Firm N	ame of Funeral Din date. Interes	t to accrue	from

Compiled by F. J. FEINEMAN, St. Louis. Mo.

Total No. 1809 Yearly No.	6 Poto February	22 1	1941
Name of Deceased Markin Jayne Clar	Date 44.47.44.47.4		
1 Distarried Ft Single D	Widowed Divorced (What Race)		
	Husband Wife Widow or of		
Charge to Hay of Clask.		10	00
Address. Juna:	Casket		-
Order given by(or informant)	Burial Vault or Box		
How Secured	Embalming Body (Name of Embalmer) Barber, \$		
Occupation(Social Security Number)	Barber, \$		
Name of Employer	Suit or Dress		
Address	Slippers, \$		
Date of Death Self 21 1941 (Hour)	Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$		
Date of Birth.	Door Spray, \$		
Age (Years) (Months) (Days)	Limousines to Cemetery @ \$		
Date of Funeral. (Date) (Day of Week) (Hour) M.	Autos to R. R. Station @ \$		
Services at 7/0. Showing Conducted by us.	Taking Remains to		
Clergyman	Trip to Coroner's Inquest Delivering Box to		
Religion of the Deceased	Deliver Flowers to		
Birthplace	Removal Charges		/
Resided in the State (or U. S. or City or County) (Years) (Months)	Certif.Copiesof Death Certificates No		
Place of Death. Muggold Co. Ja.	Procuring Burial Permit. Certif.Copiesof Death Certificates No. (State Number and District) Certif.Copiesof Death Certificates No. (State Page Manuscript) Pall Bearer Service, \$ Use of Chapel, \$		
Cause of Death Shill form	Personal Service.		
Contributory Causes			
	Gross Total for Sales Tax\$ Outlay for Lot		
Certifying Physician. Le. Co. Corconer)	Cremation		
His Address	line Death Notices in Papers		
Name of Father. A logg Clark.	Flowers, \$ Palms, \$ Matting, \$		
His Birthplace Malvery	Rental of Tent, \$ of Temporary Vault, \$		
Maiden Name of Mother Mary June Curanung.	Opening of Grave or Tomb Lining Grave, \$Lowering Device, \$		
Her Birthplace Halfyld, Mo	Outlay for Shipping Charges		
Motor Remains to	Clergyman,\$Singers,\$Organist,\$. Railroad Tickets, \$Aero- or Motor Tickets, \$Dlane Service,\$ Telegr., Phone, Cable or Radio Charges		
Size of Casket . 7.0 . Alsh J. Analakin	Telegr., Phone, Cable or Radio Charges		
Manufactured by Cemetery			
Interment at Sincola Cunter { Cemetery			
Lot No	Sales Tax		20
Grave No	Total Footing of Bill\$		20.
Section No	Less\$		
Diagram of Lot or Vault Owner	Balance\$ Entered into Ledger, pageor below.		
Date Amount Paid Balance			
	Date Amount Pai	d Bala	ance
	To Balance Forward	\$	
a # S S	By Payment\$	\$	
		\$	
		\$	
		\$	
		\$	
	Thetirence	\$	
Insurance \$ Names of Lodges.	Insurance Companies		
Insurance control of the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within			
maturity at the rate of% per annum.	Signed	rest to accru	le from
Witness A. A. Will Mills	Address.		
Complied by F. J. F	PEINEMAN, St. Louis, Mo.		

Total No. 1.810 Yearly No	Date March 2, 19#1
Name of Deceased. Tichard Muckellon	Widowed Divorced (What Race)
Residence Lytto Lup. Lecature. Co., In	a:
Charge to May would Mickellow	Complete Funeral \$ \sqrt{500}
Address. Order given by Mulkilson.	Casket
How Secured	Embalming Body (State Kind) Embalming Body (Name of Embalmer) Hair Discourage S
Occupation (Social Security Number)	
Name of Employer(Social Security Number)	Dressing Body, \$
Address	Slippers, \$
Date of Death . J. J. Wate) (Hour)	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. 3/2/4/	Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$
Age. O O O	Funeral Car, \$Ambulance, \$Limousines to Cemetery
Date of Funeral 7 2/41 100 1:34 1 . M.	Autos to R. R. Station @ \$ Getting Remains from
Services at Lewelly (Hour)	Taling Domains to
Clergyman Rev. Myers J?	Trip to Coroner's Inquest
Religion of the Deceased (Address)	Deliver Flowers to
Birthplace Syelle Surp Decalus Co., Ja.	D
Resided in the State	Removal Charges Procuring Burial Permit. (State Number and District) Certif. Copies of Death Certificates or Caroners Pall Beaper Service & Tico of Chard &
Place of Death	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Stillson	Personal Service.
Contributory Causes	
6 C U	Gross Total for Sales Tax. \$ 2.
Certifying Physician. Co. Coroner)	Cremation
His Address	line Death Notices inPapers
Name of Father Name of Father	Flowers, \$. Palms, \$ Matting, \$
	Rental of Tent. \$ of Temporary Vault \$
Maiden Name of Mother Jackson	Opening of Grave or Tomb 49.0. Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges.
Her Birthplace Mh. ayr, Juna.	Outlay for Shipping Charges Clergyman \$ Singers \$ Organist \$
Motor Remains to	Clergyman,\$Singers,\$. Organist,\$. Railroat Tickets,\$plane Service,\$. Telegr., Phone, Cable or Radio Charges
Size of Casket J.Q. Hab. Loft. Anesh Kisa.	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced
Crematory	
Lot No 6. 7. 6	Sales Tax
Grave No	Total Feoting of Bill \$7.7. Less with May + Op La \$ 9.8.2
Section No.	Balance. \$ 16.1.7.
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
	To Balance Forward \$
By Payment \$ \$	
" " \$ \$ \$ \$	" " " " " " " " " " " " " " " " " " "
" " S. S	и и в в в
	a a \$ \$
" " \$ \$	я и \$ \$
Names of Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have su	fficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of	
· Marton	Signed
Witness Compiled by F. J. F.	Address

KECOKD -	Date March 8, 194.
Total No Yearly North	Date
Name of Deceased Junion Married Single	Widowed □ Divorced (What Race)
Residence.	
Charge to Momen It. Clawich	orof
Address	Complete Funeral
Order given by.	Casket. Burial Vault or Box (State Kind)
How Secured	Embalming Body
Occupation	Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$
Name of Employer. (Social Security Number)	Dressing Body, \$ Underwear, \$
Address	Suit of Dress (State Kind and Color) Slippers, \$
Date of Death. 3-7-4/	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. 3-7-44! (Hour)	Candelabrum, \$
Age	Funeral Car, \$ Ambulance, \$
(Years) (Months) (Days)	Limousines to Cemetery @ \$
Date of Funeral (Date) (Day of Week) (Hour)	Getting Remains from
Services at	Taking Remains to
Clergyman Q! . A	Delivering Box to
Religion of the Deceased	Deliver Flowers to Removal Charges
Birthplace May to Jos. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Procuring Burial Permit.
Resided in the State	Procuring Burial Permit. (State Number and District) Certif.Copiesof Death Certificates No.
Place of Death. Ange of fulls	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Dtulborn (7/2 Mo)	Personal Service. 5.0
Contributory Causes	
6.6.4	Gross Total for Sales Tax\$
Certifying Physician	Outlay for Lot.
His Address	line Death Notices in Papers
Name of Father. M. Man. Hause Chause	Flowers, \$
His Birthplace Lesson Server	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother C. Lua Silly Bart	Opening of Grave or Tomb Lining Grave, \$ Lowering Device, \$
Her Birthplace Moodhum Sowa	Outlay for Shipping Charges
Motor Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad \Ticksta & Aero-Cowning &
Size of Casket . Jo Hal Coff Clearthin	Clergyman,\$ Singers,\$ Organist,\$ Raifroad Tickets, \$ Plane Service,\$ Telegr., Phone, Cable or Radio Charges
Manufactured by Alending	Cash Advanced
Interment at IN 329 34 { Cemete	ry Out of town Undertaker's Charges.
Lot No	Sales Tax
Grave No	Total Footing of Bill \$ 2 3 00
	Less Of Js. s 400
Section No	Balance S 1900
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balan	Date Amount Paid Balance
To Above Balance. \$	To Balance Forward
By Payment \$ \$	By Payment \$
" " Darton Francis	of Sharan ("Turus) s
s s s s s s s s s s s s s s s s s s s	a for s
specific	n Janet Caster, s. s.
" " § §	# # e e
Insurance \$ Names of Lodges.	Insurance
Insurance \$Lodges. I hereby authorize the above Funeral, and I hereby represent that I have	miffeignt verouseer Togethy and lable to
for the payment of aforesaid sum, and I hereby covenant and agree to p	
maturity at the rate of	Signed
Witness Williams	Address
	FEINEMAN, St. Louis, Mo.

Total No. 1812 Yearly No. 7	11, 8 Date. MANCh 8 194
Name of Deceased Alakon A. Cherry	Widowed
Residence.	□Husband□Wife□Widow {
Charge to Morman & Clawick	orof }
Address	Complete Funeral\$
Order given by.	Casket Burial Vault or Box
How Secured.	Embalming Body (State Kind)
Occupation	Darber, \$ nair Dressing, \$
Name of Employer. (Social Security Number)	Dressing Body, \$
Address	Slippers, \$ (State Kind and Color) Slippers, \$
Date of Death. J- J- H. (Hour)	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. 3 - 7-41 (Rour)	Candelabrum, \$. Candles, \$. Door Spray, \$. Gloves, \$.
Age o Johns	Funeral Car. \$ Ambulance, \$
Date of Funeral Date (Day of Week) (Hour)	Limousines to Cemetery @ \$ Autos to R. R. Station @ \$
Services at. Carry (Day of Week) (Hour)	Getting Remains from.
Clergyman J. S. Willessel	Trip to Coroner's Inquest
Religion of the Deceased	Delivering Box to
Birthplace Killey Leofer Kinggolf Co. tu.	Removal Charges
Recided in the State	Procuring Burial Permit. —Certif. Copiesof Death Certificates No.
Place of Death Deature to Mounty (Months)	Certif. Copiesof Death Certificates No. (State Physician's or Coroner's) Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death. My ocardial failure.	Personal Service.
Contributory Causes Presentine pires (7/2)	(a)
	Gross Total for Sales Tax\$
Certifying Physician . C. Januah	Outlay for Lot.
His Address	line Death Notices in Papers
Name of Father If Mynam S. Clfwick	Flowers, \$ (Names of Newspapers) Matting, \$
His Birthplace Describe Ja.	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Colum Willy Barton	Opening of Grave or Tomb Lining Grave, \$Lowering Device, \$
Her Birthplace Woodhum, Ja,	Outlay for Shipping Charges
Motor Ship Remains to	Railroad Tickets. \$ Aero-Service \$
Size of Casket (State Color and Number)	Clergyman, \$ Singers, \$ Organist, \$ Railroad } Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges
Manufactured by Ashria with twint	Cash Advanced. Out of town Undertaker's Charges.
Interment at PUPULL	1
Lot No.	Sales Tax
Grave No	Total Footing of Bill\$
Section No.	Less\$
	Balance\$
	Entered into Ledger, pageor below.
Amount rain Balance	Date Amount Paid Balance
	To Balance Forward
" " S S	By Payment\$\$
	" " S
* * \$ \$	
	" " \$ \$
Names of	* *
Insurance \$ Lodges.	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have suitor the payment of aforesaid sum, and I hereby covenant and agree to pay to	(Firm Name of Funeral Directors.)
maturity at the rate of a profile of pay for annum.	
William Martin	Signed
	Address

Total No. 18.13. Yearly No	Date Malla 19.7.
Name of Deceased & tha Julia M- 1	in
Residence A. acception Married Single S	Widowed Divorced Divorced Marilia D. W. Kum
Charge to 6 . Male	0.42400
Address	Complete Funeral
Order given by 6. M. Moon	Casket Surial Vault or Box Selium Messa. 78 00. Embalming Body (State Rhed)
How Secured	Embalming Body
Occupation Housewife	Embalming Body
Name of Employer(Social Security Number)	Dressing Body, \$
Address	Slit of Dress (State Kind and Color) Slippers, \$ Hose, \$
Date of Death 3/11/41 Sils AM.	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. 6/10/1868 (Hour)	Candelabrum, \$Candles, \$
Age. 72 9 /	Door Spray, \$
Date of Funeral 14/41 Susky 2 . M.	Limousines to Cemetery
Services at . (Date) (Day of Week) (Hour)	Autos to R. R. Station
Clergyman G. M. Dressler, Kelleston	Taking Remains to. Trip to Coroner's Inquest.
Religion of the Deceased, M. E	Delivering Box to
Birthplace Ta Torte & Andlina	Deliver Flowers to
	Procuring Burial Permit
Resided in the State (or U. S. godity or County) (Years) (Months)	Certif.Copiesof Death Certificates No.
Place of Death. If Els Assessie	Pall Bearer Service, \$. Use of Chapel, \$
Cause of Death Connany 6 colusion	
Contributory Causes. My Sellentina	503 00
asteriorelessus	Gross Total for Sales Tax. \$ Outlay for Lot.
Certifying Physician	Cremation
His Address	line Death Notices in Papers
Name of Father John Olin Moon.	Flowers, \$. (Names of Newspapers) Matting, \$
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Maggie N. tol.	Opening of Grave or Tomb. Lining Grave, \$
Her Birthplace Very orth,	Outlay for Shipping Charges
Motor Ship Remains to	Railroad Tickets \$ Aero-Service \$
Size of Casket Asko, M. Electic N. C.	Clergyman,\$ Singers,\$ Organist,\$ Railroat Tickets, \$ Aero Service,\$ Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced. Out of town Undertaker's Charges.
Interment at	Out of town Undertaker's Charges.
Lot No. 4.9.3	Sales Tax 47 15 1.56 51
Grave No	Total Footing of Bill
Section No.	Less Q/2. II. s 900
	Balance
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance\$	To Balance Forward\$
(/ 2	
Walland Walter Makis	
Mistro + Dale Miston.	***************************************
Clay Bollenterne & &	я п е
	и и \$
u u s s	* * \$
Names of Lodges.	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have su	Majort recovered Torolly and lake
for the payment of aforesaid sum, and I hereby covenant and agree to pay	
maturity at the rate of	Signed
Witness	Address
Compiled by F. J. F.	EINEMAN, St. Louis, Mo.

Total No. 1814 Yearly No.	Date 7/14/5/ 17 19.41
Name of Deceased Deorgia A. Seuse	N
Residence Coming Jova	Widowed Divorced What Race) Husband Wife Widow Len K, Besson Wife Widow Wi
Charge to . 2 len A. Klenson:	Complete Funeral \$ 738 00
Address. Box 164, Corning, Sma.	
Order given by	Burial Vault or Box Helen Difference
How Secured Sales Onh:	Embalming Body (State amo) (Name of Embalmer) Barber, \$. Hair Dressing, \$.
Occupation Amukurfs (Social Security Number) Name of Employer	Dressing Body, \$
Address	Suit or Dress (State Kind and Coler) Slippers, \$ Hose, \$.
Date of Death. March 14. 1941-11:55 P.M.	Slippers, \$Hose, \$Folding Chairs, \$Tarpaulin, \$
Date of Birth. Och 3, 1898 (Hour)	Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$
Age. 42 3 11	Funeral Car, \$ Ambulance, \$
Date of Funeral 3/17/4/ Mm. (Days) 3 6. M.	Limousines to Cemetery @ \$ Autos to R. R. Station @ \$
Services at . United Gulasey Charch - Fretly Ke	Getting Remains from Origing Ja Mo Elg Taking Remains to Description January January 25 60.
Clergyman	
Religion of the Degeased(Address)	Delivering Box to
Birthplace Nume, Mo.	Removal Charges
Resided in the State. Consuma Ser. 3/2	Procuring Burial Permit. (State Number and District) Certif. Copiesof Death Certificates No. (State Physicals or Corene's Fall Bearer Certificates (State Physicals or Corene's Fall Bearer Certificates).
Place of Death Juney Just . Marie So. Juna.	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Carcinoma of Left Breash.	Personal Service.
Contributory Causes with generalized Metas	<u></u>
To Spine, lungo + Polite Bones	Gross Total for Sales Tax. \$ Outlay for Lot.
Certifying Physician Low Trousing Bain,	Cremation
His Address . Corning . Spra .	line Death Notices inPapers
Name of Father Jeclocky . Myatt,	Flowers, \$. (Names of Newspapers) Palms, \$. Matting, \$. 425
His Birthplace Allsuris Maiden Name of Mother Munic Miller	Rental of Tent, \$. of Temporary Vault, \$
Her Birthplace Then Mo	Lining Grave, \$ Lowering Device, \$
Motor Remains to Jaraett Kauses	Clergyman,\$Singers,\$Organist,\$
Size of Casket # 301 Orelied Velon H. C.	Clergyman,\$Singers,\$Organist,\$
Manufactured by (Styte Color and Number)	Telegr., Phone, Cable or Radio Charges Cash Advanced
Interment at Danuett Kausas Cemetery	Out of town Undertaker's Charges. Jalian Estitus Outh 1840 Chan Estitus Atunta 1000
Lot No.	Ocon cycip + Service 1000
Grave No	Sales Tax 13.78; 1.56; 474 Total Footing of Bill \$50.19
Section No.	Less
	Balance\$
Diagram of Let or Vault Owner	Entered into Ledger, page or below.
Timount Tain Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward S
services reld at James 2	Junker Home Jaquet Kanens
······ * " ····· \$ \$	" " s s
	" " \$ \$
s s	" " \$ \$ \$
Names of Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have su	Companies
for the payment of aforesaid sum, and I hereby covenant and agree to pay	(Firm Name of Funeral Directors.) the same within
maturity at the rate of% per annum.	Signed
Witness Compiled by F. J. Fi	Address,

1016.		// Date. ////	119	1941
Total No. 1818	Yearly No		6.00	157
Name of Deceased Color Illa	The Country of C	Widowed ☐ Divorced	(What Race)	/
Residence Slamungton Juff	Alcaun Son	orof	J. Maft	eg.ek
	ttager	Complete Funeral	all all	17900.
Address		Casket:		
Order given by(orinfor	mant)	Burial Vault or Box PANTING	×	
How Secured . Sales Cash		Embalming Body(Name of Embalt Barber, \$	ner)	
Occupation Marinife	(Social Security Number)	Barber, \$	g, \$	
Name of Employer	• • • • • • • • • • • • • • • • • • • •	Suit or Dress(State Kind and Co		
Address		Slippers, \$		
Date of Death . March . (Date)	(Hour)	Folding Chairs, \$ Tarpaulin, Candelabrum, \$ Candles, \$	\$	
Date of Birth. 3 - 8 - 78		Door Spray, \$ Gloves, \$.		
Age	(Days) 0	Funeral Car, \$	\$	
Date of Funeral Date (Payof V	Jeski 2. M.	Autos to R. R. Station @ \$. Getting Remains from		
Services at . Full Services at . Fine Services at .		Taking Remains to	seil	-
Clergyman D. B. Sords		Trip to Coroner's Inquest		اند
Religion of the Deceased	(Address)	Delivering Box to	.*3	
Birthplace Decatus Coun	tu	Removal Charges		
Resided in the State	V 45	Procuring Burial Permit	and District)	
Place of Death. Clanuary Co.	County) (Years) (Months)	Certif.Copiesof Death Certificate (State Physician's Pall Bearer Service, \$ Use of Ch	sNo	
Cause of Death. Warshing		Pall Bearer Service, \$ Use of Cr Personal Service	napel, \$	
	mesalmer/kutia			
Contributory Causes Chronic Mo	minasinicezouna	Gross Total for Sales Tax		
Ry restantion, Dealter.	mulus:	Outlay for Lot		
Certifying Physician 6 . 6	farmen	Cremation		
His Address	48. 7	line Death Notices inPa		5408
Name of Father Meany Mean	undur	Flowers, \$. (Names of Newspapers) Mat	ting, \$	1408
His Birthplace	Jana:	Rental of Tent, \$ of Temporary	Vault, \$	
Maiden Name of Mother. Human		Opening of Grave or Tomb Lining Grave, \$. MLowering De	vice, \$	
Her Birthplace	not Klurin	Outlay for Shipping Charges	Editor Control of the	
Motor Remains to	7 7 6 2	Clergyman,\$Singers,\$Org Railroad or Motor} Tickets, \$Aero- plane Se	rvice.S	
Size of Casket . J. G. A. J. J. G. Sata Colors	ond Number	Telegr., Phone, Cable or Radio Char	rges	
Manufactured by	,	Cash Advanced		
Interment at Elk Cl	afeld { Cemetery Crematory	or town Charles and a Charges.		
Lot 1	No	Sales Tax		179
	e No	Total Footing of Bill	3/	8895
		Less		
Section	on No	Balance	\$	
Diagram of Lot or Vault Owne	er	Entered into Ledger, pageor	below.	12-200
Date	Amount Paid Balance	Date	Amount Paid	Balance
	\$	SINGENTE Balance Forward		s
S D 1 By Payment	\$	By Paymenty	. \$	\$
Dick Marshalf	\$	Mus Kalch wares.	s	\$
Leoney almander	······ \$	Mrs. Plessens. Ood	٥٤	\$
Joseph " s		The arts Sun VI	\$	\$
Paran C	\$	Caracio From Fallows	you work	9
Cerchia Burning, s	\$	4 4	8	\$
C Names	of	Insurance Companies		18
Insurance \$Lodges I hereby authorize the above Funeral, and I h				
I hereby authorize the above Funeral, and I here			Name of Funeral Di	rectors.)
maturity at the rate of % per a		Signeddays i	om unte. Interes	st to accrue from
Witness New York		Address		
With the William St. Market St. M	Compiled by F. J. F	EINEMAN, St. Louis, Mo.	**************	

Total No 816 Kearly No	2 Date Mench 2	019.4.1
Name of Deceased Med Welly John	Widowed □ Divorced (What Race)	
Residence Jamoni, Ja	Husband Wife Widow Of	
Charge to MM. C. Ila Johnson	Complete Funeral	13900
Address	Casket	
Order given by John W. Johnson.	Burial Vault or Box	
How Secured	Embalming Body(State Kind) (Name of Embalmer)	
Occupation Mone (Social Security Number)	Barber, \$	
Name of Employer	Dressing Body, \$	10 70
Address	(State Kind and Color) Slippers, \$	
Date of Death 3/17/41 4:45 AM.	Folding Chairs, \$ Tarpaulin, \$	
Date of Birth. 7/26 - 03 (Hour)	Candelabrum, \$	
Age. 37 7 21	Funeral Car, \$ Ambulance, \$	
(Years) (Months) (Days)	Limousines to Cemetery	
Date of Funeral Date (Pay of Flesh) (Hour)	Autos to R. R. Station	
Services at. June 1	Taking Remains to	
Clergyman Roketh Pallaulyne	Trip to Coroner's Inquest Delivering Box to	
Religion of the Deceased	Deliver Flowers to	
Birthplace Lecatus Co. Juna.	Removal Charges	
Resided in the State	Procuring Burial Permit. (State Number and District) —Certif. Copies of Death Certificates No.	
Place of Death (or U. S. or City or County) (Years) (Months)	Certif. Copies of Death Certificates No. (State Physician's or Coroner's Pall Bearer Service, \$ Use of Chapel, \$	
01 .01 1 0 114	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.	
Cause of Death. TEarh Valock - Comfella.		
Contributory Causes. Clausically Contributory	C T-t-1 f G-1 TI	******
\$ 6 4	Gross Total for Sales Tax\$ Outlay for Lot	
Certifying Physician. 6. G. Janette. (or Coroner)	Cremation	
His Address	line Death Notices inPapers	
Name of Father John Wesley Johnson.	Flowers, \$	1500
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$	
Maiden Name of Mother Ella Flauris Braylway	Opening of Grave or Tomb.	8
Her Birthplace Kaulas	Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges.	
Motor Ship Remains to	Clergyman, \$ Singers, \$ Organist, \$ Railroad or Motor Tickets, \$ Plane Service, \$	
Size of Casket 1.31 Creps Myd Cap	or Motor Tickets, \$ plane Service,\$	
Manufactured by (Spite Color and Number)	Telegr., Phone, Cable or Radio Charges Cash Advanced.	
Cemetery (Cemetery	Out of town Undertaker's Charges	
Interment at		
Lot No	Sales Tax	139
Grave No	Total Footing of Bill,	73,59
	Less St	8
Section No.	Balance	65.59
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.	N'
Date Amount Paid Balance	Date Amount Paid	Balance
To Above Balance	To Balance Forward	.
By Payment S. S. VIN	CENS. By Payment \$	8
allon Tallanty me & Steets	ude Markdon " s	8
Ma s s Been	han sidely " " s	\$
Jack "" s San	da Deng. " " s	\$
Mulling Very s & Bot	Mellas V cas " s	s
. Gog of Magrien s	\$. \$
Shell Minder & S. P. B.	9 - Algena Allety s	
Insurance \$ Names of Lodges	Insurance J. Companies.	
I hereby authorize the above Funeral, and I hereby represent that I have so	ifficient resources Legally available to	ALLEN VIVIA
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within	st to accrue from
maturity at the rate of% per annum.	Signed	
Witness . W. M. Tri Lo.	Address	
Compiled by F. J. F	EINEMAN, St. Louis, Mo.	

11.	Ja a Olivale and	
Total No Yearly No	Date March	1197.1
Name of Deceased Nalsh Maroni of	raxler	
Residence A Manuel W Married Single	Widowed	1
Charge to MA, Mulph M. Santer	or of }	20
Address.	Complete Funeral	. 6.00
Order given by Liquille Varanih	Casket	
How Secured	Burial Vault or Box	
Occupation	Embalming Body (State Kind) (Name of Embalmer) Barber, \$. (Name of Embalmer) Hair Dressing, \$	
Name of Employer. (Social Security Number)		
Address	Suit or Dress	
Date of Death 3/27/41	Slippers, \$	
Date of Birth. (Hour)	Candelabrum, \$ Candles, \$	
Age	Door Spray, \$	
Date of Funeral 31/41. Mon. 2:30 C. M.		
(Day of Week) (Hour)	Autos to R. R. Station @ \$ Getting Remains from Olecala	due
Services at. Collegemen.	Taking Remains to	
Clergyman L. B. Shaker ; A. Subsell :	Delivering Box to	98
Religion of the Deceased	Deliver Flowers to	
Birthplace	Removal Charges Procuring Burial Permit.	
Resided in the State (or U. S. or City or County) (Years) (Months)	Certif.Copiesof Death CertificatesNo	
Place of Death of answerk , My mines	Procuring Burial Permit. State Number and Districts —Certif.Copiesof Death Certificates No. Pall Bearer Service, \$ Use of Chapel, \$	
Cause of Death.	Personal Service.	la
Contributory Causes	***************************************	
	Gross Total for Sales Tax	
Certifying Physician	Outlay for Lot. #. 1483. Cremation	4000.
His Address	line Death Notices in Papers	
Name of Father. Maloni Junx les.	Flowers, \$	
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$	000
Maiden Name of Mother	Opening of Grave or Tomb	
Her Birthplace	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges	
Motor Remains to	Clergyman,\$Singers,\$Organist,\$	
"	Clergyman, \$ Singers, \$ Organist, \$ Railroad Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges	
Manufactured by State Color and Number)	Cash Advanced	
Interment at	Out of town Undertaker's Charges	
Lot No. 1483		
	Sales Tax	000
Grave No	Total Footing of Bill \$ Less Off A: Y Not \$	8 / 60
Section No	// SF -	1/000.
Diagram of Lot or Vault Owner	Balance	4.0.00
Date Amount Paid Balance	Date Amount Paid	Balance
To Above Balance a CHE TO.	Information and	Balance
Je D' By Payment & Jena Oliver;	To Balance Forward	\$
Man force & Betty Ton 1 La	Aken Hunlis Rasmussen	\$
. Kalff Derry . s mary soliver	· aredden orkulgingers	
Aligney vehiclier & D. walfare Mis	Un alle Hotales.	8
Toy Harde s s		. \$
Many Daniel SORCHAILS !:	Carra Straks.	. \$
BI I I I I I I I	01 " " "	
Insurance \$. Holy Sufflisher wer cannuk.,	Wyoning amparish have all	la 3/30/4
I hereby authorize the above Funeral, and hereby represent that I have sul	(Firm Name of Funeral Po	/
for the payment of aloresaid sum, and I hereby covenant and agree to pay	Tittere	st to accrue from
Kantu	Signed	
WitnessCompiled by F. J. FE	Address	

Total No 1818 Yearly No	4 Date applied 3 194
Name of Deceased Mancy Jank Loy	er
Residence: Colfox July Harrism Co.	Widowed Divorced (What Race)
Charge to state	or
Address	Complete Funeral \$7.5900
Order given by MM. Essix Rend, Blythe	Casket.
How Secured Cont - WM Wild + Jon Softn.	Burial Vault or Box College Kind)
Occupation Housewife	Embalming Body (State Kind)* (Name of Embalmer) Barber, \$
Name of Employer. (Social Security Number)	Dressing Body, \$ Underwear, \$
Address	Suit or Dress
Date of Death 4/1/41 1:15 PM	Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.
Date of Birth. May 28, 1265 (Hour)	Candelabrum, \$Candles, \$
Age. 75 10 3	Door Spray, \$
(Years) (Months) (Days)	Limousines to Cemetery
Date of Funeral (Jate 1) (Bay of Yeek) (Hour) Services at (Hour)	Getting Remains from Lea
Clergyman Amak Stanley	Taking Remains to . ALM
Religion of the Deceased Chemina (April 1989)	Trip to Coroner's Inquesto. Delivering Box to Olem -
Birthplace Engleville , Mro	Deliver Flowers to
Resided in the State	Procuring Burial Permit. 44.
(or U.S. or City.or County), (Years) (Months)	Procuring Burial Permit. (State Number and District) Certif. Copiesof Death Certificates No.
	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Saturd was dead when Dy Curu	9-
Contributory Causes Consentity a Care of Wear its	oek.
20 500 William	Gross Total for Sales Tax
Certifying Physician. N: M. N. LULS:	Cremation
His Address. Name of Father. Noterth Jule.	line Death Notices in Papers
	Flowers, \$ Palms, \$ Matting, \$ S. Rental of Tent, \$ of Temporary Vault, \$
His Birthplace Ohio	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb
Maiden Name of Mother Jane (Makreson)	Lining Grave, \$ Lowering Device, \$ -
Her Birthplace	Outlay for Shipping Charges
Size of Casket #7.32 CM Value #C.	Clergyman,\$. Singers,\$. Organist,\$. Railroad or Motor Tickets, \$. Aero-plane Service,\$.
Manufactured by (State Color and Number)	Telegr., Phone, Cable or Radio Charges
Interment at. SEAN. (Cemetery	Out of town Undertaker's Charges
Crematory (Grematory	
Lot No.	Sales Tax
Grave No	Total Footing of Bill
Section No.	Less\$
Diagram of Lot or Vault Owner	Balance\$ Entered into Ledger, pageor below.
Date Amount Paid Balance	
To Above Balance	Dalance Dalance
By Payment. S. S	To Balance Forward\$
* * * \$	By rayment\$\$
· · · · · · · · · · · · · · · · · · ·	" " S S
* * * * * * * * * * * * * * * * * * * *	······································
Names of	Transport
Insurance \$. Lodges. I hereby authorize the above Funeral, and I hereby represent that I have su	Insurance
for the payment of aforesaid sum, and I hereby covenant and agree to pay	
maturity at the rate of% per annum.	the same within
Witness Voltage	Address
Compiled by F. J. FF	INEMAN, St. Louis. Mo.

RECORD O	OF FUNERAL	
Total No. 1819 Yearly No	5 Date april 1.	19.4.1
Name of Deceased. Mary North		
Residence Jamone Married Single	Widowed Divorced What Race	/ Hes Harge
Charge to: Co Atah.	or	\$ 25900
Address	Complete Funeral	
Order given by & Son T. Robinson	Burial Vault or Box Had White (State Kind)	
How Secured	Embalming Body(State Kind) (Name of Embalmer)	
Occupation	Barber, S Hair Dressing, Dres	
Name of Employer. (Social Security Number)	Dressing Body, \$ Underwear, \$ Suit or Dress	
Address	Suit or Dress (State Kind and Color) Slippers, \$. (State Kind and Color) Hose, \$	
Date of Death. 4-11-41- SPM. (Hour)	Folding Chairs, \$ Tarpaulin, \$	
Date of Birth. 3-14-(Date) 859 (Hour)	Candelabrum, \$	
Age. 87 0 37	Door Spray, \$	
Date of Funeral 1/13/41 July 2:30 P. M.	Limousines to Cemetery	
Services at : Success Many (Hour)	Autos to R. R. Station	
Clergyman . A. G. Cheville	Taking Remains to	
Religion of the Deceased. (Address)	Trip to Coroner's Inquest Delivering Box to	
Birthplace Saginan Michigan	Deliver Flowers to	
Resided in the State 36	Procuring Burial Permit. (State Number and District) —Certif.Copiesof Death Certificates No. (State Number and District) Pall Bearer Service, \$ Use of Chapel, \$	
Place of Death. Landy (Months)	Certif.Copiesof Death Certificates No (State Physician's or Coroner's)	
Cause of Death Akach Distant	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.	
Contributory Causes. advanced age	Gross Total for Sales Tax	2.55
Tronchial Surgerynia	Outlay for Lot	.5.9/
Certifying Physician & Qual Coroner	Cremation	
His Address Davis City Jun.		
Name of Father Feater Bogut	Flowers, \$ (Names of Newspapers) Matting, \$	5. 1.0
His Birthplace.	Rental of Tent, \$ of Temporary Vault, \$	8
Maiden Name of Mother Dansla Esther William	Opening of Grave or Tomb Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.	
Her Birthplace	Outlay for Shipping Charges	
Motor Remains to Size of Casket 232 CN Velsus H.C.	Clergyman, \$Singers, \$Organist, \$ Railroad or Motor Tickets, \$ Aero-plane Service, \$	
Manufactured by State Color and Number)	Telegr., Phone, Cable or Radio Charges Cash Advanced	
	Out of town Undertaker's Charges	
Interment at	••••••	
Lot No	Sales Tax	739
Grave No	Total Footing of Bill	7469
Section No	Less Of A.	\$ 8.00
Discount of Later Vault Owner.	Balance	6.6.6.6.9.
Diagram of 2000 Final	Entered into Ledger, pageor below.	
Date Amount Paid Balance	Date Amount P	aid Balance
To Above Balance \$	To Balance Forward	\$
all Burg.		···· \$
Markin Trux les s Sodie	e Colk " " " "	\$
Ck Bootman s s ser	trucke Malden " 5	\$
Clas Bellantyne 8 8 La	le Bullantyne " 3	\$
AC abiton s s	can autertain "	\$
C 90 Westro. Is Is	My sall a salley	\$
Names of Lodges.	Insurance / Companies.	
Insurance 5. Louges I hereby authorize the above Funeral, and I hereby represent that I have st for the payment of aforesaid sum, and I hereby covenant and agree to pay	ifficient resources Legally available to	Directors
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of		erest to accrue from
RAMAITO	Signed	
Compiled by P. J. F	Address EINEMAN, St. Louis, Mo.	

Total No. 1820	Yearly	No	<u>, 6</u>	. Da	ate. Alp	rif !	7	19.4%
Name of Deceased. Mortin	u Cyru		lake					
Residence Hamilton Jupa	Karlison	Co. 7	Ma	☐ Diverced ☐Husband☐Wife	□Widow}	(What Race)		
Charge to:	lake	,	Campleto	Funeral	THE RESERVE AND PARTY.		139	200
Address Halfield	1. 100		" Contrat		0		4.4./.	٠٠٠.
Order given by fattle	formant)		· · · Burial Va	ault or Box	Trans.			
How Secured			· · · Dinbanini	ng bouy	(Name of Embalm			
Occupation James.	(Social Se	curity Number	Barber, \$	Body C	Hair Dressing	z. \$,	27
Name of Employer.			· Suit or D	ress. Sent	(State Kind and Co)	and 14	7	09
Address	,,		. Slippers,	\$	Hose, \$			
Date of Death. 4-15-4	·/	54. 7 (Hour)	Candelah	Chairs, \$ rum, \$	Tarpaulin,	\$		
Date of Birth	1.9.X.T		Door Spr	ay, \$	Gloves, \$			
Age. St. (Mont) Date of Funeral. 7/47/41.	hay / (Day		Limousin	car, \$es to Cemeter	.Ambulance,	\$		
Date of Funeral. 4/17/41	thurs	21.	M. Autos to	R. R. Station	Rethan			
Services at . Hour . Hick	Church	(Hour)	Getting I	demains from	English	M	res.	elig.
Clergyman . arthur Evel	in		Trip to C	oroner's Inqu	Eng will	, , , ,		
Religion of the Deceased	(Address)	Delivering	g Box to S lowers to	HOLE !	orek		
Birthplace . Harrison Ce	Mo.			Charges				
Desided to the great			Procuring	Burial Permi	t	and District)		
Place of Death Wood Hose	or County OX	urs) (Months	Certif.	Copiesof Dea	(State Number of th Certificates (State Physician's of Use of Cha	No		
1	12	£ . 1	Pall Bear	er Service, \$ Service	Use of Ch	apel, \$		
Cause of Death . Concurred	-9. cs.w	.644			 			
Contributory Causes								
·····	· 10. A.	···/····	Gross Tot	al for Sales T r Lot	ax	\$		
Certifying Physician J Mulal	Coroner)	A	· · Cremation	1				
His Address Lelhany	mo		line I	Death Notices	inPap	ers		
Name of Father. All Man	Ilske,	224	Flowers	(Names of 1	Newspapers) \$Matt			
His Birthplace	of.	lugio	Rental of	Tent, \$ of	Temporary V	ault.\$		
Maiden Name of Mother. Many		douse.	Opening o	f Grave or T	omb			
Her Birthplace	V of	Useris	Outlay for	Shipping Ch	owering Dev	ice, \$		
Motor Remains to	.6		Clergyman	n,\$Singe	ers,\$Orga Aero- Ser- plane Ser-	nist,\$		
Size of Casket Prof. Tap. Doz	Skin W	god Orps	or Motor T	ickets, \$	plane Ser	vice,\$		
Manufactured by	or and Number)	,,,,	Cash Adv	none, Cable or anced	Radio Charg	es		
Interment at The Roce	k	Cemete	Out of tov	vn Undertake	r's Charges			
		· (Cremato	ry					
Lot	No		Sales Tax			=	1	39
Gra	ve No		. Total Foo	ting of Bill		\$	48.0	54
Sect	ion No		Less			\$		
Diagram of Lot or Venile Own	ner				Balance	\$		
Date		1		to Ledger, pa	geor be	elow.		
Date	Amount Paid	Balanc	Date Date		AND SE	Amount Paid	Bala	nce
To Above Balance		. \$		To Balan	ce Forward		\$	
By Payment	\$. \$		By Paym	ent	\$	\$	
	\$	\$				\$	\$	
	\$	\$		" "	**********	\$	\$	
		\$				\$	\$	
	\$	9				š	\$	
	8	8			************		\$	
Insurance \$ Lodge	es of			Insurance		Principality in	*	
I hereby authorize the above Funeral, and I for the payment of aforesaid sum, and I her	hereby represen	t that I have	sufficient resource	Companies	8			
for the payment of aforesaid sum, and I here	eby covenant an	d agree to p	with same with	in	(Firm N	ame of Funeral Dir	(ctors.)	
	annum,	- agree to pa		ned	days from	n date. Interes	to accrue	from
Witness AMarte				dress				
(v	Ca	mpiled by F. J.		ouis Mo.		***********		

Total No. 1921	Yearly N	o	7	,	Date Ma	y		19.4.
Name of Deceased . 7.11.6	muy Irl	mont.	Merry	il.		J (What Race)		
Residence. damani A	Married M	Single		Di Hunb	vorced			
Charge to Cliff Va	neritt. (W.C.)				0	259	to-
Address	,				ral		7.01	φ.φ., ,
Order given by Z. C.	Marritt		Burial Von	It or	Box Redissort			
How Secured	(or informant)		Embalming	Bo	Box (State Kind)			
Occupation . Minter	newskally.	Retwel.	Barber, \$			g, \$		
Name of Employer	Social Secu	rity Number)	Dressing B	ody,	\$	ear, \$		
Address			Suit or Dre Slippers, \$.			00)		
Date of Death. May 2	1941	11:15 PM	Folding Ch	airs,	\$ Tarpaulin,	\$		
Date of Birth Mare	1 8. 1870	(Hour)	Candelabru	ım, \$				
Age71	1 2	4	Funeral Ca	r, \$.	Ambulance,	\$		
Date of Funeral	(Months) (Days)	30 P.M.	Limousines	to (Cemetery @ \$.			
Services at J. Muthaf.	Day of Week)	(Hour)	Getting Re	mair	Station	- No	lige.	
Clergyman Mond Cleur	11. 10 6	Sort.	Taking Ren	main	s to		¥	
Religion of the Deceased	(Address)		Delivering	Box	's Inquest			
Birthplace . L. awin	Mariaha		Deliver Flo	wers	toøaes			
	.,		Procuring 1	Buria	l Permit.	and Printed at		
Resided in the State.	City or County) Nears	(Months)	Certif.C	opie	l Permit. (State Number sof Death Certificates	No		
Place of Death A. Egy,		. erouse	Pall Bearer Personal Se	Serv	rice, \$ Use of Ch	apel, \$,
Cause of Death	USI		rersonal Se	rvice				
Contributory Causes								
	in Minn				Sales Tax	\$		• • • • • •
Certifying Physician	(or Coroner)		Cremation.					
His Address	. 1 1 11	52	line De	eath	Notices inPap	ers		
Name of Father. Oklaness			Flowers, S.	-	(Names of Newspapers) Palms, \$ Matt	ing. \$	13	60
His Birthplace P. or A. C.		S. Jork.	Rental of T	ent,	Palms, \$ Matt of Temporary V	ault, \$		
Maiden Name of Mother	1111 -1	H1	Lining Grav	Grav	ve or Tomb 	ice. \$.		
Her Birthplace	fals. M.	9	Outlay for	Ship	ping Charges			
Motor Remains to	71011	V	Railroad Tio	ф kets	Singers,\$Orga ,\$Pane Ser	nist,\$		
Size of Casket 2.3.2. C.M.	ate Color and Number)	· C	Telegr., Pho	one,	Cable or Radio Charg	ges		
Manufactured by	2/1/		Cash Adva	nced	dertaker's Charges			
Interment at 1.074	M.M	{ Cemetery Crematory			S Charges			
	Lot No 1.5.	22	Sales Tax .				9.	
	Grave No		Total Footi		f Bill		282	,9
			Less	P	4		X	40
	Section No			/	Balance	S	15	19
Diagram of Lot or Vault	Owner		Entered int	o Le	dger, pageor b	elow.		,
Date	Amount Paid	Balance	Date			Amount Pai	d Bal	ance
To Above Balance.		s. ().	2		To Balance Forward			П
By Payment	\$	5. J.W.	CER	7.	By Payment	s	\$	
Jay Pan.	\$	· vi	1:17		·	\$	\$	
. J. Senta	\$	\$	ary us	nu	ray "	\$	\$	
That I have		W	1)11	A	\$	\$	
Horst beenth.	8	sVjete	mora	as	"	\$	\$	
Juneis Sent	s	s			J	\$		
	Names of Lodges)	Insurance Companies		\$	·
Insurance \$		that I have suf	fficient resource	s Legs	Alles manuffect 1			
for the payment of aforesaid sum, and						Name of Funeral I	Directors.)	
maturity at the rate of		The state of	Sign	ed	ays no	m date. Inter	est to accru	e from

Total No 1823. , Yearly No 18 Date. 2017. 1941							
Name of Deceased Lustus C. allen							
Residence:	☐ Married M	Single		Divorced Susband Wife Widow ((What Rac		
Charge to: Catate			٠,	r of }	1		
Address			Complete Fr	aneral		\$ 35	00
Order given by Justies	allen.		Casket Burial Vault	on Boy	-		
How Secured	or informant)		Embalming	(State Kind)			
Occupation			Barber, \$	(Name of Empaims	; \$		
Name of Employer	(Social Secur	city Number)	Dressing Bo	dy, \$Underwe	ear,\$		
Address			Suit or Dress Slippers, \$	(State Kind and Colo	d)		
Date of Death . Man . 4.	1941		Folding Cha	irs, \$ Tarpaulin,	\$		
Date of Birth	ito)	(Hour)	Candelabrur	n, \$Candles, \$.			
Age. 40	6 2	G	Funeral Car	\$ Gloves, \$	\$		
(Years) (Months) (Days)	20	Limousines	to Cemetery @ \$.			
Date of Funeral	ay of Week)	(Hour)	Autos to R. Getting Ren	nains from Office	A		
Services at	n	5	Taking Rem	ains to			
Clergyman. M. Q	elle ; U.Mare.	Resource	Delivering E	oner's Inquest Sox to			
Religion of the Deceased			Deliver Flov	vers to Red 1 Cole	elun.		
Birthplace				argesurial Permit			
Resided in the State	City of County) (Years	(Months)	Certif.Co	piesof Death Certificates	nd District)		
			Pall Bearer	urial Permit (State Number a ppies of Death Certificates (State Physician's or Service, \$ Use of Cha	apel, \$		
Cause of Death. Medierle	ry Edesas	ا	Personal Ser	vice			
Contributory Causes							
			Gross Total	for Sales Tax		\$	
Certifying Physician				ot. a. t. 1. S. 1. 8 1. 9	7	8.9.	.0.0.
His Address	(or Coroner)		Cremation line Dea	ath Notices in Pap	ers		
Name of Father				(Names of Newspapers)		الينز	
			Flowers, \$	Palms, \$Matti	ing, \$. 000	00
His Birthplace			Opening of (nt, \$ of Temporary V Grave or Tomb		7	00
Maiden Name of Mother			Lining Grav	e, \$ Lowering Dev	ice, \$		
Her Birthplace			Clergyman.	hipping Charges SSingers,\$*Orga	nist.\$		
Motor Ship Remains to			or Motor Ticl	kets, \$ Aero- Ser	vice,\$		
	te Color and Number)		Telegr., Pho	ne, Cable or Radio Charg ced	es		
Manufactured by	0/:11	(Cemetery		Undertaker's Charges			
Interment at	M.OG	{ Cemetery Crematory					
	Lot No	. 8	Sales Tax .				
	Grave No	4	Total Footig	ng of Bill		192	00
	Section No		Less	And tota		3 8.7.	0.0.
				Balance		8.5.	00
Diagram of Lot or Vault	Owner		Entered into	Ledger, pageor b	elow.		
Date	Amount Paid	Balance	Date		Amount P	aid Bal	ance
To Above Balance.		\$		To Balance Forward		\$	
By Payment	s. 01118	54d:	· m	By Payment	\$	· \$	
eggia: Hynden	8 Olanda. 3	serry	11164	Warn as Willes	sla . 07.	A: 37.1.	1.5/
Here Deby	s Mus colon	gides	Nin	Lana Mars	S me	\$	Die
Sil harant	3.00	allantifo	ie i vicco	Ed brush 11.	8.770	Lucy .	o. Sura
I de les frais		e 7	Onk	transax Yo	mil	in for	with or
Ren mother		8	and	stable "	S.	S AND	HELLEN
· Clarente	Names of Lodges			Insurance Companies.	a o cressler	10.180 1.111	
Insurance \$	Lodges	that Than-	Malont resource	Companies			
I hereby authorize the above Funeral, : for the payment of aforesaid sum, and	I hereby coverant and	d agree to pay	the same within	(Firm.)	Name of Funer	d Directors.)	
	% per annum.	. agree to pay	Signe		uate, Int	erest to accru	ae from
Witness Nella			Add		*********		
and the second s	Cor	npiled by F. J. F.	Add: EINEMAN, St. Lo	is Mo.	*********		

Total No Yearly No	9. Date May 19, 19.1
Name of Deceased Seggy Marik (1	Kion (What Race)
Residence Blowing ton Juff Devature Co.	Widowed Divorced
Charge to: od sed Min.	ot of)
Address. Lamoni, La	Complete Funeral
Order given by(t	Casket. Burial Vault or Box (State Kled)
How Secured	Embalming Body (State Rind)
Occupation une	Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$
Name of Employer. (Social Security Number)	Dressing Body, \$
Address	Slippers, \$
Date of Death. May 17, 1941	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. Q. S. 15, 1938 (Hour)	Candelabrum, \$Candles, \$
Age	Door Spray, \$
Date of Funeral 5/19/41 Works 2 C. M	Limousines to Cemetery
(Date) (Day of Week) (Hour)	Getting Remains from
Services at M. C. Chesch - Alkalus . Ca.	Taking Remains to
Clergyman Chas Dallanly us	Trip to Coroner's Inquest Delivering Box to AllCaller Curs
Religion of the Deceased	Deliver Flowers to
Birthplace Ulkalin Co., Za.	Removal Charges.
Resided in the State (or U. S. or City or County); (Years) (Months)	Procuring Burial Permit. State Number and Districts Certif. Copiesof Death Certificates No. Ball Bearer Service, S. Use of Chapel, \$ Personal Service.
Place of Death. Wed - see Catur Co. Xa.	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Burned entire tody to Muchs.	Personal Service.
Contributory Causes. Gather Cought in Fire.	
few Den fire	Gross Total for Sales Tax\$
Certifying Physician M. Mills	Outlay for Lot.
His Address . The garage . Ca.	line Death Notices inPapers
Name of Father & Med Ohion	Flowers, \$ 20 Palms, \$ Matting, \$ 20 00
His Birthplace Decature Co. Ja.	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother B irdix akers.	Opening of Grave or Tomb
Her Birthplace Decetur Co., Qa.	Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges.
Motor Remains to Decatus Oty, S.	Clergyman,\$Singers,\$*Organist,\$. Railroad \ Tickets, \$\text{Aero-Service,\$.} Plane Bear Clerkers Bear Bear Clerkers Bear Bear Clerkers Bear Bear Clerkers Bear Bear Bear Bear Bear Bear Bear Bear
Size of Casket # 150 - 3/6 Lamblin	or Motor / Tickets, \$
Manufactured by (State Golor and Number)	Cash Advanced
Interment at Decatus (Cometery	Out of town Undertaker's Charges.
Lot No.	
	Sales Tax
Grave No	Total Footing of Bill
Section No	Less\$
Diagram of Lot or Vauit Owner	Balance\$ Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance. SO 1 W(QESS. To Balance Forward.
	By Payment \$
s Inclu	in Hayel " " s s
* * \$ \$	V " " " s s s
s.Cloto. F	\$
" " Siny	and Malda - City
" " \$ S	ss.
Insurance \$ Names of Lodges.	Insurance
Insurance \$	Insurance Companies Giright recurres Level 1
for the payment of aforesaid sum, and I hereby covenant and agree to pay	
maturity at the rate of, % per annum.	Signed
11/1/11/11/11/11	

Total No. 1824 Q. Yearly No	O Date May 3.2.	1941.
Name of Deceased . OTAM . A. Nastian . Do	Widowd Divorced (What Race)	
Residence Jamois, Jawa	Husband Wife Widow or	
Charge to: Estata	Complete Funeral	298 00
Order given by Robert P. Sownson.	Casket.	
How Secured 680 6 Mason Shy Omaka	Burial Vault or Box . Kaluar of	
Occupation Carpenter - Pettred	Barber, \$	
Name of Employer A. (Social Security Number)	Dressing Body, \$Underwear, \$	
Address	Suit or Dress(State Kind and Color)	
Date of Death 7/101 19 (?) 1941 (?)	Slippers, \$	
(Date) (Hour)	Candelabrum, \$ Candles, \$	
1 - 2	Door Spray, \$	
Age. (Years) (Months) (Days)	Limousines to Cemetery . 7 @ S	
Date of Funeral 9/2/41. Thurs. 3.6. M. (Day of Week)	Autos to R. R. Station @ \$. Getting Remains from	
Services at Charley Only	Taking Remains to	
Clergyman A. Julisollay.	Trip to Coroner's Inquest Delivering Box to	
Religion of the Deceased	Deliver Flowers to	
Birthplace Denmark.	Removal Charges	
Resided in the State	Procuring Burial Permit	
Place of Death Western - Tamoni	Pall Bearer Service, \$ Use of Chapel, \$	
Cause of Death Garmany Occlusion	Personal Service.	
Contributory Causes.		
Contributory Causes	Gross Total for Sales Tax\$	
Certifying Physician & E. Harrey Corones.	Outlay for Lot	
(or Coroner)	Cremationline Death Notices inPapers	
Name of Father. Mesh Research:	Flowers, \$ (Names of Newspapers) Palms, \$ Matting, \$	
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb	800
Maiden Name of Mother	Lining Grave, \$ Lowering Device, \$	
Her Birthplace	Outlay for Shipping Charges	
Motor Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad or Motor Tickets, \$Pane Service,\$	
Size of Casket	Telegr., Phone, Cable or Radio Charges	
Manufactured by	Cash AdvancedOut of town Undertaker's Charges	
Interment at Rose Fell (Cemetery Crematory	······	
Lot No. 498	Sales Tax	298
Grave No	Total Footing of Bill	308 98
	Less of A - \$	\$ 8
Section No.	Balance\$	300 98
Diagram of Lot or Vauit Owner.	Entered into Ledger, page or below.	
Date Amount Paid Balance	Date Amount Paie	i Balance
	To Balance Forward	9
By Payment s s	MG AS By Payment \$	s
* \$ \$	S " " s	\$
	Ame " " s	\$
*		. s
\$ \$		\$
\$\$		
Names of	Insurance	ls
Instrumes, I hereby authorize the above Funeral, and I hereby represent that I have su	fficient resources Legally available to (Firm Name of Funeral 1	Oirectors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of), % per annum.	the same within days from date. Inter	est to accrue from
Witness IV Mista	Signed	
	Address	

1026	Date Mars 30, 1941
Total No	7
Name of Deceased. Many la Martiel Single	Widowed Divorced (What Rage)
	Widowed Diverced O Diverced What Rages What Rages O Mark Rages
Charge to:	Complete Funeral
Order given by Mr. E. Haskins.	Casket.
(or informant)	Burial Vault or Box (State Rled)
How Secured Occupation Amaleur fe	Embalming Body (Name of Embalmer) Barber, \$ (Name of Embalmer) Hair Dressing, \$
Name of Employer. (Social Security Number)	Dressing Body, \$
Address	Suit or Dress (State Kind and Color)
Date of Death. May 27, 1941.	Slippers, \$
Date of Birth. J. L (Hour)	Candelabrum, \$Candles, \$
Date of Birth. J. A. A. A. J.	Door Spray, \$
Age JO S J (Days) Date of Funeral 3/30/4/ #Wonther) Date of Funeral 3/30/4/ #W. 2 6 M.	Limousines to Cemetery
(Day of Week) (Hour)	Autos to R. R. Station
Services at D. Makeley . Walker.	Taking Remains to
Clergyman.:(Address)	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace Indiana	Removal Charges.
Resided in the State (or U. S. or City or County) (Years) (Months)	Certif.Copiesof Death CertificatesNo
Place of Death Litterry M.O. (Magistar):	Procuring Burial Pérmit. —Certif. Copiesof Death Certificates No. —Certif. Copiesof Death Certificates No. [State Providence Connects] Pall Bearer Service, \$ Use of Chaplel, \$
Cause of Death Condental Shaumerlism by antonor	Personal Service.
Contributory Causes Acquiry North of Eiglwills.	Gross Total for Sales Tax.
3/24/4/	Outlay for Lot.
Certifying Physician (or George)	Cremation
His Address Sethany Ma	
Name of Father. A. M.	Flowers, \$ Palms, \$ Matting, \$
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb
Maiden Name of Mother Austral C. Manushin.	Lining Grave, \$ Lowering Device, \$
Her Birthplace	Outlay for Shipping Charges. Clergyman \$ Singers \$ Organist \$
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$Railroad \Tickets,\$plane Service,\$
Size of Casket # 7 # a 9 # Admit (State Color and Number) Manufactured by # A # A # A # A # A # A # A # A # A #	Telegr., Phone, Cable or Radio Charges
// // // // / / / / / / / / / / / / / /	Out of town Undertaker's Charges.
Interment at	
Lot No. J. J. J.	Sales Tax 27
Grave No	Total Footing of Bill \$232 1.7.
Section No	Less
	Balance\$22.4.1.7. Entered into Ledger, pageor below.
Diskfarm of Pot or Azult	
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance\$	To Balance Forward
By Payment \$ \$\$	By Payment \$
ARania Dhenia Ma	Chand Schannidy
Homer Harp. s Miss	Miles I radealney.
Siles Shippy s s Sob	Ballatyne J & &
But De fing s	" " g s s
Malter danks s sten	more Iraldy - " rang s s
Insurance \$ Names of Lodges.	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have a	sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pa	y the same within
maturity at the pate of% per annum.	Signed
Witness Compiled by F. J.	Address
Compared by P. J.	100, man, man, man, man, man, man, man, man

Total No. 1826 Yearly No. 2.	2. Date June 8 1941
Name of Deceased Thy amin Shaully	n 6 ester. (What Race)
Residence damond dowa.	
Charge to Address an Marsh	Complete Funeral
Order given by Mary a Walker	Casket
How Secured (or informant)	Burial Vault or Box(State Kind)
Occupation Ketired Merchant	Embalming Body
Name of Employer(Social Security Number)	Dressing Body, \$ Underwear, \$
Address	Suit or Dress (State Kind and Co'er)
Date of Death	Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$
Date of Birth. (Date) (Hour)	Candelabrum, \$Candles, \$
Age. 78 (78) 18	Door Spray, \$
(rears) (agontas) / (Days)	Limousines to Cemetery @ \$
Date of Funeral. M. (Day of Week) (Hour)	Getting Remains from
Services at O. a. Werk .	Taking Remains to. Trip to Coroner's Inquest
Clergyman (Address)	Delivering Box to
Religion of the Deceased Birthplace and Buren Co. Juna	Deliver Flowers to
	Procuring Burial Permit.
Resided in the State (or U.S. or Chry or County) (Years) (Months)	Procuring Burial Permit. Certif. Copiesof Death Certificates No. Cartif. Copiesof Death Certificates No. Pall Bearer Service, \$. Use of Chapel, \$.
V+ 1	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
Cause of Death Mrokk	Constitution of the consti
Contributory Causes.	6 m. 14 61 m
9/ m 7/1/2	Gross Total for Sales Tax. \$
Certifying Physician.	Cremation
His Address	line Death Notices in Papers
Name of Father Rengumin for landon Caster	Flowers, \$
Meiden Neme of Mother Calista, Cantet	Rental of Tent, \$ of Temporary Vault, \$
Manden Traine of Mountaines	Lining Grave, \$ Lowering Device, \$
Her Birthplace Ches	Outlay for Shipping Charges. Clergyman.\$ Singers.\$ Organist.\$
Motor Remains to	Clergyman,\$Singers,\$Organist,\$
Size of Casket (State Color and Number)	Telegr., Phone, Cable or Radio Charges
Manufactured by	Out of town Undertaker's Charges.
Lot No	Sales Tax
Grave No	Total Footing of Bill\$
Section No	Less\$
Diagram of Lot or Vault Owner	Balance\$ Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance.	To Balance Forward
By Payment , S. CS.	ByPayment \$ \$
Dody Ticked of y laker I	Sala Moom. , s s
A . " " " " " " " " " " " " " " " " " "	-VI 10 0 " 1 FA 1/2 3 May 5
reteresed this extress in	At . O Succe , Van astrock . s
, , , , , , , , , , , , , , , , , , ,	" " \$ \$ \$
* " s s	# # S S
Names of	Insurance
Insurance \$Lodges I hereby authorize the above Funeral, and I hereby represent that I have su	
for the payment of aforesaid sum, and I hereby covenant and agree to pay	(Firm Name of Funeral Directors.)
maturity at the rate of% per annum.	Signed

1000	MECOI		1 1 6		0			
Total No	. Yearly N	02.3	3/11/1	Date.	. June	2.5. s.	1	9.7.1
Name of Deceased	Martied	Single	AVALLAN. FWidowed	Divorced		(What Bare)		
Residence Janne	O Java.	omate 2		Husband Wife Wwie	low less		shhu	m.
Charge to	Howard			or	of Sylvenia	11	220	
	oui da		Complete I		;	\$	2.2.8	0.0
Order given by Attan Ma	estitura House	nd.	Casket	lt or Box	lin Vie	reis	78	00
How Secured	(or informant)		Embalmino	Body Cha	State Kind)			
Occupation Honsking	le- 11	ne	Barber, \$	Hai	r Dressing, S			
Name of Employer	(Social Secu	rity Number)	Dressing B	ody, \$	Underwear	\$.,,	76	
Address			Suit or Dre	ody,\$ssDMAA (State	Kind and Color)	7		2.0
- · · · · · · · · · · · · · · · · · · ·	1.1941-	8 P.M	ouppers, \$.	airs, \$	LOSE, φ			
Date of Birth July &	Date) 1878	. S. P. M.	Candelabru	ım, \$C	landles, \$			
Age	11 1		Funeral Ca	r, \$	nbulance, \$.			
(Years)	(Months) (Days)	00	Limousines	to Cemetery.	2@8			
Date of Funeral. (Date) 14.	(Day of Whak)	(Hour) . M.	Getting Re	. R. Station	en i			
Services at	of produce.	··· p	Taking Rer	mains to roner's Inquest				
Clergyman V.E.S. 7.	Ladam,	eveon:	Delivering	Box to				
Religion of the Deceased	0 000		Deliver Flo	wers to	Y Y			
Birthplace San. 19	5.00	uh	Procuring I	harges Burial Permit				
Resided in the State	or City or County) (Years	(Months)	Certif.C	Burial Permit	State Number and Certificates No	District)		
Place of Death dans	in, Juva		Pall Bearer	Service, \$	Use of Chape	l, \$		
Cause of Death / Teau	L. Destase		Personal Se	ervice				• • • • • •
Contributory Causes.	headypour a					,		
march lyre &	WX Y	,,	Gross Tota	l for Sales Tax.	rn	\$	· rb	
Certifying Physician	Mr. Still	ø	Outlay for Cremation	Lot . # . ! . 5	• /		.7.0	00.
His Address	annon,			eath Notices in	Papers			
Name of Father	Thele	en	Flamora C	Names of New Palms, \$	papers)		5	10
His Birthplace	unknown	·····	Rental of T	ent. S of Te	mporary Vau	It. S		
Maiden Name of Mother	я		Opening of	Grave or Tom	b		9	0.0
Her Birthplace	٠,		Outlay for	Shipping Charg ,\$Singers,	es	, φ. σ		
Motor Remains to		n./	Clergyman, Railroad land	,\$Singers,	\$ Organis	st,\$		
Size of Casket 201. Q.	chid Ielia.	M.C.	or Motor 110	ckets, \$ one, Cable or R	· plane Services	е,\$		
Manufactured by	State Color and Number)	· p	Cash Adva	nced				
Interment at	Frank 1/4	{ Cemetery Crematory	Out of tow	n Undertaker's	Charges			
DESCRIPTION OF THE PARTY OF THE	Lot No. 158	7			156			Ou
			Sales Tax				165	77
	Grave No	•••••	Total Egot		1. Ih.		19	2.1
	Section No	• • • • • • • • • • • • • • • • • • • •	Less. M	/	lance		131	21
Diagram of Lot or Vault	Owner		Entered int	to Ledger, page		w.	٠.١٠٠	7.7.
Date	Amount Paid	Balance	Date		A	mount Paid	Bal	ance
To Above Balance		. 0		To Balance				T
J.D. By Payment	S.	s. DINC	ENS-	By Payment				
Mm Jourse	A \$	s. Ozyk	Ital Drag		s.		8	
Jayers Scholie	ld s	s 2/2	ty ann	Hyde "	\$.		. \$	
Char mille	R	s. fue	ik Ten	process of the same of the sam	\$.		. \$	
Caes Haspe	ş	S 402	orly M	euman :	\$.		. \$	
Walt of Si	\$	\$	7.7	Bole To			. \$	
	Names of	SV.J.V.	.1.3./	Insurance	MANNEA IS.		. \$	<u></u> .
Insurance \$	Names ofLodges			Companies				
I hereby authorize the above Funera					(Firm Nan	e of Funeral D	irectors.)	
for the payment of aforesaid sum, as	nd I hereby covenant and .% per annum.	agree to pay			days from	date. Intere	st to accru	te from
MANTE	_		7	ned				
Witness V. Y. J. A. V. M. L.	Con	 npiled by F. J. F.		lress ouis, Mo.				

Total No. 1828 Yearly No. 3	4. Date Jame 2. 7. 194
Name of Deceased. Henry Mason.	0
77 9 7 (11 0 . 1 1	☐ Widowed ☐ Divorced. (What Race) Make Company Compa
Charge to Santa Home	orof
Address.	Complete Funeral\$/O. ØQ.
Order given by Mas Cauline Hold	Casket. Burial Vault or Box
How Secured	Embalming Body (State Kind) (Name of Embalmer)
Occupation James .	Barber, \$Hair Dressing, \$
Name of Employer. (Social Security Number)	Dressing Body, \$ Underwear, \$ Suit or Dress
Address	Slippers, \$ Hose, \$
Date of Death. June 2 5, 1941.	Folding Chairs, \$ Tarpaulin, \$
Date of Birth	Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$
Age. 73 4 5	Funeral Car, \$ Ambulance, \$
Date of Funeral 6/27/41 Liv 10 a. M	Limousines to Cemetery 2.@\$ Autos to R. R. Station
Services at Saula Home (Hour)	Getting Remains from Clean -
Clergyman Marnin Frax les .	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace Gugland	Removal Charges
Resided in the State (or Mr. S. or Gilly or Chunty) Mohrn (Modelle)	Procuring Burial Permit
Place of Death Ale Con A Control (Months)	Procuring Burial Permit (State Number and District) Certif. Copiesof Death Certificates No. Certificates of Coponer's (State Physicians or Coponer's Death
Cause of Death Similar Fakumania	Personal Service.
Contributory Causes.	
Λ	Gross Total for Sales Tax\$
Certifying Physician & Ned a Kouman .	Outlay for Lot.
His Address dem -	line Death Notices in Papers
Name of Father. Mozes Mason.	(Names of Newspapers)
His Birthplace Mkland	Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Cliga . Diew.	Opening of Grave or Tomb
Her Birthplace	Lining Grave, \$. Lowering Device, \$. Outlay for Shipping Charges.
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$
Size of Casket 3325 Had Cap Creps	or Motor Tickets, \$
Manufactured by Jule Sluff.	Cash Advanced
Interment at ROL Will Cemetery	Out of town Undertaker's Charges.
Lot No. 1248	Sales Tax 140
Grave No	Total Footing of Bill. 8 5 77 6.6
Section No.	Less Of L. s 6
	Balance
Diagram of Lot or Vault Owner.	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward
By Payment s. s. MUS.	/.C.5
Santified Last	Ride Malden \$ 5
Call Treen. 8 8 8	Jan V. Stag
Auf Kesnler. s s	" " s
My Jux ur. s. s.	
Charge, s. s.	
Insurance \$ Names of Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have su	fficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of% per annum.	the same vicinity
Witness Ch G. Marsh	Signed
	Address

8	DECOL		ו זוכו כוו	ATITID AT			
1020	RECUI	CD C	F FU	NERAL			
Total No. 1829	. Yearly No	o	5.1	Date. Ku	ly 2.		197.1
Name of Deceased.	Thur alexa	reder .	Tew.				
Residence Samuel	of our	Single UE	Wildowed	Divorced seband Wife Widow	(What Race)	and o	Pec.
Charge to Claren	ux desler	1	or.		ANAMA TIL		
Address				neral	\$	286	.00.
Order given by MA. C.	G. troley.		Burial Vault	or Box Reduces	J		
How Secured Contras	(or informant)		Embalming E	Sody (State Kind) (Name of Embals			
Occupation Laneur.	- 499-07-	9385	Barber, \$	Hair Dressin	g, \$		
Name of Employer A. Three	(Social Secur	ity Number)	Dressing Bod	y,\$Underw	ear,\$		
Address			Slippers, \$	(State Kind and Co	lor)		
Date of Death June . 3		5 0° M.	Folding Chair	s, \$ Tarpaulin,	\$		
Date of Birth. Quig 2	9.1875	(Hour)	Door Spray,	\$Candles, \$Gloves, \$.			
Age. 68/	(Months) (Days)		Funeral Car,	\$ Ambulance,	\$		
Date of Funeral 1/2/41	Mrs. 10:3	3.0.Q. M.	Autos to R. F	Cemetery @ \$. Station	· 1/1 · 2 · ·	········	×4
Services at Funks	Home	(Hour)	Getting Rema	ins from LLC.CO	.7.tof	140	11.
Clergyman			Trip to Coron	er's Inquest			
Religion of the Deceased			Delivering Bo Deliver Flower	x to Clear -			
Birthplace Alack. Ch	reck, Misce	main	Removal Cha	rges			
Resided in the State	Contraction Contraction	9	Certif Con	ias of Dooth Contigents	and District)		
Place of Death Place of Death	0. 11.00-	f works	Pall Bearer Se	rial Permit. (State Number ies of Death Certificate (State Physician's cervice, \$ Use of Ch	anel. S		
Cause of Death	Diskase		Personal Serv	ice			
Contributory Causes							
······································				or Sales Tax			
Certifying Physician	of Hills		Outlay for Lo Cremation	t			
His Address	.,		line Deat	h Notices in Par	ers		
Name of Father.	ter. MEN.		Flowers &	(Names of Newspapers) Palms, \$ Matt	ina 0	16	60
His Birthplace	Thew !	49.UK	Rental of Tent	, \$. 4 of Temporary \	/ault,\$		
Maiden Name of Mother	egalillo, segul	rester.	Opening of Grave	ave or Tomb \$Lowering Dev	rice & -	لا.	99
Her Birthplace	Theship	Mauron	Outlay for Shi	pping Charges			
Motor Remains to		1	Clergyman, \$. Railroad \Ticke	ts, \$ Aero- plane Ser	mist,\$		
Size of Casket#.V.O.O. Mis		reton los	Telegr., Phone	, Cable or Radio Char	ges		
Manufactured by Signif	Long			d Indertaker's Charges			
interment at No.24	7.6.0.	Cemetery Crematory		Solidiges.			
Bury Control	Lot No	4	Sales Tax	• • • • • • • • • • • • • • • • • • • •		2	86
	Grave No			of Bill		312	86
	Section No			721		. 8	
				Balance	\$9	304	86
Diagram of Lot or Vault	Owner			ledger, page or l	pelow.	A North	
Date	Amount Paid	Balance	Date	4 9 2	Amount Paid	Bala	ance
To Above Balance.		Silo	EN9.	To Balance Forward		. \$	
H. a. By Payment	\$\$	D116	Ser. 4	By Payment	\$	\$	
John Mykelen	s s	Tollie	Dayney		\$. \$	
Mary Dringer	·	Mand	a Degree		\$. \$	
79 J. Vannar.	\$ \$	Zegan	12 Botton.		\$		
Car I n allmin		Jess	Mida Okas	den."			

By Payment	s.	. By Payment	
H.a. Jaffett	s s	# #	8
John Mickelen	8 South Deninger	и и	\$
WHorry Gringer.	s s Menta Devote		\$
M. K. Dannafr.	s s Marie Boxe	а а	\$
G. J. Jattmer	8. Sealsy do Mas	den.«	\$
& D. Mundrek	s s	а а	8
Insurance\$ Name Lodge		Insurance .Companies	
I hereby authorize the above Funeral, and I	hereby represent that I have sufficient resources Le	egally available to	
	eby covenant and agree to pay the same within	(Firm	Name of Funeral Directors.) om date. Interest to accrue from

Signed.....

RECURD (OF FUNERAL,
Total No. 1830 Yearly No. 2	6 Date July 8 194
Name of Deceased . X. M. Stulfare	
Residence Sta Home, Janour,	Widowed Divorced (What Race)
Charge to O. A. G.	a
Address.	Complete Funeral \$ 100 00
Order given by Ma Stuffent & Pearl Stuffen	Casket.
(or informant)	Burial Vault or Box
How Secured	Embalming Body
Occupation	Barber, \$
Name of Employer	Suit or Dress (State Kind and Color)
Address 5 1941 7.1. F	Slippers, \$ Hose, \$
Date of Death (Date) (Hour)	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth	Door Spray, \$
Age. (Years) (Months) (Days)	Limousines to Cemetery
Date of Funeral (Date) (Day of Week) (Hour)	Autos to R. R. Station
Services at Aunits Home	
Clergyman A. M. M. Dow M. (Address)	Trip to Coroner's Inquest Delivering Box to Coroner
Religion of the Deceased	Deliver Flowers to
Birthplace	Removal Charges.
Resided in the State.	Procuring Burial Permit. (State Number and District) —Certif. Copies of Death Certificates No.
Place of Death I Malfeludeuce Santamin	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death. Cloute Cornery Disease	Personal Service.
Contributory Causes. QG &	
0.01	Gross Total for Sales Tax\$
Certifying Physician John R. Jukkn	Outlay for Lot
His Address Of Market Manual Mo	Cremation
Name of Father. Mo data	The second secon
His Birthplace	Flowers, \$. (Names of Newspapers) Matting, \$. Rental of Tent, \$. of Temporary Vault, \$.
Maiden Name of Mother.	Opening of Grave or Tomb
Her Birthplace.	Lining Grave, \$. Lowering Device, \$. Outlay for Shipping Charges.
Motor Remains town - Independence.	Clergyman,\$ Singers,\$ Organist,\$
Size of Casket Hyd Cap. Eng. Cress	Clergyman,\$Singers,\$Organist,\$ Railroad \ Tickets, \$plane Service,\$
Manufactured by . (State Color and Number)	Telegr., Phone, Cable or Radio Charges
Interment at	Out of town Undertaker's Charges.
1 2	
Lot No 8.0. 3	Sales Tax
Grave No	Total Footing of Bill
Section No	Less\$
Diagram of Lot or Vault Owner	Balance\$ Entered into Ledger, pageor below.
Date Amount Paid Balance	
	of Fight
To Above Balance \$ 3	10 Datance Forward \$
Mr. Ne. OENE & S. NAVIE	is Hollsward " \$
Mr. Crop. s s Ja	de motorn .
Jan Kale, Jugs s Il	tehen sanday E. s s
Jane Schoffing 8 8	sssssss
There is suggested in the suggestion of the sugg	1 " " s s s
Names of	mece . " fancin - O. Lanso s
Insurance \$ Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have su	(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of % per annum.	the same withindays from date. Interest to accrue from
Witness / J// With	Signed
	Address

Total No. 183/ Yearly No. 2	7 Date July 2	19.4
Name of Deceased . Alavid Peter St.	eckel What Raced	z
Residence. Lamoni Married Single	Widowed Divorced Midow Comma Pr. Common of Commo	techel.
Charge to . Estate		17800
Address	Complete Funeral	
Order given by Euma R. Steckel	Burial Vault or Box Reduced	
How Secured	Embalming Body (State Kind) (Name of Embalmer)	
Occupation Retired Frammer		
Name of Employer. (Social Security Number)	Dressing Body, \$ Underwear, \$ Suit or Dress .	209
Address	(State Kind and Color)	
Date of Death July 24 1941 6 AM	Folding Chairs, \$ Tarpaulin, \$	
Date of Birth. Sept 30 1864 (Hour)	Candelabrum, \$ Candles, \$ Door Spray, \$	
Age. 76 9 24	Funeral Car, \$ Ambulance, \$	
Date of Funeral. 7/2.6 /4/ Sect. (Days)	Limousines to Cemetery/ @ \$	
(Date) / (Day of Week) (Hour)	Autos to R. R. Station	
	Taking Remains to	
Clergyman Chas, Harpe-	Trip to Coroner's Inquest Delivering Box to	
Religion of the Deceased	Deliver Flowers to	
Birthplace Cyps Cennywania.	Removal Charges	
Resided in the State (or U. S. or City or County) (Years) (Months)	Certif. Copies of Death Certificates No.	
Place of Death. Lauren. La	Procuring Burial Permit. (State Number and District) — Certif. Copies of Death Certificates No. Pall Bearer Service, \$ Use of Chapel, \$	
Cause of Death . Heart Oslock .	Personal Service.	
Contributory Causes	*************************************	
	Gross Total for Sales Tax\$	
Certifying Physician 2 M. Hell, M. D.	Outlay for Lot	
His Address Lamoni (or Coroner)	line Death Notices in Papers	
Name of Father Ephricum Stechel	(Names of Newspapers)	
His Birthplace Penn -	Flowers, \$Palms, \$Matting, \$ Rental of Tent, \$of Temporary Vault, \$	
Maiden Name of Mother Sally any Steckel	Opening of Grave or Tomb	800
Her Birthplace. Peur	Lining Grave, \$ r Lowering Device, \$ Outlay for Shipping Charges.	
Motor Remains to	Clergyman,\$Singers,\$Organist,\$	
Size of Casket #768 Agl Cap Oreke	Clergyman,\$Singers,\$Organist,\$ Railroad or Motor Tickets, \$ Aero-plane Service,\$	
Manufactured by (State Color and Number)	Telegr., Phone, Cable or Radio Charges	
Interment at North State (Cemetery Crematory)	Out of town Undertaker's Charges	
Crematory		
Lot No 7.5. 2	Sales Tax	178
Grave No7	Total Footing of Bill	20 57
Section No	Lesson Y Of th	73
Diagram of Lot or Vault Owner	Balance\$	8.7. 57
	Entered into Ledger, pageor below.	man f
TIT KI	Date Amount Paid	Balance
	T Dalance Forward	\$
Chas. Wom. " s "	Mu I N. Gorlinger	\$
Willing Moon man.	Ed Donanda	\$
I al Ban	well Roloth	\$
Chas M: Cullough &	" 1"	\$
D. My Oredenhury S & Prime	- Mrs Russell Kalston	\$
arh dans s	и и 8	\$
Names of LodgesLodges.	Insurance	· · · · · · · · · · · · · · · · · · ·
I hereby authorize the above Funeral, and I hereby represent that I have suf	ficient resources Legally available to	
for the payment of aforesaid sum, and I hereby covenant and agree to pay t		ectors.)
maturity at the rate of% per annum.	Signed	> accine itom

Total No. 183 2 Yearly No. 2.8	Date July 27, 194!
Name of Deceased Sabina Smit	Wide Discount (What Race)
Residence Rural, reas Lamoni	Wildowed Divorced Student Wildow John G. Smith
Charge to John & Smith	Complete Funeral \$520.00
Address. John S. Juill Order given by. John S. Gorinformant)	Casket Walnut .
How Secured (orinformant)	Embalming Body (State Rind)
Occupation Housewife (Social Security Number)	Barber, \$ Hair Dressing, \$
Name of Employer.	Suit or Dress (State Kind and Color)
Address	Slippers, \$ Hose, \$
Date of Death. July 24 1941 6.P.M.	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth. Sept 22 1872	Door Spray, \$
Age. 68 10 2	Funeral Car, \$
Date of Funeral 7/27/41 Sun. (Days) 2 P. M.	Autos to R. R. Station @ \$
Services at John & Junth farm home	Getting Remains from Taking Remains to Decetto
A Al /d M-H	Trip to Coroner's Inquest
(Address)	Delivering Box to
Religion of the Deceased.	Deliver Flowers to
Birthplace Decalus Co. Ja	Removal Charges. Procuring Burial Permit.
Resided in the State all Mulife (or U.S.pr City or County) (Years) (Months)	(State Number and District)
Place of Death. R. Isidensi near Lammi.	Percuring Burial Permit. Certif. Copiesof Death (State Number and District) Certif. Copiesof Death Copiesof D
Cause of Death Rheumatic deformation les	Personal Service
Contributory Causes. Attamatic De formation.	Gross Total for Sales Tax.
Certifying Physician W. M. Hells, M. D.	Outlay for Lot
(or Coronon)	Cremation
His Address Laman (or Coronella	line Death Notices in Papers
Name of Father Frederick Min	Flowers, \$. — (Names of Newspapers) Palms, \$ Matting, \$
His Birthplace. Cho	Rental of Tent, \$ of Temporary Vauit, \$
Maiden Name of Mother Margent Jones	Opening of Grave or Tomb.:
Her Birthplace Juellagia	Outlay for Shipping Charges
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$
Size of Casket #147 Walnut	Railroad Pickets, \$ Aero- or Motor Tickets, \$ Aero- plane Service,\$ Telegr., Phone, Cable or Radio Charges
Manufactured by (Stayle Color and Number)	Cash Advanced
Interment at Allcatur Cemetary Cometery	Out of town Undertaker's Charges
/ (
Lot No.	Sales Tax
Grave No	Total Footing of Bill \$353 > 0 Less \$
Section No.	Balance \$
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	
By Payment \$ \$	To Balance Forward \$
" " \$ g	a a e
" " S S	« « s e
# # \$ S	« « S S
	" " S S
ss.	« « s s
Names of Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have se	afficient recourage I egally evollable to
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of % per annum,	
Witness	Address
	Address. EINEMAN, St. Louis, Mo.

14	7 101.22-7
Total No. 1833. Yearly No. 2.	9 Date July 27 19.5
Name of Deceased Lohn Stolberg	(What Race)
Residence Akon Olivia Single	Wildowed Divorced Wildows Theband Wilcows Tolking.
Charge to Estate	or or)
Address	Complete Funeral
Order given by N. O. Y. Stolfers	Casket Burial Vault or Box Halron Femilias 7.8 00.
How Secured 302 4. Grand M. K. C. M.	Embalming Body (State Rind) Embalming Body (Name of Embalmer)
Occupation Returned Janes	
Name of Employer(Social Security Number)	Dressing Body, \$ Underwear, \$ / 0.6 Suit or Dress / 0.2 (State Kind and Color)
Address	Slippers, \$
Date of Death. July 29, 1941 SAM.	Folding Chairs, \$ Tarpaulin, \$
Date of Birth Dec 73, 1852 (Hour)	Candelabrum, \$
Age	Funeral Car, \$ Ambulance, \$
Date of Funeral 7/31 /41 Lluss Days	Limousines to Cemetery
Services at . Suntrel Day of Week (Hour)	Autos to R. R. Station
Clergyman Masseri Frances	Taking Remains to
Religion of the Deceased	Trip to Coroner's Inquest Delivering Box to
Birthplace Schwing LJumans.	Deliver Flowers to
Resided in the State County Home 7	Procuring Burial Permit. (State Number and District)
Place of Death Will Will Locality (Years) (Months)	Procuring Burial Permit (State Number and District) Certif. Copiesof Death Certificates No. Grate Physician's or Coroner's (State Number and District)
Cause of Death Infection from mustrif.	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
Contributory Causes . Lafuell & Startling	G
Certifying Physician. ANA U. Barmera.	Gross Total for Sales Tax\$ Outlay for Lot.
O(or Coroner)	Cremation
His Address New Lawa	line Death Notices inPapers
Name of Father St. Standards Nowar	Flowers, \$
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb
Maiden Name of Mother. Mangards Hundon	Lining Grave, \$Lowering Device, \$
Her Birthplace.	Outlay for Shipping Charges.
Motor Remains to Size of Casket # 5 Och 12 C. Calmord Plus	or Motor Tickets, \$
(State/Color and Number)	Telegr., Phone, Cable or Radio Charges
Manufactured by Mo-Ran. Interment at Poll Will (Cemetery	Cash Advanced
Interment at	
Lot No	Sales Tax 208
Grave No3	Total Footing of Bill
Section No	Less Op In
	Balance
	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance S. Q. M.	TO Balance Forward
-Cyf- By Payment \$ \$	By Payment \$ \$
ally Salpert	Who I fild s
Class menut	De to the s
Reth Rew - s . s	F
- Hely both. s s	u u Q\$
" " s s Sagin	A - Clara Jane
Insurance \$ Names of Lodges	Insurance S. Companies.
I hereby authorize the above Funeral, and I hereby represent that I have suf	ficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay t	(Pirm Name of Pursonal Par
maturity at the rate of% per annum.	ne same within

	10.5.4	ILLCO		1 10	MENAL			
	Total No 1.8.34.	Yearly N	9	0.0.,	Date A.	ug. 1.7		19.4.
	Name of Deceased.	illiam K	iley.	Strickle	ud.	()		
	Residence: Warrison	7. Married 2	Single 5		Divorced	(What Race)		
	100010011111111111111111111111111111111	n Co. Han	wedge ?		usband Wife Widow			esees!
	Charge to: MA. A.	R. Strick	and	Complete Fu		8	223	00
	1170	wille . M.		Casket				
	Order given by	(or informant)		Burial Vault	or Box Y.M.J.	<u>L</u>		
	How Secured			Embalming	Body(State Kind			
	Occupation +ann			Barber, \$		ng, \$		
	Name of Employer	(Social Secu	rity Number)	Dressing Boo Suit or Dress	ly, \$Under			
	Address			Slippers, \$	(State Kind and C	Color)		
	Date of Death 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	·	55 P.M.	Folding Chai	rs, \$ Tarpaulii	n, \$		
	Date of Birth	77	(Hour)	Candelabrun	, \$ Candles,	\$		
	Age 644	4 9	7	Funeral Car,	\$Gloves, \$ \$Ambulanc	e, \$		
	Date of Funeral 8/13/41	(Months) (Days)	0	Limousines t	o Cemetery @ :			
	(Date)	(Day of Week)	(Hour)	Getting Rem	R. Station	7		
	Services at	CR. Church		Taking Rema	ains to Tem-e B	rek -		
	Clergyman . (N.C S.A. C.L.	(Address)		Delivering B	ner's Inquest ox to de	dock -		
	Religion of the Deceased			Deliver Flow	ers to			
		Dea. 11. Q		Removal Cha Procuring Bu	arges			
	Resided in the State	r City or County) (Years	(Months)	Certif.Con	oiesof Death Certificat	er and District)		
	Place of Death	Un Lupy Ha	Misses 9	Fall Bearer S	piesof Death Certificat (State Physician (State Physician) ervice, \$ Use of C	hapel, \$		
	Cause of Death . Garring	oma q. Colo	m	Personal Serv	rice			
	Contributory Causes	Ű						
				Gross Total f	or Sales Tax	\$		
	Certifying Physician C. M	1. Malker		Outlay for L Cremation	ot			
	His Address	William .	Zu. 0	line Dear	th Notices in P	apers		
	Name of Father, My. M.	ry Strickles	el de		(Names of Newspapers)			7.5
	His Birthplace	d Ohe		Flowers, \$	t, \$ of Temporary	tting, \$	9	Ø. 2.
_	Maiden Name of Mother Ma	ucus Jane Le	Milanx	Opening of G	rave or Tomb			
	Her Birthplace	() drug	ligna .	Outlay for Sh	, \$Lowering D ipping Charges	evice, \$		
	Motor Remains to			Clergyman,\$	Singers,\$Or	ganist,\$		
	Size of Casket	1/2 C.		or Motor Tick	ets, \$ Aero-S	ervice,\$		
	Manufactured by (St.	ate Cologiand Number		Cash Advance	e, Cable or Radio Cha ed	irges		
		Warrism Ca. 10	Cemetery	Out of town	Undertaker's Charges			
	Antonient actors (1.7. 91.)		Crematory					
		Lot No		Sales Tax			a	23
		Grave No			g of Bill	s	3.1	8.6
		Section No		Less		\$		
	Diagram of Lot or Vault	Owner		Entored into	Balance Ledger, pageor	\$		
	Date	Amount Paid	Balance	Date	Ledger, page or	Amount Paid	1	
	700	Amount Paid	Balance	Date		Amount Paid	Bala	ance
	To Above Balance.		5. SING	RS:	To Balance Forward		. \$	
	By Payment		8. 0 1.0 to	Janu n	By Payment		. \$	
	Chas Love .	8	s 1860		Janelika .	8	. \$	
	Ches Darata	\$	s. 1912	atrille It	iches "		s	
	Elles Hammack	s	s cr	petal D	esper.	\$. \$	
	John Daily	\$	\$	- h	A 1. "/ y		. \$	
	Malph Brok	\$	8. J. I.A.	no - 1	Jun & redus	mg	. s	L
	Insurance \$	Names of Lodges			InsuranceCompanies	\vee		
	I hereby authorize the above Funeral,	and I hereby represent			(Fir	m Name of Funeral D	ineter \	
	for the payment of aforesaid sum, and		agree to pay			from date. Intere	st to accru	e from
	MIMIT	% per annum.		Signed		y		*****
	Witness U. Vol. I. W. L. C.		piled by F. J. Fl	Addre	88			

4	RECORD C	OF FUNERAL	
Total No. 1835 Name of Deceased. 7/1	Yearly No. J. S. J. Married Single	Date Aug 14.	191.1
Residence Namun	Married Single D		
Charge to: O . A.	F		100 00.
Address	: Q/-//	Casket.	
Order given by T.M. AV.	(or informant)	Burial Vault or Box	
How Secured		Embalming Body(Name of Embalmer)	
Occupation Multi	(Social Security Number)		
Name of Employer		Dressing Body, \$ Underwear, \$ Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$	/.63.
Address	14, 2.00PM	Slippers, \$	
Date of Death	(Hour)	Candelabrum, \$ Candles, \$	
Date of Birth	7 /	Door Spray, \$	
(Yogrs))	(Moptin) (Days)	Limousines to Cemetery	
Date of Funeral (Date)	(Day of Wegly) (Hour)	Autos to R. R. Station	
Services at M Veau		Taking Remains to	
Clergyman. : Mount	a Waveles.	Trip to Coroner's Inquest Delivering Box to	
Religion of the Deceased	(0- \01-	Deliver Flowers to	
Birthplace . Hannson		Removal Charges	
Resided in the State	or City or County) (Years) (Months)	Procuring Burial Permit. (State Number and District) —Certif. Copies of Death Certificates No. (State Physicians or Coroner's) Pall Bearer Service, \$ Use of Chapel, \$,	
Place of Death.	w. 9. Ma.	Pall Bearer Service, \$ Use of Chapel, \$	
Cause of Death Chrow	c My ocardilis	Personal Service	
Contributory Causes			
	× 2	Gross Total for Sales Tax\$ Outlay for Lot\$	
Certifying Physician	M. GULL VIEL	Cremation	
His Address	my Ma.	line Death Notices in Papers	
Name of Father ()	Agwar 1/2	Flowers, \$ Palms, \$ Matting, \$	9.75
His Birthplace	M. Kystucky	Rental of Tent, \$ of Temporary Vault, \$	
Maiden Name of Mother		Opening of Grave or Tomb	
Her Birthplace		Outlay for Shipping Charges	
Motor Remains to	Vad Cale Croke	Clergyman,\$Singers,\$Organist,\$ Railroad or Motor}Tickets,\$Aero-plane Service,\$	
Size of Casket O. A.	State Color and Number	Telegr., Phone, Cable or Radio Charges	
Manufactured by	Agul Cemetery	Cash AdvancedOut of town Undertaker's Charges	
Interment at Mh. Illus	Wanten Cs., Wo Crematory		
	Lot No	Sales Tax	
	Grave No	Total Footing of Bill	11730
	Section No	Less\$	
Diagram of Lot or Vault	Owner	Balance\$ Entered into Ledger, pageor below.	
Date	Amount Paid Balance	Date ' Amount Pa	id Balance
To Above Balance	ss	To Balance Forward	\$
By Payment	ss		\$
	\$		\$
	\$	\$	\$
		* "	\$
	, , , , , , , , , , , , , , , , , , ,		\$

for the payment of														(Firm No	me of Fu	ineral Di	rectors.)	
I hereby authorize	the al	ove 1	Funeral	l, and I	hereby	represen	t that I h	ave suffi	cient resou	rces Le	ally av	ailable	e to					
Insurance \$				Lodg							Insura Compa	nce anies						
-							.,,								******	le excess	A	
	-	-			s		. s				и	α				1		
	ш				\$. \$				M	*		\$			\$	
					\$. \$				æ	ш		\$			\$	
	44	-			\$. \$					a		\$			\$	
	4	*	****	*****	\$. \$					H	*****	\$			\$	
	-				\$. \$					ět.		\$			\$	
	-															1.111.55	P	

Signed.....

Address J. FEINEMAN, St. Louis, Mo.

Total No. 1836 Yearly No. 3	2 Date Quq. 22	19.4
Name of Deceased Denjamin Tremas	Graeraff.	
Residence: Jamone Ja	Widowed □ Divorced (What Race □ Husband□Wife□Widow)	
Charge to:	or	19000
Address.	Complete Funeral	12700.
Order given by Mah Cravash.	Casket Burial Vault or Box	
How Secured	Embalming Body (State Kind) (Name of Embalmer) Hair Diverging S	
Occupation (Social Security Number)		
Name of Employer	Dressing Body, \$	
Address	Slippers, \$	
Date of Death. Clug. 1.7. 1941.	Folding Chairs, \$ Tarpaulin, \$	
Date of Birth. Copiel 3, 18.73.	Candelabrum, \$	
Age. 68 4 14	Funeral Car. \$ Ambulance, \$	
Date of Funeral 122/4/ Thi (Days) 2 8 M	Limousines to Cemetery	
Services at . (Hour)	Getting Remains from Manshalltown	1500.
Clergyman . Ared DE Long.	Taking Remains to	e.y
Religion of the Deceased (Address)	Delivering Box to	
Birthplace Bes Monus Jours	Deliver Flowers to	
Resided in the State	Procuring Burial Permit.	
Place of Death. M. anshalltarn J. O. Months)	Procuring Burial Permit. (State Number and District) — Certif. Copiesof Death Certificates No. Pull Research Commiss. State Physician's or Corneer's	
Cause of Death Commany Ilantosis	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.	
	1 craonar pervice.	
Contributory Causes.		anim in
PRVIETO	Gross Total for Sales Tax\$ Outlay for Lot\$	
Certifying Physician A	*Cremation	
His Address Manhalltown , dava.	line Death Notices inPapers	
Name of Father Milton Wittle Craniff	Flowers, \$ Palms, \$ Matting, \$	1900
His Birthplace Madition Co., Josa	remeat of Tent, \$ of Temporary Vault, \$	
Maiden Name of Mother Dansh. Ellen Rylla.	Opening of Grave or Tomb Lining Grave, \$ Lowering Device, \$	
Her Birthplace Olive	Outlay for Shipping Charges	
Motor Remains to	Clergyman, \$Singers, \$Organist, \$ Railroad Tickets, \$Aero-Service, \$	
Size of Casket 131. Byd Calo Cliffe Se tings	'Telegr., Phone, Cable or Radio Charges	240
Manufactured by (San Bolor and Number)	Cash Advanced	
Interment at Many cyold On alland (Cemetery	I way sund toy	
Lot No	Sales Tax	
Grave No	Total Footing of Bill	175 40
Section No.	Less\$	
	Balance\$	
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.	0.5
Date Amount Paid Balance	Date Amount Pai	d Balance
To Above Balance	To Balance Forward	s
By Payment s	G. E.J. d	
ssss	& Both sugart	\$
\$ \$ \$ \$ \$	As all transces	\$
s s Para	Thorax Oulo	\$
" " s s s	Du Ou	\$
s & Gair	- mus dem lectle.	\$
Names of Ledges. Ledges.	Insurance	
I hereby authorize the above Funeral, and I hereby represent that I have su		
for the payment of aforesaid sum, and I hereby covenant and agree to pay		Oirectors.)
maturity at the raje of% per annum.	Signed	car to accrue from
Witness VIMail	Address	
Compiled by F. J. FI		

Total No 837 Yearly No 3.	3 Date Aug. 9	J19.7.
Name of Deceased	Widowed □ Divorced (What Race)	······
Residence Vatchini Vina	Milusband Wife Widow Amanda.	Deanber
Charge to: Catale		28100
Address. M.Mo. J. Stander	Casket	H
Order given by(Burial Vault or Box . Holim Challas.	78 00.
How Secured	Embalming Body .4	
Occupation . Cassification	Embalming Body .4. (Name of Embalmer) Barber, \$	
Name of Employer.	Dressing Body, \$	
Address	Slippers, \$	
Date of Death 8-28-41 94M	Folding Chairs, \$ Tarpaulin, \$	
Date of Birth. 11-5-92	Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$	
Age. 48 9 23	Funeral Car, S Ambulance, S	
Date of Funeral 3/3/4/ Sunday IP. M.	Limousines to Cemetery . 2 . @ \$	
Services at Survey (Day of West) (Hour)	Getting Remains from Old	Ma . Cag
Clergyman & M. Bussler; J.a. Beck.	Taking Remains to	
Religion of the Deceased	Delivering Box to	
Birthplace Mean Casters . adain Da . Loura	Removal Charges	
Resided in the State Markroni 12	Procuring Burial Permit(State Number and District) —Certif.Copiesof Death Certificates No	
Place of Death DEC Co. (or County) (Yeng) (Months)	Certif. Copies of Death Certificates No (State Physician's or Coroner's) Pall Bearer Service, \$ Use of Chapel, \$	
Cause of Death. Prasure on Spring Cord.	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.	
Contributory Causes Quits assident		
3 mi East Lynning - Chesh Crushed.	Gross Total for Sales Tax. \$	
Certifying Physician J. P. W.	Outlay for Lot.	
(or Coronegy)	Cremation	
	/ro	
Name of Father, Colored Senally.	Flowers, \$ 5. Palms, \$ Matting, \$. 22 oa
His Birthplace Malagum Maiden Name of Mother Lang. Atrika	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb	
Her Birthplace.	Lining Grave, \$ Lowering Device, \$	
Motor Remains to	Outlay for Shipping Charges	
Size of Casket # 200 Mry Burton State	Clergyman,\$Singers,\$Organist,\$ Railroad or Motor}Tickets,\$plane Service,\$	
Manufactured by (Style Color and Number)	Telegr., Phone, Cable or Radio Charges	
Total Cometery	Out of town Undertaker's Charges	
Interment at. Crematory		
	286	
Lot No	756	442
Lot No	Sales Tax Total Footing of Bill	442
	Sales Tax	442
Grave No Section No	Sales Tax	442 39142
Grave No	Sales Tax Total Footing of Bill Less Balance. Entered into Ledger, pageor below.	442
Grave No Section No Diagram of LeterVasit Owner. Amount Paid Balance	Sales Tax Total Footing of Bill Less Balance Entered into Ledger, page Date Amount Paid	4 42 391 + 2
Grave No Section No Date Amount Paid Balance To Above Balance \$ To Above Balance \$ To Above Balance	Sales Tax Total Pooting of Bill Less Balance SEntered into Ledger, pageor below. Date To Balance Forward	# #2 3.91 + 2 Balance
Grave No Section No Diagram of Leter Vasit Owner. Amount Paid Balance J. D. To Above Balance \$ By Payment. \$ S. J. J. L. S. S. J. J. J. J. S. S. J. J. J. J. S. S. J. J. J. J. S. J. J. J. J. S. J.	Sales Tax	# # 2 3.71. + > Balance
Grave No Section No Date Amount Paid Balance By Parament S. S. J. J. Gayl Gorden, S. S. J. J. Gayl Gorden, S. S. J.	Sales Tax	# # 2 3.91. + > Balance
Grave No Section No Diagram of Leter Vasit Owner. Amount Paid Balance J. D. To Above Balance \$ By Payment. \$ S. J. J. L. S. S. J. J. J. J. S. S. J. J. J. J. S. S. J. J. J. J. S. J. J. J. J. S. J.	Sales Tax	Balance 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
Grave No Section No Date Amount Paid Balance By Parament S. S. J. J. Gayl Gorden, S. S. J. J. Gayl Gorden, S. S. J.	Sales Tax	Balance 5
Grave No Section No Date Amount Paid Balance By Parament S. S. J. J. Gayl Gorden, S. S. J. J. Gayl Gorden, S. S. J.	Sales Tax	Balance 5. 5. 5. 5. 6.
Grave No. Section No. Data Data To Above Balance By Parment System System ystem System System System System System System System System System System System System System System System System System System System System Sys	Total Footing of Bill Less Salance Sal	### ## ## ## ## ## ## ## ## ## ## ## ##
Grave No. Section No. Date Date Amount Paid By Payment. S. S. S. S. L. Gard Christman. S. S. S. S. L. Gard Christman. S. S. S. S. S. L. Gard Christman. S. S. S. S. S. L. Gard Christman. S. S	Sales Tax	## ## 2 3 5 1 1 1 1 1 1 1 1 1
Grave No Section No Date Date Amount Paid Balance By Payment. S. S. J.	Total Footing of Bill Less Balance \$ Entered into Ledger, page or below. Date Amount Paid By Payment As \$ Last Shalance Forward Shalance Shalance Forward Shalance Forward Shalance Forward Shalance Forward Shalance Forward Shalance Forward Shalance Shalan	\$. \$
Grave No. Section No. Date Date Amount Paid By Payment. S. S. S. S. L. Gard Christman. S. S. S. S. L. Gard Christman. S. S. S. S. S. L. Gard Christman. S. S. S. S. S. L. Gard Christman. S. S	Total Footing of Bill Less Balance. \$ Entered into Ledger, page or below. Date Amount Paid To Balance Forward By Payment Amount Paid To Balance Forward S Amount Paid S Amount Pa	\$. \$

Total No	Date Dept. 8, 7. 1941
Name of Deceased Cosic Jowes 4	opuson
□ Married a / □ Single o / ⊿□	Widowed Divorced (What Race)
Charge to: Relph famusin	01
Address. Admais, Java.	Complete Funeral \$ 700.
Order given by Ralph Johnson	Casket. Burial Vault or Box
How Secured (opinformant)	Embalming Body (State Kind) (Name of Embalmer) (Name of Embalmer)
• "	Barber, \$ Hair Dressing, \$
Vame of Employer. (Social Security Number)	Dressing Body, \$
4.7.1	Suit of Dress (State Kind and Color) Slippers, \$. Hose, \$.
Date of Death	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. 11- 13- 90 (Hour)	Candelabrum, \$
Age. 50 9 20	Funeral Car, \$ Ambulance, \$
(Years) (Effaths) (Days)	Limousines to Cemetery
(Day of Week) (Hour)	Getting Remains from
Services at . S. ash Side Chulch	Taking Remains to
Clergyman N. J. H. Dalley Lyne (Address)	Delivering Box to
Religion of the Deceased	Deliver Flowers to Removal Charges
3.0	Procuring Burial Permit. (State Number and District) Certif. Copies of Death Certificates No.
Resided in the State. (or U. sor City or County) (Years) (Months)	
Place of Death New	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
Cause of Death . Corpus D. C.	
Contributory Causes Controllem on Thumster	Gross Total for Sales Tax.
Certifying Physician 6 . M. Apulker	Outlay for Lot
His Address A Krelinton . La.	Cremation
Name of Father Alsaha Jours	(Names of Newspapers) 3 4 2 70
His Birthplace M. O. M.o.	Flowers, \$ Palms, \$ Matting, \$ 7
Maiden Name of Mother. Sarah Sauthten	Opening of Grave or Tomb
Her Birthplace	Lining Grave, \$ Lowering Device, \$
Motor Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets,\$plane Service,\$
Size of Casket #768 Creps / Feed Cap	or Motor Tickets, \$
Manufactured by	Cash Advanced
Interment at Roll Cemeter Cremator	Out of town Undertaker's Charges
100	1.7.6
Lot No	Sales Tax Tetal Faction of Bill St 30 8 9
Grave No	Total Footing of Bill
Section No	Balance SPA 3 88
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	
To Above Balance \$	To Balance Forward\$
By Payment. \$ \$	WM C By By Payment S S
Mother James 5 5	Dorothy Murman & &
Trans s s	Toris Rankla s s
	Beginhere talkley & &
" " Y	1300 Rallowlight s. s.
Gerald " " " s s	Cinvo - 411
Names of	Insurance
Insurance \$Lodges	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have	sufficient resources Legally available to(Firm Name of Funeral Directors.) by the same within
for the payment of aforesaid sum, and I hereby covenant and agree to pure maturity at the rate of	y the same within
MANY	Address
Witness Compiled by F. J	FEINEMAN, St. Leuis Mo.

Total No. 1939 Yearly No. 7	15 Date SEAL: 12 1944
Name of Deceased Mary Lath Walla	difut, What Book
Residence. James Jura.	Widowed Divorced (What Race)
Charge to: Artderick . A. Ballantyne.	or,,,,,,,,,,,,,,,,,,
Address.	Complete Funeral
Order given by.	Casket F. Burial Vault or Box (State Kind)
How Secured	Embalming Body
Occupation	Barber, \$Hair Dressing, \$
Name of Employer. (Social Security Number)	Dressing Body, \$Underwear, \$
Address	Slippers, \$
Date of Death Sigh W. 1941 - 5P.	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. Sept. 11, 1941 - (Hour)	Candelabrum, \$Candles, \$
Age. 0 0 0	Funeral Car, \$ Ambulance, \$
Date of Funeral. 1/2/4/ On (Days)	Limousines to Cemetery
Services at	Getting Remains from . Kes
Clergyman . arthur Laux	Taking Remains to
Religion of the Deceased (Address)	Trip to Coroner's Inquest Delivering Box to
Birthplace amou Owa.	Deliver Flowers to Removal Charges.
Resided in the State.	Procuring Burial Permit
- For U. S. or City or County) (Years) (Months)	Procuring Burial Permit. (State Number and District) —Certif. Copiesof Death Certificates No.
Place of Death. A amoru	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
Cause of Death.	
Contributory Causes Sulform - Wrugelis Illa	lentar.
Defectation of Placentary	Gross Total for Sales Tax
Certifying Physician . 6: M. Waller	Cremation
His Address Milletton , Jua.	line Death Notices inPapers
Name of Father Chedrick a. Dallantyne	Flowers, \$. (Names of Newspapers) Palms, \$. Matting, \$.
His Birthplace A amoni , I we.	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Will Mand Ituum	Opening of Grave or Tomb
Her Birthplace. Saltm., No. Dakota	Outlay for Shipping Charges.
Motor Remains to	Clergyman,\$Singers,\$Organist,\$. Railroad \ Tickets, \$plane Service,\$
Size of Casket	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced
Cremator	Cas of court Order caner s Orlarges.
Lot No. 650 S.	Sales Tax 20
Grave No.	Total Footing of Bill to \$ 14 20
Section No.	Less Op Frang s 400
	Balance\$ 1.0. 2.0.
Diagram of Lot or Vanit Owner.	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward \$
By Payment \$ \$	
	······································
# # ' 5	
# # S S	\$ \$ \$
\$ \$	
Insurance \$ Names of Lodges.	Insurance Sompanies.
I hereby authorize the above Funeral, and I hereby represent that I have s	ufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay	
maturity at the rate of% per annum.	Signed
Witness VI Mult	Address
Compiled by F. J. I	EINEMAN, St. Louis, Mo.

Total No. 1940 Yearly No. 3	6. Date 25/21. 14	Ś	19.4.1
Name of Deceased. Tertural Jeale.	Widowed □ Divorced		
Residence Lamoni Jowa	Huaband Wife Widow \ Berl I Ea	le	
Charge to: Best 2 Eale	orof }	420	-
Address	Complete Funeral	23.9.	99
Order given by	Casket. Burial Vault or Box Halim Revilless. (State Kind)	78	00
How Secured	Embalming Body (Name of Embalmer)		
Occupation(Social Security Number)	Barber, \$		50
Name of Employer	Dressing Body, \$ Underwear, \$ Suit or Dress	1.3	27
Address	Slippers, \$ Hose, \$		
Date of Death 9-12 - 41 9AM.	Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$		
Date of Birth	Door Spray, \$		
Age. (Years) (Monthsy) (Days)	Limousines to Cemetery		
Date of Funeral 9-14-41 Jun M. (Hour)	Autos to R. R. Station		
Services at The E. Chyrich	Autos to R. R. Station		
Clergyman G. M. Dutssler	Trip to Coroner's Inquest Delivering Box to		
Religion of the Deceased	Deliver Flowers to		
Birthplace near damai Your	Removal Charges		
Resided in the State (Months) (Years) (Months)	Certif.Copiesof Death Certificates No		
Place of Death. Lamour Rendence	Procuring Burial Permit. Certif.Copiesof Death Certificates No. (State Number and District) Certif.Papicase of Corner's: Pall Bearer Service, \$ Use of Chapel, \$		
Cause of Death. Attack Dustass	Personal Service.		
Contributory Causes			
0/20 2/11	Gross Total for Sales Tax\$ Outlay for Lot		
Certifying Physician (or Coronely)	Cremation		
His Address. Agmound	-4		
Name of Father. A. Amulto	Flowers, \$10. Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$	36	2.1
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb	9	00
Maiden Name of Mother & Lefa . I. Mylam : Her Birthplace	Lining Grave, \$ Lowering Device, \$		
Her Birthplace.	Outlay for Shipping Charges		
Size of Casket 20 Hage agence In Coffeetone	Clergyman,\$Singers,\$Organist,\$Railroad Tickets, \$Aero-plane Service,\$Telegr., Phone, Cable or Radio Charges		
Manufactured by State Coor and Number	Cash Advanced		
Interment at NO21 H (Cemetery Crematory	Out of town Undertaker's Charges		
Lot No. 8.5.3	Sales Tax Cocket 4 75 Yane 15	مه	9.
		569	73
Grave No	Less Discours of 8 4 7 00 \$	58	00
Section No	Balance\$	509	7.3
Diagram of Let or Vault Owner	Entered into Ledger, page or below.		4 .
Date Amount Paid Balance	Date Amount Pa	id Ba	lance
To Above Balance \$	To Balance Forward	s	
By Payment s s Q	M & FOLS: By Payment \$	\$	
Usgar Conderson s. M.	Dangia " s	\$	
Of Bringwall s s	and the state of t	\$	
Fred Condity & Old	18 Holand Schnerder	\$	
Cliff anderson . s	111	s	
J.C. Durielson. 114	115T + Telma Selshy.	\$	
Insurance \$ Names of Lodges	Insurance Companies		
I hereby authorize the above Funeral, and I hereby represent that I have s	ufficient resources Legally available to(Firm Name of Funeral	Directors.)	
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate	the same within	rest to accr	ue from
MINIT	Signed		
Witness	AddressEINEMAN, St. Louis. Mo.		

15 gre A	Amount Paid	Balance	Date		Amount Paid	Balar
To Above Balance	e	\$		To Balance Forward		
By Payment	ş 8	\$		By Payment	\$	
read Marchall	s M	8/		а а	\$\$	
hilly & hi	muy trang	n			\$	
ender storg	10 V	\$		н и	\$	
mala sylva	V	\$		и и	\$	
common devi	\$	\$		" "	\$ \$	
* *	\$	\$		и и	8	

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Compiled by F. J. FEINEMAN, St. Louis, Mo.

82	RECO	RD O	F FUI	VERAL			
Total No. 1943.	Yearly N	193.	2/	Date. Steff	1. 2.1.	· · · · · ·	19.4.
Name of Deceased	Sugar H	enry (Maloles	U. !	(What Race)		
Residence	nii, Va	val		band Wife Widow			
Charge to	J			eral	s	139	Top
Address	Mall		Casket	erat			
Order given by	(orinformant)		Burial Vault o	or Box Africal State Kind	tte	75	.00.
How Secured.			Embalming B	ody(Name of Emba	lmer)		
Occupation Summa Name of Employer	(Social Secu	rity Number)	Dressing Rods	S - Inder	wear \$		
Address			Suit or Dress.	(State Wind and C	olor)		
Date of Death. 2-19-	41 - 1.	2:30 RM.	Folding Chair	s, \$ Tarpaulin	, \$		
Date of Birth		(Hour)	Candelabrum,	\$ Candles,	8		
Age. 73	8 1	8	Funeral Car,		, \$		
Date of Funeral	(Months) (Days)	0	Limousines to	Cemetery			
Services at College	(Day of Week)	(Hour)	Getting Rema	Station @ \$			
Clergyman D. J. Solds	n - M. E.	Prall.	Taking Remai Trip to Coron	ns to er's Inquest			
Religion of the Deceased	(Address)		Delivering Bo	er's Inquest	r		
Birthplace N.W.A. Fall	4. Miscon	dias.	Removal Char	roes -			
Resided in the State	meni d	1	Procuring Bur	ial Permit	r and District)		
Resided in the State	Or City or County) (Year	(Months)	Certif.Copi Pall Bearer Se	ial Permit. (State Number esof Death Certificat (State Physician's rvice, \$ Use of C	esNo or Coroner's; hanel \$		
Cause of Death A San	blex is:		Personal Servi	ce			
Contributory Causes.		is.					
			Gross Total fo	r Sales Tax	\$	····ø··	
Certifying Physician	m: Hills.		Outlay for Lo	t		20	00.
His Address	(or Göroner)	1,127,129	line Death	Notices in Pa	pers		
Name of Father. Owner	40. Solds	V	Flowers \$10	Names of Newspapers) Palms, \$ Ma	tting @	40	
His Birthplace	, Olar	consulter.	Kentai of Tent	, φof Temporary	Vault, \$		
Maiden Name of Mother.		gefriend.	Lining Grave	ave or Tomb \$Lowering De	wice \$ -	7	Θ Ω.
Her Birthplace		runn	Outlay for Shi	pping Charges			
Motor Remains to	110.450		Railroad Ticke	pping Charges	ganist, \$		
Size of Casket . # 1		K. William	Telegr., Phone	, Cable or Radio Cha	rges		
Manufactured by	XXX ELACUM.:.		Cash Auvance	d Indertaker's Charges			
Interment at		1					ي
	Lot No 1.5.0			39 150		2	8.
ASSESSED BY	Grave No		Total Footing	of Bill		8.5	8.9
	Section No		Less . A	x. Op. An.	\$	3.9	
Diagram of Lot or Vault	Owner		Entered into I	Balance edger, pageor	helow	. 5.6.	8.7.
Date	Amount Paid	Balance	Date		Amount Paid		ance
To Above Balance		3		To Balance Forward		1 Bai	ance
9- By Payment	s	\$		By Payment	s	\$	
art tant	s	\$		и и		\$	
at duris.	ş	\$		и и			
Jan Schafield	/\$	\$		* * ·······	\$. \$	
In Ban.	\$	8		# # ······	\$		
OCarmer Door	man.	s		# #	\$	\$	1
Inquirance \$	Names of			Insurance .Companies			aleana
I hereby authorize the above Funeral,	, and I hereby represent	that I have suffi	cient resources Le	gally available to			
for the payment of aforesaid sum, and	d I hereby covenant and	l agree to pay th	e same within	(Fire days f	n Name of Funeral I rom date. Intere	Directors.)	ue from
maturity at the rate of	% per annum.						
Witness V. V. V. V. V. V.	\		Address				

Total No 1944.	Yearly No	40	Date S. C. A	3.0	19.4./
Name of Deceased. Hawey	Hotson 6.	efton	vorced	(What Race)	
	el.		ind Wife Widow }		
Charge to				8	25/00
Address			ral		
Order given by Mrs. 2. A. Chill	casua	Casket Burial Vault or	Box(State Wind)		
How Secured.	Amoral Com	mbalming Bo	ly(Name of Embalmer		
Occupation	(Social Security Number)	Barber, \$	Hair Dressing, \$Underwe		
Name of Employer		Suit or Dress		AND DESCRIPTION OF THE PARTY OF	
Address		Slippers, \$			
Date of Death SEph 28,1	941	Folding Chairs,	\$ Tarpaulin, \$	S	
Date of Birth	(Hour)	Candelabrum,			
1/2 3	25	Funeral Car, \$	Ambulance, \$		
Age (Yegro) (Mogaba)	(Days)	Limousines to	Cemetery @ \$		
Date of Funeral 9/30/41. June		Autos to R. R.	Station @ Some station	7.7	
Services at White Juneral	tome.	Taking Remain	s to	7	
Clergyman R. a. Chwille ; &	& Closson.	Trip to Corone	's Inquest		
	(Address)	Delivering Box	to Can		
Religion of the Deceased			to		
Birthplace		Removal Charg Procuring Buris	l Permit		
Resided in the States	(Months)	Gertif Conie	sof Death Certificates	nd District)	
Place of Death Juthelan 160%	Tal - Moline	Pall Bearer Ser	(State Number as sof Death Certificates) (State Physician's or vice, \$ Use of Cha	coroner's	
Cause of Death Jy phoid 7	EIM.	Personal Servic	e		
Contributory Causes		Gross Total for	Sales Tax	\$	
Certifying Physician & P. John	ita	Outlay for Lot			
		Cremation			
His Address Sech Moline	, wel.	line Death	Notices in Pape	ers	
Name of Father		Flowers, \$	(Names of Newspapers) Palms, \$ Matti	ng. \$	14 79
His Birthplace		Rental of Tent,	\$of Temporary V	ault, \$	7
Maiden Name of Mother		Opening of Gra	ve or Tomb 	ine 8 ~	/.
Her Birthplace		Outlay for Ship	ping Charges		
Motor Ship Remains to		Clergyman,\$	Singers,\$Organ s,\$Paro- plane Serv	nist,\$	
		or Motor Ticket	s, \$ Plane Serv	vice,\$	
(State Color and	Number)	Telegr., Phone,	Cable or Radio Charg	es	
Manufactured by			dertaker's Charges		
Interment at	Cemetery Crematory				
Lot No.	460	Sales Tax			
Grave N	,		of Bill	9	46 79
		Less Of		8	7
Section 1	No		Balance		39 79
Diagram of Lot or Vault Owner.		Entered into L	edger, page or b	elow.	0.//
	ount Paid Balance	Date		Amount Paid	Balance
	1				Junior
To Above Balance	1 100	OFKS:	To Balance Forward		\$
6411 811	8.00	1. 9/11	By Payment	\$	\$
The distriction of the same of	\$ Da	and the		\$	\$
Sa A Vidame	\$ 7	Our Parm	"	\$	\$
Mari Eliven	s cau	raid Cum	usigus	\$	\$
Dave Stranger	s. Lua	in Mille	د ا "	\$	\$
Of At State	Pond		" V":/:/	\$	\$
mally younge, :	1 1 1110	J. shein	a colley	\$	ls
Insurance \$ Names of Lodges	120dy Merch at D	arro City	Incurance 9/30/41 -	- 8 a.m.	Via Exp.
I hereby authorize the above Funeral, and I herel	y represent that I have suf		gally available to from	Woline	· · · · · · · · · · · · · · · · · · ·
for the payment of aforesaid sum, and I hereby c				m date. Interes	rectors.) st to accrue from
maturity at the roje of% per annu		Signed.			
Witness WMit		Address			
		Address		• • • • • • • • • • • • • • • • • • • •	

11.1-	RECOR	U ().	r run	ICKAL	-1 .	,	
Total No	Koarly No	41		Date Octo	ter 7	·,	19.7.1
Name of Deceased	Married)	mark	Widowed D D	vorced	(What Race)		
Residence	mi Van	R					
	olan Ared	mark-	or.,,	ot §	II	110	
Address			Complete Fune	ral	\$	100	00.
Order given by	E. Sheeuss			Box Halion VE	celes	7.8	00
How Secured			Embalming Bo	(Name of Embalme			
Occupation Samuel.	- Course Securi	ty Number)	Barber, \$	\$	\$		
Name of Employer			Suit or Dress	(State Kind and Color			
Address	9 10.11		Slippers, \$				
Date of Death Och		(Hour)	Folding Chairs Candelabrum	, \$ Tarpaulin, \$			
Date of Birth Z. EC	26, 1.85.6.		Door Spray, \$	Gloves, \$			
Age 9.4	10 6		Funeral Car, \$	Gloves, \$	<u></u>		
Date of Funeral. 10/4/41.	- Jax	P.O. M.	Autos to R. R.	Station @ \$			
Services at . Surkey	House	(Hour)	Getting Remai Taking Remair	ns from	<u> </u>		
Clergyman Osauk	Stanley		Trip to Corone	r's Inquest			
Religion of the Deceased	(Address)		Delivering Box Deliver Flower	to			
Birthplace . Ontani	2. Cauado	4.	Removal Charg	ges			
Resided in the State			Procuring Buri		nd District)		
Place of Death (or U.S.	or City or County) (Fears)	(Months)	Certif.Copie	esof Death Certificates (State Physician's or vice, \$ Use of Cha	No		
	· Paratta J	11/16/10	Pall Bearer Ser Personal Servic	vice, \$ Use of Cha	pel, \$		
Cause of Death . Hanh . Y		-	7,				
Contributory Causes	V		Gross Total for	. O-1 M			******
A.	m5W:11		Outlay for Lot				
Certifying Physician.	(or Coroner)	4	Cremation	Notices in Pap			
His Address	+ Will		nne Death	O······	23	,	
		uns	Flowers, \$ H.	Palms, \$ Matti \$ of Temporary V	mg, \$	4	08
His Birthplace		ana	Rental of Tent,	\$of Temporary V we or Tomb	ault,\$	9	00
Maiden Name of Mother			Lining Grave	I Lowering Dev	ice S		
	land, Ca	socia.	Outlay for Ship	pping Charges Orga Singers, Aero-Ser	niet ®		
Motor Remains to	11.11.11	77. 7	Railroad Ticket	s, \$ Aero-Ser	vice,\$		
Size of Casket	State Copor and Jumber)		Telegr., Phone,	Cable or Radio Charg	es		
Manufactured by	37:00		Cash Advance	ndertaker's Charges			
Interment at T. DZL.	7	Crematory .					
	Lot No	2	Sales Tax Ca	slet 160 Vaul	6.192	3	24
	Grave No		Total Footing	of D ill	a	62	3.2
	Section No		Less.		\$		0.4
	Owner		Untored into I	Balance edger, pageor b	olow	.0. 2.	7.2
Diagram of Lot or Vault	Amount Paid	Balance	Date	leuger, pageor L			
-010		Balance	Date		Amount Paid	Ba	lance
To Above Balance	3	\$	SING	To Balance Forward		. \$	
Trace Vander &	lute	\$	Ψ. χ. π	«/ ")	\$		
John Bracket	s	s	Mus.	Marda Der	4	8	
Jameso Robert	5; 8	s	gru.	Holand Soldy	redu	. \$	
Churs & chi	ofield	\$	Par.	ייינינית " ע"	2	10.1	
Obyn Curic	fs	\$	UI OYOTV	1 -11110.	and all	unte	-
por Dane	Klain:	s		« п	s	. 8	<u></u> .
Insurance \$	Names ofLodges			Insurance .Companies			
I hereby authorize the above Funera				(Firm.	Name of Funeral I	Olrectors, 1	
for the payment of aforesaid sum, a		agree to pay t		days irc	m date. Inter	est to ace	rue from
maturity at the rate of	.% per annum.		Signed.				
Witness White	Com	piled by F. J. FE	Address INEMAN, St. Louis, 1				

Total No 1946. Yearly No., 4	2 Date Och. 6., 1944
Name of Deceased Mary 6 Johnists	Wildowed Diverced (What Race)
Residence Lamond, Ima	□Husband□Wife□Widow {
Charge to O. Q . P .	orof }
Address	Complete Funeral \$ 70000.
Order given by Johnston	Burial Vault or Box
How Secured (for informant)	Embalming Body (State Kind) (Name of Embalmer)
Occupation Amsuvile	Barber, \$
Name of Employer. (Social Security Number)	Dressing Body, \$
Address	Slippers, \$. (State Kind and Color) Slippers, \$. Hose, \$.
Date of Death Och 3, 1941 - 10 PM	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. Dec. 23, 187/	Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$
Age. 69. 9. 10	Funeral Car \$ - Ambulance \$
Date of Funeral Date (Days) (Months) (Days) (Days) (Days) (Days) (Days) (Days) (Days) (Blour)	Limousines to Cemetery 2, @ \$ Autos to R. R. Station
Date of Funeral Date (Day of Week) (Hour)	Getting Remains from Les -
Services at . Suneral Trome.	Taking Remains to
Clergyman P. J. Howard ; M.E. Hay &	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace Ring gold Co., Inva.	Removal Charges. — — — — — — — — — — — — — — — — — — —
Resided in the State	Procuring Burial Permit. ————————————————————————————————————
Place of Death. Amoni, Java	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Stear Block	Personal Service
Contributory Causes	
	Gross Total for Sales Tax\$
Certifying Physician C. M. Walks.	Outlay for Lot.
His Address Killistan Jawa	line Death Notices in Papers
Name of Father Lewest Cutoff	Flowers, \$ (Names of Newspapers) Flowers, \$ Palms, \$ Matting, \$
His Birthplace	Flowers, \$ Palms, \$ Matting, \$
Maiden Name of Mother Cynthia Herron	Opening of Grave or Tomb
Her Birthplace , Mukuom	Lining Grave, \$ Lowering Device, \$
Motor Remains to	Clergyman,\$Singers,\$
Size of Casket Agd Cap Cupe	Outlay for Shipping Charges
Manufactured by Och Sluby	Telegr., Phone, Cable or Radio Charges
Interment at Love Will Cemetery	Out of town Undertaker's Charges
Lot No 6	Sales Tax None (Ctale).
Grave No	Total Footing of Bill
Section No	Less\$
Disgram of Lot or Vault Owner	Balance\$
	Entered into Ledger, page or below.
Col Datato	Date Amount Paid Balance
To Above Balance\$	To Balance Forward S
Lake Johnston s	Q. /// Syment S
1000 . "	Manda Deray V.
& hours on s	mis Holand Schwarde
fames solvefield &	" " 205 0 8
Chas miller s	J. AM S. T - Thefour Silsely
arh Baker :	" " \$ \$9
Names of Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have so	ufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within
maturity at the rate of % per annum.	Signed
Witness	Address

RECORD OF FUNERA	J	V	١	k																																													Š					é	é	į		١						į		ė)	į														J			١	1	١	l	ĺ]	ĺ	J					Ì		1		5	4				ľ	i		l	1	ľ				ì	4	F	F	1	Ì	Ì]				ĺ	ĺ	Ó	ĺ	(į	į									
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Total No. 1947 Vearly No. 43 Date Och. 19, 1941		
Name of Deceased Seaudir Watting Date P. Date		
Married Single Widowed Divorced		
Residence	orof	
Charge to Gattale:	Complete Funeral	
Address. Park & Mkg/ White	Casket	
Order given by Molk & Milley	Burial Vault or Box Aslum (State Kind)	
How Secured	Embalifing Body (Name of Embalmer)	
Occupation (Social Security Number)	Barber, \$	
Name of Employer	Suit or Dress (State Kind and Color)	
Address Date of Death 10-17-41 (Hour)	Slippers, \$	
Date of Birth. 8 - 19 1860 (Hour)	Candelabrum, \$ Candles, \$	
2	Door Spray, \$	
Age. (Years) /9/4/ (Months) (Days) 2 C. M		
	Autos to R. R. Station	
Services at Mich at I. Hy service as Black	Taking Remains to	
Clergyman. Marori . drax les; Lest De houg	Trip to Coroner's Inquest Delivering Box to	
Religion of the Deceased	Deliver Flowers to	
Birthplace Harrison Co., Ma	Removal Charges.	
Resided in the State (or H. S. or City or County) (Ygars) (Months)	Certif Copiesof Death Certificates No. (State Number and District) Certif Copiesof Death Certificates No. (State Physician's or Coroner's) Tall Bearer Service, \$ Use of Chapel, \$	
Place of Death & Elhany Hospital, Dellary	Fall Bearer Service, \$. Use of Chapel, \$	
Cause of Death	Personal Service.	
Contributory Causes		
	Gross Total for Sales Tax\$	
Certifying Physician W. W. Dunylles	Cremation	
His Address Settly Mo.	line Death Notices inPapers	
Name of Father Milleam . Mullig	Flowers, \$(Names of Newspapers) Flowers, \$ Palms, \$ Matting, \$	
His Birthplace.	Kental of Tent, \$ of Temporary Vault, \$	
Maiden Name of Mother. G. Legatello	Opening of Grave or Tomb. Lining Grave, \$Lowering Device, \$	
Her Birthplace	Outlay for Shipping Charges. Clergyman,\$Singers,\$Organist,\$	
Motor Ship Remains to	Railroad Tickets, \$	
Size of Casket	Telegr., Phone, Cable or Radio Charges	
Manufactured by	Cash Advanced	
Interment at		
Lot No	Sales Tax M. Vaulh 200	
Grave No	Total Footing of Bill	
Section No.	Less\$	
	Balance\$	
	Entered into Ledger, pageor below.	
Date Amount Paid Balance	Date Amount Paid Balance	
Lody Transport & 1 Oalling	Ta Balance Toppard	
118 Jurach To	19 a stymoth all scelling Ms.	
707	ally on or desires.	
0.10: ", " \$ 1 \$ 1	" JINGERS:	
Jake Sipolein Harry Wilco	xan " " so s	
John Bergmon & d. Ey sheddle	" " IM Schneider	
(cours Kangman Stank Ka	Kelser " " (Wanda Desay	
Insurance \$		
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to		
days from date. Interest to accrue from		
WALLEY	Signed	
Witness Address Campiled by F. J. FEINEMAN, St. Louis, Mo.		

Total No. 1948 Yearly No. 4.	# Date 7/01. 6. 1941.	
Name of Deceased. After the Yuliuss Diored (What Race)		
Residence	Husband Wife Widow (
Charge to Dertha anderson Hulsurs,	or,of \$	
Address anus da	Complete Funeral\$	
Order given by	Casket. Burial Vault or Box	
How Secured Raid (or informant)	Embalming Body (State Kind) Embalming Body (Name of Embalmer)	
Occupation	Barber, \$	
Name of Employer. (Social Security Number)	Dressing Body, \$Underwear, \$	
Address	Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$	
Date of Death	Folding Chairs, \$ Tarpaulin, \$	
Date of Birth. (Date) (Hour)	Candelabrum, \$Candles, \$	
Δma	Door Spray, \$	
(rears) (months) (Days)	Limousines to Cemetery	
Date of Funeral	Getting Remains from	
Services at have	Taking Remains to	
Clergyman. Dan Audl Son. (Address)	Trip to Coroner's Inquest Delivering Box to	
Religion of the Deceased	Deliver Flowers to	
Birthplace	Removal Charges.	
Resided in the State	Procuring Burial Permit. (State Number and District) —Certif.Copiesof Death CertificatesNo. (State Physician's or Corner's. O	
Place of Death	Pall Bearer Service, \$ Use of Chapel, \$).	
Cause of Death	Pall Bearer Service, \$\) Use of Chapel, \$\) Personal Service Additional Containing for With 5000 Gross Total for Sales Tay	
Contributory Causes.	The state of the s	
Certifying Physician	Outlay for Lot. #. 14.86. 50.0.0.	
His Address	line Death Notices in Papers	
Name of Father.	(Names of Newspapers)	
His Birthplace	Flowers, \$	
Maiden Name of Mother.	Opening of Grave or Tomb	
Her Birthplace.	Lining Grave, \$ Lowering Device, \$	
Motor Remains to	Outlay for Shipping Charges. Clergyman,\$Singers,\$Organist,\$	
Size of Casket Dring & Um.	Clergyman,\$Singers,\$Organist,\$	
Manufactured by (State Color and Number)	Telegr., Phone, Cable or Radio Charges	
Interment at		
	ÿ	
Lot No 14.8.6	Sales Tax	
Grave No	Total Footing of Bill	
Section No.	Less . 3. 4. 0	
	Balance\$	
Diagram of Discov Frank	Entered into Ledger, page or below.	
Date Amount Paid Balance	e Date Amount Paid Balance	
	To Balance Forward \$	
By Payment.	By Payment S. S.	
O remation after hecroy	nea J. J. g was s	
Mission a) uneal Coal	Another Ferrage In Outs	
	The same of the sa	
" " s s	" " s e	
s. ss.		
Insurance \$ Names of Lodges	Insurance Companies	
I harshy authorize the above Funeral and I harshy represent that I have sufficient resources I could are 3-45-4-		
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within		
maturity at the rate of% per annum. Signed		
Witness		
Compiled by F. J. FEINEMAN, St. Louis, Mo.		

" RECORD (OF FUNERAL	
Total No 1949 Yearly No	Date . M. O	19.7.
Name of Deceased. Marion Worth Do	rielt	
Residence	B Widowed Divorced Husband Wife Wildow Jank Comment Jank Co	arrig
Charge to alive a. Santt	ot ot)	W
Address ME allen Jexas	Complete Funeral	P. 44.
Order given by	Casket. Burial Vault or Box	
How Secured Paid (or informant)	Embalming Body (State Kind) (State Kind) (Name of Embalmer)	
2 Annestes	Barber, \$	
Name of Employer. (Social Security Number)	Dressing Body, \$Underwear, \$	
Address	Suit or Dress (State Kind and Color)	
Date of Death. 11- 3-41.	Slippers, \$	
Date of Birth 7-24-1153 (Hour)	Candelabrum, \$ Candles, \$	
Age. 88 G 7	Door Spray, \$	
(Years) (Months) (Days)	Limousines to Cemetery . 2 . @ \$	
Date of Funeral. 19/41. Aug. Sign. M. (Hour)	Autos to R. R. Station	
Services at . Trave	Taking Remains to	
Clergyman. Ck. Harfer: (Address)	Trip to Coroner's Inquest Delivering Box to	
Religion of the Deceased	Deliver Flowers to	
Birthplace Williams	Removal Charges.	
Resided in the State	Termity and Charges Principle and District Certif. Copies of Death Certificates No. Certif. Copies of Death Certificates No. Pall Bearer Service, \$ Use of Chapel, \$ Personal Service	
Place of Death	Pall Bearer Service, \$ Use of Chapel, \$	
Cause of Death. Chronic Contocardilis	Personal Service	
Contributory Causes. Horse.		
	Gross Total for Sales Tax\$	
Certifying Physician . O. Wharton .	Outlay for Lot.	
His Address Macley Lessas.	line Death Notices in Papers	
Name of Father. Unk.	(Names of Newspapers)	
His Birthplace	Flowers, \$Palms, \$Matting, \$ Rental of Tent, \$. \(\nextcolor\) of Temporary Vault, \$	
Maiden Name of Mother. ? Milling	Opening of Grave or Tomb	0.0.
Her Birthplace	Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges.	
Motor Remains to	Clergyman, \$ Singers, \$ Organist, \$	
Size of Casket Metallic	Clergyman, \$. \(\varphi \) Singers, \$. Organist, \$	
Manufactured by (State Color and Number)	Telegr., Phone, Cable or Radio Charges	
Interment at Nove Helf Cemeter		
6/1	·····	
Lot No 8. 6	Sales Tax	
Grave No9.3	Total Footing of Bill	900.
Section No.	Less 0/2	<u> </u>
	Balance\$./5	00
Date Amount Paid Balance	Entered into Ledger, page or below.	-1
	Tanto Talu	Balance
To Above Balance\$	To Balance Forward \$	
By Payment \$\$.	By Payment \$ \$	
Au	**\$\$	
College / Joys &	« « » \$	****
	" " S	***
Names of Lodges	Insurance	
I hereby authorize the above Funeral, and I hereby represent that I have s	ufficient resources Legally available to	
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within	erue from
maturity at the black for the the blac	Signed	
Witness. / P// WWW.	Address	

Total No 1950 Yearly No	Date 170, 20, 1941
Name of Deceased John Jonner	
Residence Liky Jup , Harried Single	Widowed Divorced (What Race) How Milusband Wile Widow Rauling Lant Bourn
Charge to: JOCA P. Ruggied Co.	Jiwa. or
Address. Just Shields (Vault)	Complete Funeral \$ 100 00
Order given by Edward Jounes	Burial Vault or Box Halim Ventur 10.000
How Secured	Embalming Body (State Kind)
Occupation	Barber, \$
Name of Employer	Dressing Body, \$
Address	Suppers, 5
Date of Death. Mal. 19. 1941. 94. (Heur)	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth. aug. 7, 1850	Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$
Age. (Years) (Monthsy (Days)	Limousines to Cemetery
Date of Funeral. 120/41. Jhus M. (Bour)	Autos to R. R. Station
Services at . M. E. Church - Melluton	Getting Remains from Taking Remains to Kulluton
Clergyman J. M. Bullul (Address)	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased Birthplace Auxum Co., Mo.	Deliver Flowers to
Resided in the State	Procuring Burial Permit.
Place of Death Alley Just , Kinggold Co. Ja	Procuring Burial Permit. —Certif.Copiesof Death Certificates No. —Ball Bearer Service, \$5. Use of Chapel, \$5.
Cause of Death Prostatic & battuction	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
Contributory Causes. Bladder In Jection:	
Community Cames	Gross Total for Sales Tax.
Certifying Physician. C. M. Walker	Outlay for Lot.
His Address Kelleum	line Death Notices inPapers
Name of Father January	Flowers, \$ 3.6 (Names of Newspapers) Flowers, \$ 3.6 (Names of Newspapers) Palms, \$
His Birthplace , Chio .	
Maiden Name of Mother	Opening of Grave or Tomb. Lining Grave, \$ Lowering Device, \$
Her Birthplace	Outlay for Shipping Charges
Motor Remains to	Clergyman, \$
Size of Casket I laur Joy Cap , Culle	Telegr., Phone, Cable or Radio Charges
Manufactured by July William (Cemeters	Cash AdvancedOut of town Undertaker's Charges
Crematory	
Lot No.	Sales Tax
Grave No	Total Footing of Bill
Section No	Less\$
Diagram of Lot or Vault Owner	Balance\$ Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
J. KJ: To Above Balance. \$	To Balance Forward
By Payment \$\$	
Clarence Hally s	
Will Trade	" " \$
Dron Knott	« « « » »
Kyn tacwell s s	
They we taswell !	ssssssss
Insurance \$ Names of Lodges.	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have s	(Firm Name of Funeral Directors)
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate 2% per annum.	the same withindays from date. Interest to accrue from Signed
Witness NAMALE	Address
Compiled by F. J. I	

Total No. 1951	C Yearly No4	47	Date . 7.00	23	19.4
Name of Deceased	/ . / .	ooth			
Residence. Clay Jup	Hamen Co.,	Mo. DHun	Divorced band Wite Widow	rank v	Dooth.
Charge to:	h Booth		eral		16400
Address. 7244.Th	idale	Casket	······ Rodin		
How Secured	(or informant)	Embalming Bo	ody (Name of Embala		
Occupation	(Social Security Number)				
Name of Employer	(optial optials) Hamori	Suit or Dress.	State Kind and Col. Hose, \$	() S	8.93.
Address	Yo, 1941 11401	Slippers, \$		s	
	(Date) 183 (Hour)	Candelabrum,	\$Candles, \$ Gloves, \$.		
Age	5 24	Funeral Car. \$	Ambulance, Cemetery@\$.	\$	
Date of Funeral !! /2 3/4	1 Sun 2 P.	M. Autos to R. R.	Station @ \$.		
Services at . Christian	Church, Blythe	Taking Remai	ins from		
Clergyman . W.A. Poll	ock, Gillson City,	Trip to Corone Delivering Box	er's Inquest	e	
Religion of the Deceased Birthplace	0, 711	Deliver Flower	s to ()		
Resided in the State	58	Procuring Buri	al Permit	and District)	
Place of Death Clay Juy	or City of County) (Years) (Months	Pall Bearer Ser	vice, \$ Use of Ch	c Coroner's; apel, \$	
Cause of Death		Personal Service	ce		
Contributory Causes.	the Disease				
Certifying Physician Ja. K	N Besta	Gross Total for Outlay for Lot		\$	
His Address	way Mo.	Cremation	Notices in Par	ers	
Name of Father		Flores 900	(Names of Newspapers) Palms, \$ Mati		900
His Birthplace	Unknown.	Rental of Tent,	\$ of Temporary V	Tault.\$	
Maiden Name of Mother.	una GUTES	Lining Grave,	ave or Tomb \$Lowering Dev	rice, \$	
Motor Remains to Hgd.	Cap- moleskin	Outlay for Ship Clergyman,\$	oping Charges Singers,\$Orga	nist,\$	
Size of Casket		or Motor Ticket	Singers,\$Orga s, \$plane Ser Cable or Radio Char	vice,\$	
Manufactured by .Nex.	State Colorand Number)	. Cash Advance	d	ges	
Interment at	ly thedale { Cemete	Ty	ndertaker's Charges.		
	Lot No	Sales Tax			207
5700	Grave No	Total Footing Less	of Bill	\$	8400
	Section No	Less	Balance	\$	
Diagram of Lot or Vault	Owner	Entered into L	edger, pageor l	elow.	
Date	Amount Paid Balance	Date Date		Amount Paid	Balance
To Above Balanc	e\$		To Balance Forward By Payment.		\$
Joren Gorth	\$		a a	\$	\$ \$
Bert Huselin	\$\$\$		а а	\$	\$
Phi Tette	\$		и и	\$	\$
Then of ittle	/ss			\$	\$
- Henry I Start !	Names of		Insurance	ls	s
Insurance \$ I hereby authorize the above Funera	Names ofLodges	sufficient resources Le	Insurance .Companiesgally available to		
for the payment of aforesaid sum, a	nd I hereby covenant and agree to p		(Firm	Name of Funeral Dis om date. Interes	ectors.) t to accrue from
maturity at the rate of	% per annum.	Signed.			
Witness/VPWWC	Compiled by F. J	Address FEINEMAN, St. Louis,			

Total No. 1952 Yearly No. 4	8. p. Date Dec 5, 1941
Name of Deceased. A athuring Souise.	Stringer.
Residence Killy Jurp, Kinggold Co.	Husband Wite Widow Sure B. Struck
Charge to Althor Div. See Melfare	Dept. or
Address.	Casket 3
Order given by Clarinic Saly	Burial Vault or Box
How Secured.	Embalming Body (State Kind) (Name of Embalmer)
Occupation (Social Security Number)	Barber, \$
Name of Employer	Suit or Dress Duss - (State Kind and Color)
Address.	' Slippers, \$
Date of Death 2 - 4/ 7 AM	
Date of Birth	Door Spray, \$ Gloves, \$
Age. (Years) (Monthly) (Days) 0 0	Limousines to Cemetery @ \$
Date of Funeral (Day of Week) (Hour)	Autos to R. R. Station
Services at Mr	Taking Remains to
Clergyman. West M. Museller	Trip to Coroner's Inquest Delivering Box to Mh. Gin
Religion of the Deceased	Deliver Flowers to Removal Charges.
Resided in the State	Procuring Burial Permit
Place of Death Austrace - King gol 6.	Certif. Copies of Death Certificates No. (State Physician's or Coroner's) Pall Bearer Service, \$. Use of Chapel. \$.
Cause of Death Heart failure strates Suc S. del	Pall Bearer Service, \$ Use of Chapel, \$
Contributory Causes 7 left ventrule acute &	ethan Ed
Intestral disorder comiting & dioorest	Gross Total for Sales Tax.
Certifying Physician C. M. Walker	Outlay for Lot
His Address Kelleston . Le	Cremationline Death Notices in Papers
Name of Father. Samuel Thomas.	
His Birthplace	Flowers, \$. Palms, \$. Matting, \$
Maiden Name of Mother Joseph Elizabeth Shou	Opening of Grave or Tomb.
Her Birthplace	Lining Grave, \$ Lowering Device, \$
Motor Remains to	Clergyman,\$Singers,\$Organist,\$
Size of Casket . auch Tyd Cafe Clifel	Telegr., Phone, Cable or Radio Charges
Manufactured by A Relief	Cash Advanced
Interment at	- Constitution of Charges
Lot No.	Sales Tax
Grave No	Total Footing of Bill \$ 102 50
Section No.	Less
Diagram of Lot or Vault Owner	Balance\$ Entered into Ledger, pageor below.
Date Amount Paid Balance	
	Daiance Daiance
By Payment S S	To Balance Forward \$
Mayne houself	
pet rasuell	
And Shipld	······································
Ray mond given	**************************************
Joe Boy gr. s.	# # \$ \$
Insurance \$ Names of Lodges.	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have s	ufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay	(Firm Name of Funeral Directors.) the same within days from date. Interest to accrue from
maturity at the rate of% per annum.	Signed
Witness Compiled by F. J. F	Address PEINEMAN, St. Louis. Mo.

RECORD	OF	FUNERAL
--------	----	----------------

Total No. 1953	ALDOON	110	7	Dec Dec	. 6	1	941
Name of Deceased.	wie Wearly No.	1	mison	Date			
9	□ Married □ S		idowed Di-	rorced	O (What Race))	
Residence	y, Down		Husba	nd Wite Widow . A	ician y	ann	son
Charge to Den	James		Complete Funer		4	7.1.	00.
Address	unii. da		Casket		Z	.71	
Order given by H M. s.	Jamison				Percess.	./.6	.90
How Secured	?	1	Embalming Boo	ly . (State Kind) Name of Embain Hair Dressing	ner)		
Occupation	(Social Securit	y Number)	Barber, \$	Hair Dressing	ear,\$		 عد المسلم
Name of Employer		§	uit or Dress	\$	ot)	05.	9.5.
Address	2 6 /.	1 1 1	mppers, ϕ				
Date of Death. J. E.C.	J. 1.7.4.	(Hour) (Candelabrum, \$	\$Tarpaulin, Candles, \$			
Date of Birth	9, 1859		Door Spray, \$.	Gloves, \$.			
Age	10 24	٠	funeral Car, \$.	Cemetery / @ \$.	*-		
Date of Funeral	Sax	3. C.M.	Autos to R. R.	Station Res @ \$.			
Services at	Church!	(Hour)	Jetting Remair	s to			
Clergyman	Bussler.		Trip to Coroner Delivering Box	's Inquest			
Religion of the Deceased	(Address)	1	Delivering Box	to			
Birthplace Hector .	Will . Ww	Mark	Removal Charg	es 4			
Resided in the State	HI	Y	Procuring Buria	Al Permit	and District)		
Place of Death	or City or County) (Years)	(Months)	Certif.Copie	sof Death Certificate	SNO		
- ,	The last	a 1	Pall Bearer Ser Personal Servic	vice, \$ Use of Cr	iapei, \$		
Cause of Death B. Welling	M. con moving	S					
Contributory Causes	~ (d . la . 1			g.1. m.			
	& Appelleys		Gross Total for Outlay for Lot				
Certifying Physician	(or Coroner)		Cremation				
His Address	Pavis City	∝a		Notices in Pa			/::
Name of Father. Class.	7/ Lekelson		Flowers, \$	(Names of Newspapers) Palms, \$ Mat	ting, \$	0	00
His Birthplace		york.	Rental of Tent,	\$ of Temporary	Vault, \$	- 9	00
Maiden Name of Mother	enny Cado	01 1	Lining Grave, \$	ve or Tomb Lowering De	vice, \$	/	
Her Birthplace	(J ?!QW.(J!	york.	Outlay for Ship	ping Charges Singers,\$Org			
Motor Remains to		l	Railroad Ticket	s, \$ Aero- Se	rvice.\$		
Size of Casket A 32.	n. V. Elave		Telegr., Phone,	Cable or Radio Char	ges		
Manufactured by	V. h		Cash Advanced	dertaker's Charges.			
Interment at No.14	. Hul	Cemetery Crematory					
VEGETAL TRUITER	Lot No. 4.5.	3	Sales Tax				23
	Grave No		Total Footing	of Bill		11	18
				ec Tesc		144	88
	Section No		17	Balance	s	24	30
Diagram of Lot or Vault	Owner		Entered into L	edger, pageor	below.		N
Date	Amount Paid	Balance	Date		Amount Paid	Ba	lance
To Above Balance	е			To Balance Forward		s	T
By Payment	\$			By Payment	. \$	\$	
# #	\$	3		и и		\$	
# #	\$			и и	. \$	\$	
	\$	S		K 4	. \$	\$	
***************************************	\$				\$	\$	
			1		\$	\$	
zamanaharal zama	Names of		4	Insurance		. \$	
Insurance \$	Names of	bat Thorn	lalant vaccurer - T	Insurance Companies			
I hereby authorize the above Funer for the payment of aforesaid sum, a				(Fire	n Name of Funeral D	rectors.)	
for the payment of aforesaid sum, a maturity at the rate of		ng.co to pay t	Signed.	days 1	rom date. Intere	st to accr	ue from
	A PARTY OF THE PAR		Address				
Witness	Com	piled by F. J. FE		Ио.			

Total No. 1954 Yearly No.	Date 14, 194/
Name of Deceased. Horas Garles	Midowed □ Divorced (What Race)
Residence: Jameni Dowa	Husband Wife Widow or of
Charge to: O. A. G.	Complete Funeral \$ /00 00
Address	Casket. +
Order given by . C Elmer Allen	Rurial Wault or Box Frence
How Secured.	Embalming Body (State Kind) (Name of Embalmer) Barher. \$ Hair Dressing. \$.
Occupation Netwest	
Name of Employer (Social Security Number)	Dressing Body, \$ 4 Underwear, \$ Suit or Dress In the state of the stat
Address	
Date of Death . Dec . 10 , 1941 981.	Slippers, \$Hose, \$Folding Chairs, \$Tarpaulin, \$
Date of Birth. May 14 /86/(Hour)	Candelabrum, \$Candles, \$
- (, , , , , , , , , , , , , , , , , ,	Door Spray, \$
	Limousines to Cemetery 2. @ \$
Date of Funeral 12/14/4/ Days (Days)	Autos to R. R. Station
Services at A uneuf Home	Taking Remains to
Clergyman Maroni Tranta; arthur Laux	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace near Lamoni Lowa.	D 101
Resided in the State	Procuring Burial Permit. Certif. Copiesof Death (State Number and District) Certif. Copiesof Death Certificates No. (State Physician) or Germent's
Place of Death. (Years) (Months) Place of Death. (Years) (Months)	Certif. Copiesof Death Certificates No. (State Physicals's or Coroser's) Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death . Insetured leg in fall in More	Personal Service. Use of Chapel, \$
Contributory Causes. 3 tracker 9 Pm.	
0/m 21:00	Gross Total for Sales Tax\$ Outlay for Lot.
Certifying Physician	Cremation
His Address Janoui	line Death Notices inPapers
Name of Father. Andrew Streen	Flowers, \$ 10 (Names of Newspapers) Matting, \$ 2204
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Dury Nutting	Opening of Grave or Tomb
Her Birthplace	Outlay for Shipping Charges
Motor Ship Remains to	Clergyman, \$
Size of Casket Ital Cap. Crepe.	or Motor Tickets, \$
Manufactured by Prince Color of White	Cash Advanced
Interment at NBL Will Cemetery	Out of town Undertaker's Charges
Commence of the Commence of th	
Lot No 2.4.70	Sales Tax
Grave No	Total Footing of Bill
Section No.	Less\$
Diagram of Lot or Vault Owner	Balance\$
Diagram of Detail Table	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
	To Balance Forward \$
By Payment \$ \$	\$ \$ \$
\$	······································
* * *	" " \$ \$ \$
4 4 8 8	и и
8 8	4 1 2 0
* * \$	* * \$ \$
Insurance \$	Insurance
Insurance \$ Lodges	
for the payment of aforesaid sum, and I hereby covenant and agree to pay	
maturity at the pre of % per annum.	Signed
Witness Withut	Address

"1 RECURD C	IF FUNLIVAL
Total No. 1955 Yearly No	Date fanuary 13 19 /2
Name of Deceased Magried Single	dham (What Race)
Residence. Lamon Ja Married Single	Widowed Divorced (What Race) Millusband Wife Widow Or
Charge to: Mrs. Bertha Mahaffey	1/9//
Address Muscaline Jona	Complete Funeral
Order given by Mis Bertha Makaffey	Casket
How Secured Eash settlement	Burial Vault or Box
Occupation Farmer returned	
Name of Employer. (Social Security Number)	Dressing Body, \$ Underweat, \$
Address	Suit or Dress. (State Kind and Color) Slippers, \$ Hose, \$
Date of Death January 13/1942 7PM	Folding Chairs, \$ Tarpaulin, \$
Date of Death. July 3 1851 (Hour)	Candelabrum, \$
Age. 90 5 17	Funeral Car. \$ Ambulance, \$
(Years) (Months) (Days) Date of Funeral (Date) (Day of Week) (Hour)	Limousines to Cemetery @ \$
Services at White March Chapel (Hour)	Getting Remains from
Clergyman Frank Hauley	Taking Remains to
Religion of the Deceased.	Delivering Box to
Birthplace . Ludiana	Deliver Flowers to
Resided in the State	Procuring Burial Permit. (State Number and District)
Place of Death. Alcanu County Hosp,	Procuring Burial Permit (State Number and District) —Certif. Copies of Death Certificates No. (State Physician's or Commers) Pall Bearer Service, \$. Use of Chaptel, \$
Cause of Death Stroke - Old age	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
Contributory Causes.	Gross Total for Sales Tax. Including Tax \$ 16.5 86
Certifying Physician 21. M. Hell, 14. 10	Outlay for Lot
His Address Lameni (or Corpular)	Cremation
Name of Father. Kot known	
	Flowers, \$
His Birthplace	Rental of Tent, \$of Temporary Vault, \$ Opening of Grave or Tomb.
Her Birthplace	Opening of Grave or Tomb. Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.
Moster Remains to New Boston, all.	Clergyman,\$Singers,\$Organist,\$
Size of Casket. Rex Metallic, N. Cof. Dos.	Clergyman,\$. Singers,\$. Organist,\$. Rallroad \Tickets,\$. Aero-or Motor\Tickets,\$. plane\Service,\$.
Manufactured by	Telegr., Phone, Cable or Radio Charges
Interment at Mus Boston , all , Cemetery Crematory	Out of town Undertaker's Charges
Lot No	Sales Tax
Grave No	Total Footing of Bill \$ /65 86
Section No	Balance
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance. \$	To Balance Forward e
	By Payment.
······································	
	" " " " " " " " " " " " " " " " " " "
	" " Od su full by
	museuma manaffey
* * \$ \$ \$	« a s s s s s s s s s s s s s s s s s s
Names of Lodges.	Insurance S Companies
I hereby authorize the above Funeral, and I hereby represent that I have so	officient resources Lecelly evellable 4
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within
maturity at the rate of	Signed.
Witness March. Funeral Director	Address EINEMAN, St. Louir, Mo.
Compiled by F. J. P	EINEMAN, St. Louis, Mo.

Total No.11. 1956 Yearly No. 2	Date Feb 5 1942
Name of Deceased. Herbert Ste	ele Samet White
Residence: Lamoni La Single [Widowed Divorced (What Race)
Charge to Grace Samet	DHusband Wife Widow Grace Gamet
Address damani	Complete Funeral
Order given by Grace Samet	Casket
How Secured Mane (or informant)	Burial Vault or Box(State Kind)
Occupation Farmer	Embalming Body (Name of Embalmer) Barber, \$. Hair Dressing, \$.
Name of Employer self (Social Security Number)	Dressing Body, \$ Underwear, \$
Address Lamon	Suit or Dress(State Kind and Color)
Date of Death 186 3 1942 118M	Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.
Date of Birth Oct 1 2ate) 1874 (Hour)	Candelabrum, \$Candles, \$
Age 6.6 3 2.1	Door Spray, \$
(Years) / (Months) (Days)	Limousines to Cemetery @ \$
Date of Funeral 75/42 Thurs. 2 P. M. (Dayo) (Day of Week), (Hour)	Autos to R. R. Station
Services at White-Marsh Chapel	Taking Remains to
Clergyman D. C. Sorden	Trip to Coroner's Inquest
Religion of the Deceased	Deliver Flowers to
Birthplace Little Sionx, Ja	Removal Charges
Resided in the State. All his life O(or U.S. or City or County) (Years) (Months)	Certif.Copiesof Death CertificatesNo
Place of Death. La moni, Ia unidence	Procuring Burial Permit. Certif. Copiesof Death Certificates No. Casa Dearer Service, \$ Use of Chapel, \$ Descend Control.
Cause of Death Carcinoma of Liver	Personal Service.
Contributory Causes.	
	Gross Total for Sales Tax \$ 2.8 0.0 Outlay for Lot April 107 117 20 00
Certifying Physician . J. O. ald	
His Address Davis aty	line Death Notices inPapers
Name of Father. Solomail Samet	Flowers, \$ (Names of Newspapers) Matting, \$
His Birthplace New York state	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Louisa Steell	Opening of Grave or Tomb
Her Birthplace. Neutucky	Outlay for Shipping Charges
Motor Remains to	Clergyman,\$Singers,\$Organist,\$Railroad \Tickets,\$\text{Aero-conditions}. \text{Aero-conditions}.
Size of Casket. Perf Shrul-stlemb. dal.	or Motor Tickets, \$ plane Service, \$
Manufactured by Rose (Sate Color and Number)	Cash Advanced
Interment at Nose Hill Cemetery	Out of town Undertaker's Charges.
Lot No 14.7.2	01. m
Grave No	Sales Tax 28 Total Footing of Bill 8258 28
	Less discourt \$ 1140
Section No.	Paielin full Balance \$ 246 88
Diagram of Lot or Vault Owner Assus Sound.	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Aboye Balance . T	To Balance Forward
By Formatic 8 0 8	Charlement Searches 8
Manda derry folo	Ed Stalling is s. s.
Mausla + Mis for centioning with	Paligan Miceray s
1	Git Lave ss.
Jouneta While Prayest	E & Meddle
, , , , , , , , , , , , , , , , , , ,	fre can
Insurance \$	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have su	
for the payment of aforesaid sum, and I hereby covenant and agree to pay	(Firm Name of Fuseral Directors.) the same within days from date. Interest to accrue from
maturity at the rate of% per annum.	Signed
Witness Hema March, Furnal Pirector	Address
Compiled by F. J. F.	EINEMAN, St. Louis Mo.

96	RECORD (of fui				
Total No. 71.19.57	Yearly No3.		Date F.	6.7		1942
	mes Lawre		chey	White (What Race)		
Residence Lambin		(Widowed 1	Divorced Divorced Midow Midow		ret Re	che
Charge to A. A. 5000	Mus Chases 5000	or.,	of }			
Address.	7	Complete Fun	eral	\$	100.	00
Order given by Mus Euro	na Chasep					
(or	informant)	Burial Vault o				
How Secured		Embalming Be	ody(Name of Embala	iet)		
Occupation Carpenter	(Social Security Number)	Barber, \$,\$Underw	ear,\$		
Name of Employer	• • • • • • • • • • • • • • • • • • • •	Suit or Dress.	(State Kind and Col			
Address		Slippers, \$				
		Folding Chairs	s, \$Tarpaulin, \$Candles, \$.	\$		
Date of Birth. Feb. 12	1844	Door Spray, \$				
Age 92 (Means) (Me	123	Funeral Car, \$	Ambulance, Cemetery @ \$.	\$		
Date of Funeral. 2/7/42	Fat 2. P.M.	Autos to R. R.	Station @ \$.			
Samines at White-Mary	chapel	Getting Rema	ins from			
Clergyman J. Ban & Cl	las Harke		ns to er's Inquest			
Religion of the Deceased	19 J (Address)	Delivering Box	c to			
Birthplace . Kingston, . V.	11.A	Removal Char	s to			
Birthplace	(OBAA -	Procuring Bur	ial Permit			
Resided in the State	ty or County) (Years) (Months)	Certif.Copi	esof Death Certificates	No		
Place of Death. August.	La	Pall Bearer Ser	ial Permit (State Number esof Death Certificates (State Physician's orvice, \$ Use of Ch	apel,\$		
Cause of Death . Semili	<i>y</i>	Personal Servi	ce			
Contributory Causes	/ · · · · · · · · · · · · · · · · · · ·					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		r Sales Tax	\$		
Certifying Physician. No. M. M.	y Hells		b			
His Address Lamani	(og Coroner)		Notices in Pap	ers		
	Richey		(Names of Newspapers) Palms, \$ Matt			
His Birthplace Not k	hour	Rental of Tent	.Paims, \$ Matt \$ of Temporary \	ing, \$		
Maiden Name of Mother Com	elia aun Smith	Opening of Gra	ave or Tomb			
Her Birthplace. Per			\$Lowering Dev	rice, \$		
Motor Ship Remains to		Clergyman,\$	Singers,\$Orga	nist,\$		
Size of Casket O. A C.		or Motor Ticket	Singers,\$Orga s,\$Pane Ser	vice,\$		
Manufactured by Pine Offi	Colorand Number)	Telegr., Phone	, Cable or Radio Charg	ges		
Interment at . R. o. se / Lill .		Out of town U	ndertaker's Charges			
L	ot No/	Sales Tax	GTax on O.A.P			•••••
G	rave No	Total Footing	of Bill	\$		
S	ection No	Less		\$		
	wner Emma Charey		Balance	\$	100	00
			edger, pageor b	elow.		
Date	Amount Paid Balance	Date		Amount Paid	Bala	ance
To Above Balance			To Balance Forward		. s	
F. L. D. By Payment	\$ 5000 \$ 5000	?	By Payment	\$. \$	
* * * * * * * * * * * * * * * * * * * *	\$			\$. \$	
				\$. \$	
# #	\$ \$		·	\$	\$	
	8 8		и и		\$	
и и			и и	\$	\$	
Insurance \$ La	ames of odges.		Insurance Companies		. 14	
Insurance \$	wg		. Companies	***********		

Witness Huna March, Euveral William.

Compiled by F. J. FEINEMAN, St. Louis, Mo.

10 miles

Total No.21, 1958		- 4		f	elin		162
Name of Deceased.	va Herve	lan	dage	Date			197
0 .	Married Single		Widowed Di	ivorced	(What Race)		
Residence Lamon	£a	• • • • • • •	Husb	and Wife Widow . M. O.	P. San	dage	
Address Lamani	g			ral	\$	271	00
Order given by M. R. Sau	dage					,	
	(or informant)		Burial Vault or	Box . Hallen		7.6.	5.0
How Secured			Empaiming Bo	Olama of Embalm	(t)		
Occupation Housewell	(Social Security N	umber)	Dressing Body,	\$Underwe	, φ		
Name of Employer			Suit or Dress	(State Kind and Colo			
	1942 3	Phi.	Slippers, \$ Folding Chairs				
Date of Birth. July 38 (D.	1	Hour)	Candelabrum,	\$ Candles, \$.			
Age. 43	1 9		Door Spray, \$ Funeral Car. \$	Gloves, \$ Ambulance,	s		
(Years) (Months) (Days)	0	Limousines to	Cemetery @ \$.			
	Ties 2. Day of Week) (Hot	ar)		Station @ \$. ns from			
Services at Colistum	Percy How	1.1		ns to			
Clergyman Ray Chiville, Religion of the Deceased		· · ·	Delivering Box	to			
Birthplace Brown Cour			Deliver Flowers Removal Charg				
Company of the Compan	7.77 ₇ /C 595561.		Procuring Buris	al Permit	and District)		
Resided in the State	City or County) (Years) (1	Months)	Certif.Copie	al Permit(State Number of Death Certificates (State Physician's & vice, \$ Use of Chi	No		
Place of Death. X auco			Pall Bearer Ser Personal Service	vice, \$ Use of Ch	apel, \$		
Cause of Death. Caucu	ana						
Contributory Causes			G	G.1. m.		247	50
10 €	al Barrasa		Gross Total for Outlay for Lot	Sales Tax		40	00
Certifying Physician. L. Fa.	(or Coroner)	L	Cremation	Notices in Pap			
	Curtis						
Name of Father fames !!			Flowers, \$	(Names of Newspapers) Palms, \$ Matt \$ of Temporary V	ing, \$		
Maiden Name of Mother.	lice Carroll		Opening of Gra	ve or Tomb	ault,\$	10	00
Her Birthplace Brown	County IV	au i	Lining Grave, \$	Lowering Dev	ice, \$		
Motor Ship Remains to			Clergyman, \$	pping Charges Singers,\$Orga	nist,\$		
Size of Casket # 232 M	all Couch.		Railroad or Motor Ticket	Singers,\$Orga s,\$Pane-Ser	vice,\$		
Manufactured by . R. of Sta	te Color and Number)		Telegr., Phone, Cash Advanced	Cable or Radio Charg	ges		
Interment at Rose .	Hill 15	Cemetery		ndertaker's Charges			
		ematory					7707
· ·	Lot No 1. 4.9		Sales Tax			1/00	98
	Grave No			of Bill	\$	400	1.9
	Section No		Less	Balance			
Diagram of Lot or Vault	Owner		Entered into L	edger, page or h	elow.		
Date	Amount Paid	Balance	Date		Amount Pa	id Ba	lance
To Above Balance.	S S			To Balance Forward			
By Payment	\$,	74	By Payment	\$	\$	
Jungers,	Warnela Versy	Must	towart Wigh	t" " Ol	rien -	\$	15200
erganut,	Mrs Barukan	4.18.4	soy	colinia Balla	chuan	gen	ymu
	\$		···/·····	Lloyd Ramsh	etyne Er	u Sta	silv
	s s				\$	\$	9.
	3 8			и и	s	\$	
Tunnaman	Names of Lodges			Insurance .Companies			
I hereby authorize the above Funeral,		I have su	ficient resources Le				
for the payment of aforesaid sum, and	I hereby covenant and agree				Name of Funeral om date. Inte	rest to accr	ue from
maturity at the rate of			Signed.				
Witness W. M. A. March., Fr.	meral Wirector	by F. J. FE	Address INEMAN, St. Louis, 1	Mo.			

Total No. M. 1959				-	Feb	14		19.42
0 /	Veatly N		Stone	Date	. 7. 154. 1			
Name of Deceased	Married	angle	Widowed DE	Divorced		(What Rac	(0)	
	nty, Me	ø	Huel	band Wife Wide	" Oleve	a. fl	oup	
Charge to Mus Sylveste	1 Stone						8 352	00
Address			Complete Fund				Ψ	
Order given by Mus Stau	formant)		Casket Burial Vault of	Box . Fel	limb	ault	7.4	50
How Secured	formant)		Embalming Bo	dy(8	tate Kind)			
Occupation Farmer			Barber, \$	Hair	Dressing,	\$		
Name of Employer	(Social Secu	rity Number)	Dressing Body	,\$. Underwea	r,\$		
Address			Suit or Dress Slippers, \$	(State	Kind and Color)			
Date of Death Feb / 3 /	742	1 P.M	Folding Chairs	. S Ta	arpaulin, \$			
Date of Birth. S. Att. 17	1886	(Hour)	Candelabrum, Door Spray, \$	\$Ca	andles, \$			
Age. 55 4.	26		Funeral Car, \$		bulance, \$			
Date of Funeral. 2/15/4.2. (Mont	ha) (Daya)	2 P M	Limousines to Autos to R. R.	Cemetery	@\$ @\$			
Services at A oul Roth	(Week)	(Hour)	Getting Remai	ins from				
Clergyman Robt Balla	turo		Taking Remain Trip to Corone					
Clergyman Row 1 19	(Address)		Delivering Box	to				
Religion of the Deceased.	la le		Deliver Flower Removal Char					
Dirempiaco	<i>a</i> '		Procuring Buri	al Permit				
Resided in the State	or County) (Years	(Months)	Procuring Buri —Certif.Copi Pall Bearer Ser	esof Death C	ertificates	O		
Place of Death. Hamman	co m	Ø	Pall Bearer Ser	rvice, \$ L	Ise of Char	el,\$		
Cause of Death Chronic M.	gacard	ues	Personal Service	::e				
Contributory Causes								
			Gross Total for Outlay for Lot				\$.428	50
Certifying Physician.	royles		Cremation					
Certifying Physician. Dr. 02 His Address. Sethar	y, M	0	line Death					
Name of Father. Slonge &			Flowers, \$	(Names of Newsp Palms, \$	apers) Mattin	o. S		
His Birthplace Mew J		ate	Rental of Tent,	, φ or rer	nporary va	ult,\$		
Maiden Name of Mother	M. Ca	un.	Opening of Grave,	ave or Tomb	ring Devic	e \$		
Her Birthplace. Much			Outlay for Ship	pping Charge	S			
Motor Remains to			Clergyman,\$ Railroad Ticket or Motor	Singers,\$	Aero- Com	ist,\$		
Size of Casket	Land Manhary		Telegr., Phone	, Cable or Ra	dio Charge	S		
Manufactured by Custes Ca			Cash Advance	d				
Interment at Love Roci	£:	{ Cemetery Grematory	Out of town U	ndertaker s	narges	• • • • • • • • • • • • • • • • • • •		
Lot	No		Sales Tax					3.0.
	ve No		Total Facting	of Dill		• • • • • • • • • • • • • • • • • • • •	432	78
			Less Dist	of 2164 l	fore Febru	142	\$	
Sec	tion No	• • • • • • • • • • • • • • • • • • • •		,	ince		\$	
Diagram of Lot or Vault Ow	ner		Entered into I			low.		
Date	Amount Paid	Balance	Date			Amount I	Paid B	alance
To Above Balance		s		To Balance F	orward			
By Payment	\$	\$		By Payment.				
н и	s	ş		и и .	s		s	
" "	s	ş		и и .	\$		\$	
	\$	\$		# a .	s		\$	
	8	9			·····s		\$	
s a	8	\$			\$		\$	
Nam	nes of zes			Insurance .Companies			\$	
I hereby authorize the above Funeral and I	bereby represent	that I have out	ficient regoverner T	.Companies	**********			
Insurance S. Loq I hereby authorize the above Funeral, and I for the payment of aforesaid sum, and I he	reby covenant and	d agree to pay	the same within	bany available t	(Firm Na	me of Funer	al Directors.)	
maturity at the rate of % per			Signed.		uaya 170m	uate. In	terest to acc	rue from
Witness Wru Warsh			Address			********	*********	

Residence & American Decreased Decreas	Total No. M. 1960. Yearly No	6 Date Mar. 2 19	4.2
Complete Funeral Coalect Coa		Widowed Divorced (What Race)	
Address Date of Birth. Man. As Sec. 10.00 Death. Man. Man. Man. Man. Man. Man. Man. Man		or	٠ي
Cause of Death Assart A		Complete Funeral	0
Bribalming Body Chas 183-6		Casket	
Security Number Security N	(or informant)	(State Kind)	
Name of Employer. Name of Employer. Silicor Dress. Silicor			
Address		Dressing Body, \$	
Date of Death. Mal. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	4	(State Kind and Color)	• • • •
Date of Birth. Mov. AS 18.5 4. Age. Cramp 1.14/4. Least Craw 2. Date of Fune 1.14/4. Least Craw 3. Services at Marging Craw 3. Services at Marging Craw 4. Clergyman M. B. Actellum W. J. Marging Craw 4. Clergyman M. B. Actellum W. J. Marging Craw 5. Clergyman M. B. Actellum W. J. Marging Craw 5. Clergyman M. B. Actellum W. J. Marging Craw 5. Resided in the State. Craw 12 across 1. Resided in the State. Craw 12 across 1. Resided in the State. Craw 12 across 1. Cause of Death Marging Craw 5. Cause of Death Marging Craw 5. Contributory Causes. Certifying Physician M. Marging Craw 5. Contributory Causes. Certifying Physician M. Marging Craw 5. Certifying Physician M. Marging Physician M.	Address Vida 1 1842 411	Slippers, \$ Hose, \$	• • • • •
Age	Date of Death /// (Date)		
Date of Funeral 14/4 to the contribution of Funeral 14/4 to the contributory Clergyman		Door Spray, \$	
Date of Funeral 1414			
Clergyman M. B. Streller, W. S. Clergyman M. B. State. M. S. Clergyman M. B. Clergyman M. M. Clergyman M. B. Clergyman M. M. Clergyman M. S. Sige of Casket M. 19-7-79-57 Manufactured by Clergyman M.	Date of Funeral 3/3/42 July 10.	A.M. Autos to R. R. Station @ \$	
Clergyman M. B. Streller, W. W. Chartes, Religion of the Deceased. R. D. Moderney Delivering Box to Deliver Flowers to Deliver	Services at Charte		••••
Religion of the Deceased. S. Deliver Flowers to Deliver Flowers to Brithplace Sundana Procuring Burial Permit. Resided in the State. How will be supply from John Market Procuring Burial Permit. Cause of Death Medition. S. John Market Procuring Burial Permit. Cause of Death Allocation. S. John Market Personal Service. Contributory Causes. Certifying Physician. N. M. Hall Contributory Causes. Manuae of Father John Allocation Contributory. S. Description Contributory. S. Palms S. Palms S. Contributory. S. Palms S. Contributory. S. Palms S. Contributory. S. Palms S. Contributory. S. Causes. N. Contributory. S. Causes. N. Causes. S. Contributory. Causes. Causes. S. Causes.	Clarowman N. B. Sorelen, Win Lorrance	Trip to Coroner's Inquest	
Removal Charges Resided in the State. Place of Death	Delicion of the December of D. of (Address)	Delivering Box to	
Resided in the State. Or The College County (Yeas) (Westin) Place of Death Medication Co., No. 17 (1985) Cause of Death Medication Co., No. 17 (1985) Contributory Causes. Certifying Physician, N. M. M. 18 (1985) Certifying Physician, N. M. 18 (1985) Certifying Physician N. 18	Religion of the Deceased	Removal Charges	••••
Contributory Causes. Certifying Physician. No. M. M. M. M. Common Comm	Birthplace	Procuring Burial Permit.	
Contributory Causes. Certifying Physician. No. M. M. M. M. Common Comm	Resided in the State (Years) (Mos	Certif.Copiesof Death CertificatesNo	
Contributory Causes. Certifying Physician. No. M. M. M. M. Common Comm	Place of Death Decatur Co. Xor	Pall Bearer Service, \$ Use of Chapel, \$	
Certifying Physician N. M. Well Certifying Physician N. M.	Cause of Death stroke, old age broken his	Personal Service	
Certifying Physician M. W. Certifying Physician Certifying Physi			
Name of Father Johnston 19			
Name of Father Johnston 19	Certifying Physician W. M. Wells	Outlay for Lot.	
Name of Father brusthes. S. His Birthplace. Maiden Name of Mother Many Julian. Manufactured Mother Many Julian. Motor Remains to Julian Manufactured Mother Manufactured by Manufactured by Manufactured Mother Mothe	(or Coroner)		• • • •
Maiden Name of Mother May Julium. Opening of Grave or Tomb. Her Birthplace. Motor Remains to Julium College Cashed No. Size of Cashet K.1. 13. 19.1957 Manufactured by Ren With May See Services. Manufactured by Ren With May See Services. Lot No. Sales Tax Grave No. Total Footing of Bill. Section No. Less Balance Date Amount Paid Amount Paid Amount Paid Balance Date Amount Paid Amount Paid Balance By Payment. See Services By B	His Address . Markey B. H. Corner		
Maiden Name of Mother May Julium. Opening of Grave or Tomb. Her Birthplace. Motor Remains to Julium College Cashed No. Size of Cashet K.1. 13. 19.1957 Manufactured by Ren With May See Services. Manufactured by Ren With May See Services. Lot No. Sales Tax Grave No. Total Footing of Bill. Section No. Less Balance Date Amount Paid Amount Paid Amount Paid Balance Date Amount Paid Amount Paid Balance By Payment. See Services By B	Name of Father Johnson. Vo. 10.000	Flowers, \$Palms, \$Matting, \$	
Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges Size of Casket K.1 J.3. 10. 1057		Kental of Tent, \$ of Temporary Vault, \$	• • • •
Motor Remains to June Clergyman, Singers, Organist, Silp of Cacket K.1.1.9.3. Pt-95 Manufactured by Real Workship Number Cash Advanced. Manufactured by Real Workship Cametery Out of town Undertaker's Charges. Lot No. Sales Tax Total Footing of Bill Section No. Entered into Ledger, page Or below. Date Date Amount Paid Balance Entered into Ledger, page Or below. Date To Above Balance S Owner Security			
Telegr., Phone, Cable or Radio Charges. Cash Advanced. Lot No. Sales Tax Total Footing of Bill. Section No. Less. Balance Diagram of Lessev wait Owner. Entered into Ledger, page. or below. Date Amount Faid Amount Faid Balance S. By Payment. S. By Payment. S. S. S. S. By Payment. S. S. S. S. S. S. S. S. S.		Outlay for Shipping Charges	
Telegr., Phone, Cable or Radio Charges. Cash Advanced. Lot No. Sales Tax Total Footing of Bill. Section No. Less. Balance Diagram of Lessev wait Owner. Entered into Ledger, page. or below. Date Amount Faid Amount Faid Balance S. By Payment. S. By Payment. S. S. S. S. By Payment. S. S. S. S. S. S. S. S. S.	Ship Remains to & energit	Railroad Tickets S Aero-Service S	••••
Manufactured by W. W. W. W. Camelery Out of tww Undertaker's Charges. Interment at	Size of Casket K. I. 93-70-1057	··· Telegr., Phone, Cable or Radio Charges	
Cemetery	Manufactured by Mey Villallie	Cash Advanced	
Lot No. Sales Tax Grave No. Total Footing of Bill \$ Section No. Less \$ Section No. Balance \$ Date Amount Paid Balance Date Amount Paid Balance Or below. To Above Balance \$ Date Amount Paid Balance Date Amount Paid Balance S Date Date Amount Paid Balance S Date Date Amount Paid Balance S Date Date Date Date Date Date Date Date	Interment at Lineville Cemetary (Cem	etery Out of town Undertaker's Charges	
Grave No. Total Footing of Bill. \$ Section No. Less. \$ Section No. Balance \$ JOO. 20.			
Section No. Less \$ Date			-
Date Date Amount Paid Balance Date Amount Paid Balance Date Amount Paid Balance Date To Above Balance S	Grave No	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• • • •
Date Amount Paid Balance Date Amount Paid Balance To Balance Forward. S. Date To Bala	Section No		
Date Amount Paid Balance Date Amount Paid Balance To Above Balance \$. To Balance Ferward \$. \$	Diagram of Lot or Vault Owner		۳
By Payment S S By Payment 3 S S By Payment 3 S S By Payment 4 S S S S S S S S S S S S S S S S S S			CP.
By Payment S S By Payment 3 S S By Payment 3 S S By Payment 4 S S S S S S S S S S S S S S S S S S	To Above Relence	To Polone Powerd	
" " S S " " " S S S " " " S S S S S S S			
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Non-Non-of-Funeral Directors) for the payment of aforesaid sum, and I hereby rowenant and agree to pay the same within. days from date. Interest to accrue from maturity at the rate of. Signed.	s. ss.		
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Non-Non-of-Funeral Directors) for the payment of aforesaid sum, and I hereby rowenant and agree to pay the same within. days from date. Interest to accrue from maturity at the rate of. Signed.		# # \$ \$	
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Non-Non-of-Funeral Directors) for the payment of aforesaid sum, and I hereby rowenant and agree to pay the same within. days from date. Interest to accrue from maturity at the rate of. Signed.			
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I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Non-Non-of-Funeral Directors) for the payment of aforesaid sum, and I hereby rowenant and agree to pay the same within. days from date. Interest to accrue from maturity at the rate of. Signed.	* *		
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Non-Non-of-Funeral Directors) for the payment of aforesaid sum, and I hereby rowenant and agree to pay the same within. days from date. Interest to accrue from maturity at the rate of. Signed.	ssss	# # · \$ \$	
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Non-Non-of-Funeral Directors) for the payment of aforesaid sum, and I hereby rowenant and agree to pay the same within. days from date. Interest to accrue from maturity at the rate of. Signed.	Insurance \$ Names of Lodges.	Insurance Companies	
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same withindays from date. Interest to accrue from maturity at the rate of			
maturity at the rate of	for the payment of aforesaid sum, and I hereby covenant and agree t		from
Witness M. March Address.	maturity at the rate of % per annum.		
	Witness Warsh	Address	

in wiles

Total No. 1961	Yearly No		Date ///.	aich!	197.7.
Name of Deceased Sufant		Widowed D.D	wigest	(What Race)	
Residence.	et Dunge / D	□Hwit	and Wife Widow		
Charge to			of }	vie all	
Address		Complete Fune	eral w sen		1000
Order given by		Burial Vault or	Box Box		
How Secured(or informant)	Embalming Bo	(State Kind)		
Occupation		Barber, \$	Hair Dressin	ıg, \$	
Name of Employer	(Social Security Number)	Dressing Rody	s Underv	wear. \$	
Address		Suit or Dress	(State Kind and Co	olor)	
Date of Death Man . 11. 1942	Stillborn	Slippers, \$ Folding Chairs	, \$ Tarpaulin	, \$	
Date of Birth. Still born		Candelabrum,	\$Candles, \$Gloves, \$.		
		Funeral Car, \$	Ambulance	, \$	
Age. (Years) (Months)	(Days)		Cemetery @ \$ Station @ \$		
Date of Funeral(Date) (Day of Week)	(Hour)	Getting Remai	ns from		
Services at		Taking Remain			
Clergyman	(Address)		r's Inquest		
Religion of the Deceased		Deliver Flower	s to		
Birthplace		Procuring Buri	gesal Permit		
Resided in the State(or U. S. or City or Coun	ty) (Years) (Months)	Certif.Copi	esof Death Certificate	and District)	
Place of Death		Pall Bearer Ser	al Permit. (State Number esof Death Certificate (State Physician's vice, \$ Use of Cl	hapel, \$	
Cause of Death		Personal Service	e		
Contributory Causes					
			Sales Tax	\$	
Certifying Physician		Cremation			
His Address			Notices in Pa		
Name of Father		Flowers &	(Names of Newspapers) Palms, \$ Mat	ting &	
His Birthplace		Rental of Tent,	\$of Temporary	Vault, \$.	
Maiden Name of Mother		Opening of Gra	we or Tomb Lowering De	vrigo \$	
Her Birthplace		Outlay for Shir	oping Charges		
Motor Remains to		Clergyman,\$	Singers,\$Org s, \$ Aero- plane Se	ganist,\$	
Size of Casket(State Color and		or Motor Ticket	Cable or Radio Cha	roes	
Manufactured by	Number)	Cash Advance	i		
Interment at	{ Cemetery Crematory	Out of town U	ndertaker's Charges.		
Lot No.					10 00
			of Bill	1.004	10 20
Grave N		Less Less	or Dill	\$	
Section I	Vo	2000	Balance		
Diagram of Lot or Vault Owner.		Entered into L	edger, pageor		
Date Amo	unt Paid Balance	Date		Amount Paid	Balance
To Above Balance	s		To Balance Forward		s
\$	s		By Payment		\$
\$			и и		\$
\$			a a	\$	\$
			# #	\$	\$
	\$				\$
	8		a a		\$
Insurance \$ Names of Lodges			Insurance Companies		18
Insurance \$Lodges I hereby authorize the above Funeral, and I hereby or the payment of aforesaid sum, and I hereby or	y represent that I have an	fficient resources Le	.Companies		
for the payment of aforesaid sum, and I hereby co	ovenant and agree to pay	the same within	(Fire	n Name of Funeral Di rom date. Interes	ectors.)
maturity at the rate of % per annu-		Signed.		date. interes	t to accrue from
Witness		Address			***************************************
	Compiled by P. J. F.	EINEMAN, St. Louis, 1			

Total No. M. 19.62 Yearly No	8	DateMa	ich 14		194/2
Name of Deceased. James alorin	Ballanty	ne	white	ře.	
Residence Lamini Ja Married Single		Divorced Susband Wile Widow ! for	(What Race)	Part	-
Charge to Mrs J. a. Ballantyne		rof	ena marc	aury	we
Address. Lamon de	Complete Fr	uneral	\$	27.1.	00
Order given by Mus J. a. Ballantyne	Casket				
How Secured wote (or informant)	Burial Vault	D. J. (State Kind)			
Occupation farmer NON	Embaining Barber, \$	(Name of Embalm	per)		
Name of Employer self (Social Security N	umber) Dressing Bo	dy, \$Underw			
Address	Suit or Dress	(State Kind and Col	or)		
711 0 1	Slippers, \$ 9574M Folding Cha	irs, \$Tarpaulin,	S		
	(Hour) Candelabrun	n, \$ Candles, \$.			
Age. 46 5 6	Funeral Car,	\$Gloves, \$. \$Ambulance,	\$		
Date of Funeral 3/15/42 (Months) (Days) 2!	Limousines t	to Cemetery @ \$. R. Station @ \$.			
Services at Collisium (Day of Week) (How	ar) Getting Rem	nains from			
Clergyman T.a. Reck - B. B. Sorden	Trip to Core	ains to			
Religion of the Deceased & D. S. (Address)	Delivering B	ox to			
Birthplace Soldier, Ja	Deliver Flow Removal Cha	ers to			
Resided in the State	6 Procuring Bu	urial Permit. (State Number piesof Death Certificates			
Place of Death. Bethauy Haspital (19	Months)Certif.Co	piesof Death Certificates	SNo		
	Pall Bearer S Personal Ser	Service, \$ Use of Ch	apel, \$		
Cause of Death Acute Nephrites					
Contributory Causes. Ruptured appends				101	40
ILP Postda		for Sales Taxot	\$	271	00
Certifying Physician N. R. Leyddan Win Address Betthau	····· Cremation				
		th Notices in Pap			
Name of Father. A. G. Bellautique	Flowers, \$	Palms, \$Matt	ing, \$		
His Birthplace . Islate, Jan	Rental of Ter	nt, \$ of Temporary V	ault, \$.		00
Maiden Name of Mother Mary Batholamen Her Birthplace near Preparation, Ja	Lining Grave	, \$ Lowering Dev	ice, \$		
Motor)	Outlay for Sh	nipping Charges	mist ®		
Motor Remains to	Railroad Tick	Singers,\$Orga ets, \$Aero- plane Ser	vice,\$		
Manufactured by . Post (State Color and Number)	Telegr., Phon	ie, Cable or Radio Charg	ges		
Interment at. Rose Hell	out of town	ed			
	amatony				
Lot No / 4.8.7	Sales Tax	····		2	· · · ·
Grave No2	Total Footing		\$	301	70
Section No.	Less	eech Affine Massille.	\$		
Diagram of Lot or Vault Owner Mr. M.A. Rose	lant Burney	Balance Ledger, pageor b	\$		
	Balance Date	Ledger, pageor b			
To Above Balance.	Date Date		Amount Paid	Bala	nce
By Payment \$ \$		To Balance Forward By Payment		\$	
\$\$		by Fayment	\$	8	
\$ \$ \$			\$	\$	
* * \$ \$		" "	\$	\$	
* * * * * * * * * * * * * * * * * * * *			s	\$	
3			\$	\$	
Insurance \$ Names of Lodges	edecodomicolo.	Insurance	\$	\$	<u></u> .
Insurance \$		Companies			
I hereby authorize the above Funeral, and I hereby represent that I for the payment of aforesaid sum, and I hereby covenant and agree	to pay the same within	egany available to (Firm)	Name of Funeral Dir	octors.)	
maturity at the rate of% per annum.	to pay the same within.	days fro	m date. Interes	to accrue	from
Witness	Addres				
	Addres			********	

Total No. M. 1963 Vendy No.	244
	Date March do 1976
Name of Deceased donna feau & n	y White
Residence Lamoni Ja	Widowed
Charge to Brice Gray	or
Address Laureni	Complete Funeral
	Casket
Order given by Osucie & May	- Burial Vault or Box
How Secured order on N & D	Embalming Body
Occupation (Social Security Number)	Barber, \$ Hair Dressing, \$
Name of Employer	Dressing Dody, \$ Olider wear, \$
Address	
Date of Death. March 19 1942 3P/	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. Oct (Date) 4 1981 (Hour)	Candelabrum, \$ Candles, \$
Age. 5 5	Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$
(Years) (Months) (Days)	Limousines to Cemetery @ \$
Date of Funeral 3/20/42 Fu. 2:30R	M. Autos to R. R. Station
Services at . Chapel	Getting Remains from
Clergyman atther Lane	Trip to Coroner's Inquest
Religion of the Deceased(Address)	Delivering Box to
Birthplace Des Morines, Ja	Removal Charges.
Resided in the State 5M. 5Da.	Procuring Burial Permit. (State Number and District)
Place of Death. A amount (Years) (Months)	Procuring Burial Permit. (State Number and District) — Certif. Copiesof Death (Certificates No. (State Physician's Cornect's) Pall Bearer Service, \$. Use of Chapel, \$.
- 1	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death. Flu.	Personal Service.
Contributory Causes	
	Gross Total for Sales Tax\$
Certifying Physician. N.M. Hells	Outlay for Lot. /0 60 Cremation.
His Address	line Death Notices inPapers
Name of Father Not human	
His Birthplace	Flowers, \$. (Names of Newspapers) Palms, \$. Matting, \$. / 25
Maiden Name of Mother Elsee & vay	Rental of Tent, \$of Temporary Vault, \$
	Lining Grave, \$ Lowering Device, \$
Her Birthplace. daman	Outlay for Shipping Charges
Motor Remains to	Railroad Tickets & Aero-Courses &
Size of Casket H. C. (State Color and Number)	Clergyman,\$ Singers,\$ Organist,\$ Railroad Tickets,\$
Manufactured by R (State Color and Number)	Cash Advanced
Interment at Roll Hell . Cometer	Out of town Undertaker's Charges
Lot No. 10.78	
Grave No.	Sales Tax
Grave No	Total Footing of Bill
Section No	Less\$
Diagram of Lot or Vault Owner.	Balance\$
	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward \$
By Payment \$ \$	
······ s s	
······· \$ \$	
\$	
ss	и « ,
Insurance \$ Names of Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have s	ufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within. (Firm Name of Funeral Directors.) days from date. Interest to accrue from
maturity at the rate of% per annum.	Signed
Witness	Address

Total No. 711 1964	Yearly No	<u>;</u>	Date	auch 20	19%.?.
Name of Deceased. Hattie	Eclua Single	Widowed Div		(What Race)	
Residence Lamon De	A	☐Huabar	nd Wife Widow	les Sive	ettu
Charge to Mis Carl Cook	10 11	Complete Funer	al . County &	rice s	4000
Address, 1075-14th Molece	Bes moures.	Casket			
Order given by Man Con Cort	nb)	· Burial Vault or		d)	
How Secured		Embalming Bod		balmer)	
Occupation	(Social Security Number)	Barber, \$ Dressing Body,		rwear,\$	
Name of Employer		Suit or Dress	(State Kind and	Color)	
Address		Slippers, \$	Hose, \$. \$Tarpaul		
Date of Death March 19	(Hour)	Candelabrum, \$	Candles	, \$	
Date of Birth. Feb. 9 19	<i>5.8.8</i>	. Door Spray, \$.	Gloves,	\$	
Age. 54 (Months)	(Days)	Limousines to	Cemetery @	\$	
Date of Funeral. 3/21/42 Suc (Day of West	Hour)	I. Autos to R. R. S Getting Remain	Station @	\$	
Services at Chapel		· Taking Remain	s to		
Clergyman J. Barr. Mara	u Treesler	Trip to Coroner Delivering Box	's Inquest		
Religion of the Deceased	(Variatese)	· Deliver Flowers	to		
Birthplace Harrison Co.	Mo.	Removal Charg	es l Permit		
Resided in the State	(Vasra) (Months	Certif.Copie	sof Death Certific	atesNo	
Place of Death Decatur Co.	Forp. Lean	· Pall Bearer Ser	of Death Certific (State Physicis (State Physicis vice, \$ Use of	Chapel, \$	
Cause of Death. Caucer		Personal Service	B		
Contributory Causes					
		Gross Total for	Sales Tax	\$	10 00
Certifying Physician. Burne	<u></u>	Outlay for Lot Cremation			10 00
His Address Leon Sa or	oner)		Notices in	Papers	
Name of Father Juspen Stu	relevant	8	(Names of Newspapers)	Notting 9	
His Birthplace . Wot hum	n.	Rental of Tent,	(Names of Newspapers) Palms, \$ N \$ of Tempora	ry Vault,\$	
Maiden Name of Mother. Lyclia	Kocuty	Opening of Gra	ve or Tomb		6
Her Birthplace not he	com.	Outland for Chin	ning Changes		
Motor Remains to		Clergyman,\$	Singers,\$(Organist,\$	
Size of Casket . Q: A: 0-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or Motor Ticket	Singers,\$6 s, \$ Aero plane Cable or Radio C	harges	
Manufactured by	nd Number)	. Cash Advanced	1		
Interment at Rose Hell	{ Cemet	ory Out of town U	ndertaker's Charg	es	
The same of the sa	0. 10.78				80
	No #	Sales Tax	of Bill	s =	5680
		Less		\$	
Sectio	n No		Balance.	\$	
Diagram of Lot or Vault Owner	٠	Entered into L	edger, page	or below.	
Date	amount Paid Balar	ce Date	Bell Name	Amount Paid	Balance
To Above Balance	\$		To Balance Forward	1	s
By Payment\$.	\$		By Payment	\$	\$
\$.	\$		a a	\$	\$
\$				\$	\$
	8		a a	ss	8
n 4 8	S		и и	s	8
	s		и и		\$
Names Insurance \$	of		Insurance Companies		
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)					
for the payment of aforesaid sum, and I herel		pay the same within	da	ys from date. Intere	st to accrue from
maturity at the rate of % per a	nnum.	Signed.			
Witness		Address			

Total No. 1965	Vendu No //		Data A	pril 9.		19 1/2
	rles Eclivar	1 Robi	uson	wh	te	
Residence Lamoni	rles Eclivari Married Single [Widowed 1	Divorced band Wife Widow } €0	mad. Ro	lins	m
Charge to Edua L. Qu	binson	or,	of }		1110	
Address. Lamoni	Ia		eral	\$	1.48	00
Order given by Colna LO	Pobrisan	Casket Burial Vault o				
How Secured order no	or informant)			1)		
Occupation Farming,	uare	Barber, \$	ody(Name of Emb	ing, \$		
Name of Employer.	(Social Security Number)	Dressing Body	, \$ Under	wear, \$		
Address		Suit or Dress. Slippers, \$	(State Kind and	Color)		
Date of Death. april 6	1942 4 PM	Folding Chairs	s. S Tarpauli	n, \$		
Date of Birth. Feb 2	(Hour)	Candelabrum,	\$Candles,Gloves, \$	\$		
Age. 62	1 14	Funeral Car, \$	Ambulanc	e, \$		
Date of Funeral. 4/9/4.	Contha) (Daya)	Autos to R. R.	Cemetery @ :	\$		
Services at . W. Will - M.		Getting Rema	ins from			
Clergyman Carl Bellar	true Walter Have	Taking Remai	ns to er's Inquest			
Religion of the Deceased . L. L	A. (Address)	Delivering Box	c to			
Birthplace Dave Co.	Wis	Deliver Flower Removal Char	mer			
Resided in the State	Hurs.	Procuring Bur	ial Permit	er and District)		
Place of Death Decatus	Co. Hosp. (Months)	Certif.Copi	ial Permit. (State Numb esof Death Certifica (State Physician rvice, \$ Use of C	tesNo		
Cause of Death Cerebral	//	Pall Bearer Ser Personal Servi	rvice, \$ Use of (Chapel, \$		
Contributory Causes. Hype	7000000	G	r Sales Tax		148	ΛΩ
el P	Page.	Outlay for Lot		\$. (. (p	
Certifying Physician.	Or Ceroner)	Cremation				
His Address Nava C	2		Notices in P			
Name of Father. 2. 00	112 in	Flowers, \$	(Names of Newspapers) Palms, \$ Ma	tting, \$		
His Birthplace Dave Co.	Red 10 and	Rental of Tent	\$of Temporary	Vault, \$		
Maiden Name of Mother.		Lining Grave,	\$Lowering D	evice, \$		
Her Birthplace	NECOUCH.	Outlay for Ship	pping Charges	maniat @		
Motor Remains to		Railroad or Motor Ticket	Singers,\$Or	ervice,\$		
Size of Casket . # K-1 Key	Cylor and Manther)	Telegr., Phone	, Cable or Radio Cha	irges		
Manufactured by Res Mills Interment at	Hell (Cemeters Cremators	Cash Advance Out of town U	ndertaker's Charges			
Interment at	No. V. A Crematory					
I	ot No. 12 8 1067	Sales Tax			/	48
0	Grave No	Total Footing	of Bill	\$	14.9	48
S	lection No	Less		\$		
Diagram of Lot or Vault	Owner	Entered into I	Balance edger, pageor	\$		
Date	Amount Paid Balance	Date Date	leuger, pageor	- "	a R Second	
	Admount Faid Balance	Date		Amount Paid	Bala	ince
To Above Balance By Payment.			To Balance Forward		. \$	
By Fayment			By Payment	\$. \$	
	s s		и и	\$	\$	
и и	\$\$		и и		\$	
" " "	\$		а и	8	\$	
			и и		\$	
	s s s		и и	s	\$	
Insurance \$ N.	ames of odges		Insurance Companies		CT VA	
I hereby authorize the above Funeral, an	d I hereby represent that I have su	fficient resources Le	zally available to	m Name of Funeral D		
for the payment of aforesaid sum, and I maturity at the rate of			days	rom date. Intere	rectors.) st to accru	e from
		Signed	***************************************			
Witness	Compiled by F. J. F	Address . EINEMAN, St. Louis, h	fo.			
			50 miles			

Total No.M. 1966 Yearly No	12 Date april 15 1942
Name of Deceased. Mary France	is Brenizer white
Residence: Renal, near daman, &	Widowed Considered What Race) What Race) What Race) Or
Charge to: N. Breuge	926 20
Address Zamani Ja	Complete Funeral Salas Casket Less Fax
Order given by X . H	Casket. Burial Vault or Box State Xied State Xied State Xied State Xied
How Secured	Embalming Body
Occupation & mslewife none (Social Security Num)	Barber, \$
Name of Employer (Social Security Numb	0.11 0
Address	· · · Slippers, \$
Date of Death . Apr 14. 1942 8:30 A	
Date of Birth. Gug 26 1850	Door Spray, \$
Age	Funeral Car, \$ Ambulance, \$
Date of Funeral 1/17/4> Fig. (Hour)	M. Autos to R. R. Station @ \$
Services at N. N. Brenger, Monal (Hour)	Getting Remains from
Clergyman J. Vincent Gray	Trip to Coroner's Inquest
Religion of the Deceased	Delivering Box to
Birthplace Verginia	D 1 C1
7A 41	Procuring Burial Permit. (State Number and District)
Resided in the State (or U. S. or City or County) (Years) (Mor	Removal Charges Procuring Burial Permit. (State Number and District) Certif. Copiesof Death Certificates No. Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death.	Personal Service.
	···
Contributory Causes	Gross Total for Sales Tax. \$ 405 00
Certifying Physician.	Outlay for Lot Cremation
His Address	line Death Notices in Papers
Name of Father Jacob Hiner	Flowers, \$
His Birthplace Uniquing	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Rackel Tools	Opening of Grave or Tomb
Her Birthplace Verginia	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.
Motor Ship Remains to andwer, Mo.	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets,\$plane Service,\$
Size of Casket . Brackcloth #817 stal	or Motor Tickets, \$
Manufactured by . Roo (State Color and Number)	Cash Advanced
Interment at Andre Cem	etery Out of town Undertaker's Charges
Lot No.	W. C
	Total Footing of Bill \$ 40 9 05
Grave No	Total Footing of Bill \$ 40.7.03
Section No	Balance. \$
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Ba	ance Date Amount Paid Balance
	By Payment \$ \$
, * * \$ \$	
	* * · · · · · · · · · · · · · · · · · ·
	* "
	a a g e
* * \$ \$	4 4 S S
Names of Lodges.	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I i	and the property of the contract of the contra
for the payment of aforesaid sum, and I hereby covenant and agree	ave sufficient resources Legally available to (Firm Name of Funeral Directors.) o pay the same within
maturity at the rate of % per annum,	Signed
Witness	Address

Total No.29. 1967	Yearly No	3	Date april.	.2919.42
Name of Deceased Show	er Carlis	le Sha	rs. white	
			Divorced (What Ra	e) /
Residence. Rural wear	Lamon	DH	aband Wife Widow } audie &	harp
Charge to Mis andie Sha	Y		neral less vault	\$ 285 00
Address	77	Casket		
Order given by Mus Cendil &	Charp:	Burial Vault		80 00
How Secured	nt)	. Embalming B	(State Kind)	
Occupation Farming	none	Barber, \$		
Name of Employer	(Social Security Number)	Dressing Rod	r \$ IInderwear. \$	/5 372.
Address		Suit or Dress.	(State Kind and Color)	1.3. 7.5
Date of Death April 18 19	42 3 PM	buppers, o		
Date of Birth. June 24 /8		Candelabrum,	\$ Candles, \$	
Date of Birth X Y /8	1	· Door Spray, \$		
Age. 47. 9 (Yeggs) (Months)	(Days)	Limousines to	Cemetery @ \$	
Date of Funeral 7/20/9 2 (Months)	2,300	. Autos to R. R	. Station @ \$	
Services at aland church		Getting Remai	ins fromins to	
Clergyman Roy Cheville		Trip to Coron	er's Inquest	
Religion of the Deceased.	(Address)	Delivering Bo	x to	
Birthplace Harrison Con	uly Mio.	Removal Char		
Resided in the State Harrison G	, all his life			
Place of Death. In Methodis	inty) (Years) (Months)	Certif.Cop	ial Permit. (State Number and District) iesof Death Certificates No. (State Physician's or Coronee's) rvice, \$ Use of Chapel, \$	
Place of Death. S.A. McCarbus	No grand	Pall Bearer Se Personal Servi	rvice, \$ Use of Chapel, \$	
Cause of Death Diabetis		Personal Servi	ce	
Contributory Causes				
			r Sales Tax	\$ 378 75
Certifying Physician Dr. Bro	wu	Outlay for Lo Cremation	t	
His Address	Ja .		Notices in Papers	
Name of Father Osen . Sha	1.		(Names of Newspapers)	
His Birthplace Harrison C	o. Mo.	Flowers, \$	(Names of Newspapers) Palms, \$ Matting, \$	
Maiden Name of Mother. Jola J	mes	Opening of Gr.	,\$of Temporary Vault,\$	
Her Birthplace Ohilaelelphi	a. Pa.	Lining Grave.	S Lowering Device \$	
Motor Ship Remains to	T. 7 Y. T. A	Uutlay for Shi	oping Charges	
Size of Casket # 232 - Steel Oll		Railroad Ticket		
Size of Casket II A J State Color and	Number)	Telegr., Phone	Cable or Radio Charges	
Manufactured by (State Color and	Cemeter:	Out of town II	d	
Interment at Rose Hill	Gremator			
Lot No.	7/3	Sales Tax		
Grave N	10. #2		of Bill	
		Less		\$
Section :	No		Balance	
Diagram of Lot or Vault Owner.		Entered into L	edger, page or below.	
Date Am.	ount Paid Balance	Date	Amount Pa	
To Above Balance				aid Balance
By Payment \$	\$		To Balance Forward	\$
a a e			By Payment\$	\$
	s		s	\$
s	ss.		и и	\$
ss			и и	\$
\$			и и 8	
	ss		и и\$	
Insurance \$ Names of Lodges			Insurance .Companies	
I hereby authorize the above Funeral, and I hereb	y represent that I have s	ufficient resources Le		
for the payment of aforesaid sum, and I hereby co				Directors.)
maturity at the rate of % per annu		Signed	Three same date. Inte	ness to accrue from
Witness	*******	Address		
	Compiled by F. J. F	EINEMAN, St. Louis, P		*************
			200 Males	

Total No. 14.1968 Yearly No	H. Date. april 21 1942			
Name of Deceased Lars Leeti	in white			
Residence: Lameri Sa Single [Widowed Divorced (What Race)			
	or Husband of Isabell Letter			
Charge to: Ischelle Lettun	Complete Funeral \$ 236 00			
Address damou Sa	Casket			
Order given by(orinformant)	Burial Vault or Box			
How Secured	Embalming Body			
Occupation Farmer Social Security Number)	Barber, \$ Hair Dressing, \$			
Name of Employer.	Dressing Body, \$ Underwear, \$ /2 5.0			
Address	Slippers, \$			
Date of Death april 18 1942 11 PM	Folding Chairs, \$ Tarpaulin, \$			
Date of Birth June 6 1861	Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$			
Age. 80 10 12	Funeral Car, \$Ambulance, \$			
Date of Funeral 1/2//4 Tues Days	Limousines to Cemetery			
Services at White Marsh Chape (Hour)	Getting Remains from			
Clergyman Carl Ballantyne y Jay Barr	Taking Remains to. Trip to Coroner's Inquest			
Religion of the Deceased & M (Address)	Delivering Box to			
7.	Deliver Flowers to			
Birthplace forway	Procuring Burial Permit			
Resided in the State	Certif.Copiesof Death CertificatesNo			
Place of Death. a amoun Ja	Procuring Burial Permit. Certif.Copiesof Death Certificates No. Pall Bearer Service, \$. Use of Chaptel, \$. Death of the Copiesof Chaptel, \$.			
Cause of Death. Cerebral Kemorlage	Personal Service.			
Contributory Causes				
	Gross Total for Sales Tax			
Certifying Physician N. R. Samon	Outlay for Lot. 4.0 00 Cremation			
His Address Laman	line Death Notices inPapers			
Name of Father Olo Lettun	Flowers, \$			
His Birthplace. Moway	Rental of Tent, \$ of Temporary Vault, \$			
Maiden Name of Mother Carrie Rongwed	Opening of Grave or Tomb			
Her Birthplace Mouvey	Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.			
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$Raliroad }Tickets, \$plane Service,\$			
Size of Casket . Lhune .	reinited Tickets, \$			
Manufactured by Rocal Carlot (State Office and Mamber) Co	Cash Advanced			
Interment at R. D. Hul Cemetery	Out of town Undertaker's Charges			
Lot No / 4.8 /	Sales Tax			
Grave No	Total Footing of Bill			
Section No	Less Allegui /a\$			
Diagram of Lot or Vault Owner	Balance\$ Entered into Ledger, pageor below.			
Date Amount Paid Balance				
The Dilline	Daiance Daiance			
To Above Balance \$	To Balance Forward \$			
By Fayment.				
" " S S	* *			
	« « s			
	" " ss.			
	* *ss			
Insurance \$ Names of Lodges	Insurance			
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to				
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within			
maturity at the rate of% per annum.	Signed			
Witness	Address			
Compiled by F. J. F.	EINEMAN, St. Louis Mo.			

Total No.M. 1969. Yearly No 15.	Date April 29 1944
Name of Deceased Jane Elizebeth of	tanley white
Residence Quelose, Mo.	Widowed Divorced Wildow John Stanley
Charge to Ed Stanley & brothers	
Address.	Complete Funeral including Vault \$ 365 00
	Casket. Burial Vault or Box. Salian
Order given by Eel Stauley y Brothers	(State Kind)
How Secured.	Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$
Occupation . Mauslwife neue (Social Security Number)	Barber, \$ Hair Dressing, \$
Name of Employer	Suit or Dress(State Kind and Color)
Address	Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$
Date of Death April 27. 1942 6 AM. (Hour)	Candelabrum, \$Candles, \$
Date of Birth. 17. 185-6	Door Spray, \$
Age. (Years) (Months) (Days)	Limousines to Cemetery @ \$
Date of Funeral 4/24/42 Week 2.30P.M.	Autos to R. R. Station
Services at Andovey Church	Taking Remains to
Clergyman J. a. Sunsolly, Laman	Trip to Coroner's Inquest
Religion of the Deceased.	Deliver Flowers to
Birthplace . England	Removal Charges
Resided in the State. 87 41.8 (Years) (Months)	Certif Copies of Death Certificates No.
Place of Death. Orlythedale, Mo.	Procuring Burial Permit. (State Number and District) Certif. Copiesof Death Certificates No. Pall Bearer Service, \$. Use of Chaptel, \$.
Cause of Death artero Scherotic heart.	Personal Service
Contributory Causes.	
Containation, Causes	Gross Total for Sales Tax. \$ 372 50
Certifying Physician. J. B. Hager	Outlay for Lot.
His Address Audove 200	line Death Notices in Papers
Name of Father Thomas France	Flowers, \$. (Names of Newspapers) Flowers, \$. Palms, \$. Matting, \$.
His Birthplace England	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother. Alece Carter	Opening of Grave or Tomb
Her Birthplace. England	Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges
Motor Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$plane Service,\$
Size of Casket 232 H. Couch gray.	or Motor Tickets, \$
Manufactured by . A port (State Color and Number)	Cash Advanced.
Interment at Auglane Communication (Communication)	Out of town Undertaker's Charges
Lot No.	
	Sales Tax
Grave No	Total Footing of Bill \$ 3.76 22 Less 5 % ourst in by May 10, 18.8! \$
Section No	Balance s
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward
By Payment \$ \$	
, , , , , , , , , , , , , , , , ,	
***************************************	**************************************
u u u u u u u u u u u u u u u u u u u	* * * * · · · · · · · · · · · · · · · ·
* * \$	a a s
Names of Lodges.	Insurance Companies.
Insurance \$ Lodges. I hereby authorize the above Funeral, and I hereby represent that I have a	wifficient vocassage I coulle 7 11
for the payment of aforesaid sum, and I hereby covenant and agree to pa	
maturity at the rate of% per annum.	Signed
Witness	Address
Compiled by F. J.	FEINEMAN, St. Louis, Mo.

Total No. 1970	. Yearly No	.1.6		Date	741.	ay 3.		194.2.
Name of Deceased	ohn William	n M	ilcox	son				
Residence: Harrison	Co, Mo Single	Wid.	owed 🔲 I	Divorced) 244.	(What Race)	2 1	
Charge to Harry W	ileoxian		or H	band Wife Wido	Mary	c.ww	cope	
Address				eral		\$	2.36	00
Order given by Harry	V. y brothers	Ca	sket . Pen	Box . Re	20101	1:::2:1	p	
How Secured	(or informant)		riai vauit o abalming Bo		ate Kind)	ed .		
Occupation Farmer	4		rber, \$		of Embalmer Dressing,	s s		
Name of Employer	(Social Security Num	ber) Dr	essing Body	,\$				
Address		The second second	it or Dress	(State F	Cind and Color			
Date of Death. May.	1942 Vistku	our Fol	ppers, \$ Iding Chairs	Ho	se, \$ rpaulin. \$			
Date of Birth . Seft.	Date) 1853 (He	ur) Ca	ndelabrum,	\$Ca	ndles, \$			
Age 88	7 12	Fu	or Spray, \$ neral Car, \$		oves, \$ bulance, \$			
Date of Funeral 5/3/4 >	(Months) (Days)	Lin	nousines to	Cemetery	@\$			
(Date)	(Day of Week) (Hour)			Station		-		
Services at M. C. Chur	a ho	Mo. Tal	king Remain	ns to				
Clergyman Ches Ha	(Address)	De De	p to Corone livering Box	r's Inquest to	eville			
Religion of the Deceased	·					·		
Birthplace Renluc	<i></i>	Pro	moval Charge curing Buri	al Permit		ا ا ا ا		
Resided in the State	or City or County) (Years) (Mo	nths)	Certif.Copie	esof Death Ce	to Number and rtificates)	d District)		
Place of Death. Admid	n Co Mo	··· Pal	l Bearer Ser	al Permit esof Death Ce vice, \$ U	se of Chap	pel, \$		
Cause of Death Corona	y Larombos	Per	sonal Servic	е	mai	*		
Contributory Causes	<i>V</i>							
			oss Total for	Sales Tax		\$	236	.00
	Wheeler, coroni	Cre	mation					
His Address . Bethan	y Mo		.line Death	Notices in		rs		
Name of Father. Storge.	Milcerson	Flo	wers. \$	(Names of Newspa Palms, \$	pers) Mottir	or \$		
His Birthplace	Rucun	Rei	ital of Tent,	\$of Tem	porary Va	ult, \$.,	
Maiden Name of Mother !!!		Lin	ening of Gra ing Grave. S	ve or Tomb	ring Devic			
	of senous	Out	tlay for Ship	ping Charges	S			
Motor Ship Remains to . Eagl	will	···· Cle	rgyman,\$	Singers,\$.	Aero- Some	ist,\$		
Size of Casket Perf	famul	···· Tel	egr., Phone,	Cable or Rad	lio Charge	S		
Manufactured by . Il o.o	Consult Co.	Cas	sh Advanced	l ndertaker's C				
Interment at Eag	leville { Gon	atory			narges			
	Lot No	···· Sal	es Tax				a	36
	Grave No	10000		of Bill			238	36
	Section No			lif. Kakin				
		• • • • •		Balar	12 /	\$		
Diagram of Lot or Vault	Owner	···· Ent	tered into L	edger, page	or be	low.	Chiefe	
Date	Amount Paid Ba	lance	Date			Amount Paid	Bal	ance
To Above Balance	s s			To Balance Fo	rward		. \$	
By Payment	\$ \$			By Payment	\$.//i	. \$	
	\$ \$				\$. \$	
	\$ \$	· · · · · · · ·			\$. \$	
	e e				\$.\$	
* *	s s				\$. \$	
	\$				s		\$	
Insurance \$	Names of			Insurance Companies				
	I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to. (Firm Name of Funeral Directors.)							
for the payment of aforesaid sum, ar	d I hereby covenant and agree t				(Firm Na	me of Funeral D date. Intere	irectors.) st to accru	e from
maturity at the rate of	.% per annum.		Signed					
Witness			Address					

Total No. 19.7/ Yearly No 17.	Date May 14 1942
Name of Deceased	Widowed Divorced (What Rate)
Residence Laman Ja	Widowed Distributional Wile Widow Melina Levell
Charge to Allua Lavell	Complete Funeral
Address. Xaman da	Casket
Order given by allua Lovell & Fisher	Burial Vault or Box(State Kind)
How Secured	Embalming Body(News of Embalmer)
Occupation Larmer none	
Name of Employer. (Social Security Number)	Barber, \$. Underwear, \$. Suit or Dress.
Address	(State Kind and Color)
	Folding Chairs, \$ Tarpaulin, \$
(Hour)	Candelabrum, \$ Candles, \$
Date of Birth Sept 5 1857	Door Spray, \$ Gloves, \$. Funeral Car, \$ Ambulance, \$.
Age. (Months) (Days)	Limousines to Cemetery @ \$
Date of Funeral 5/14/42 Thurs 2 P. M	Autos to R. R. Station @ \$
Services at White March Chapel (Hour)	Getting Remains from
Clergyman arthur Land J. W. Ban	Trip to Coroner's Inquest
	Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace Des Moines Co. Ja	Procuring Burial Permit.
Resided in the State. All S. or City or County (Years) (Months)	Certif.Copiesof Death CertificatesNo
Place of Death Lamon Ja	Procuring Burial Permit. (State Number and District) —Certif. Copiesof Death Certificates No. (State Physicians or Connects). Pall Bearer Service, \$\frac{8}{2}\$. Use of Chapel, \$\frac{8}{2}\$.
Cause of Death Colonary Ochusion	Personal Service
Contributory Causes.	Gross Total for Sales Tax\$ 148 06
O KRA	Outlay for Lot
Certifying Physician A. Corongo	Cremation
His Address. Lamon Ja	line Death Notices inPapers
Name of Father. Eken Zwell	Flowers, \$
His Birthplace. England	Rental of Tent, \$of Temporary Vault, \$of Opening of Grave or Tomb
Maiden Name of Mother Elizabeth Cornely.	Opening of Grave or Tomb
Her Birthplace England	Outlay for Shipping Charges.
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$plane Service,\$
	or Motor Tickets, \$ plane Service,\$
Size of Casket . K	Telegr., Phone, Cable or Radio Charges
Manufactured by Rey Mill Cometer	
Interment at Rose Well { Cemeter Cremator	y
Lot No /9. /	Sales Tax
Grave No. 3 - 4	Total Footing of Bill
Grave No. 2	Less disct of 800 of taken 8
Section No	Balance S
Diagram of Lot or Vault Owner	- Entered into Ledger, page or below.
Date Amount Paid Balanc	e Date Amount Paid Balance
	To Balance Forward
To Above Balance\$	By Payment \$ \$
By Payment \$ \$	" " " " " " " " " " " " " " " " " " "
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# # E S	и и с
2 4 4 2	
" " S S	и « "
и и \$ 8	" " s s
Names of Lodges.	Insurance Companies
	au Mainet recourage I coulty available to
I hereby authorize the above Funeral, and I hereby represent that I have	
for the payment of aforesaid sum, and I hereby covenant and agree to p	ay the same within
maturity at the rate of% per annum.	Signed
	Address

Total No. 1972. Yearly No.	8	Date 7/	1/ay 28	1944.
Name of Deceased. Emma Alice M	cedma.	k	(What Race)	
Residence: Lamoni, Ja	Husbi	and Wife Widow . Jo	Lu Well	twark
Charge to: Mrs Seo Greenman		1 1/2	17 0	36500
Address Kellerton	Complete Fune	rai Avena y lane	<u>-</u>	
Order given by Mus Seo Silenman	Burial Vault or	Box (State Kind)		
How Secured,	Embalming Boo	ly(State Kind) (Name of Embalme		
Occupation housewife none	Barber, \$	Hair Dressing	, \$	
Name of Employer. (Social Security Number)	Dressing Body, Suit or Dress	\$Underwe	ar,\$	750
Address	Slippers, \$	(State Kind and Colo	t)	
Date of Death May 26 1942 5:30 At	Folding Chairs,	\$ Tarpaulin,	\$	
Date of Birth. Oct 23 (Bate) 866 (Hour)	Candelabrum, \$			
Age. 75 7 3 (Cays) (Months) (Days)	Funeral Car, \$.	Ambulance,		
Date of Funeral 528/42 Thus. L. P. M	Limousines to	Station @ \$.		*****
	Getting Remain	ns from		
Services at White-March Chafel	Taking Remain	s to 's Inquest		
Clergyman.:(Address)	Delivering Box	to		
Religion of the Deceased	Deliver Flowers	to		
Birthplace Man Tolldo, Ohio	Removal Charg Procuring Buria	l Permit		
Resided in the State (or U.S. og City or County) Freezy (Months) Place of Death. Megs. Mellinton, (Months)	Certif.Copie	l Permit. (State Number a sof Death Certificates (State Physician's or rice, \$ Use of Cha	nd District)	
Place of Death Mean Kellerton, Ja	Pall Bearer Serv	rice, \$ Use of Cha	pel, \$	
Cause of Death. Stroke	Personal Service			
Contributory Causes Old age				
	Gross Total for		\$	372 50
Certifying Physician D. N. M. Wills	Cremation			
His Address . Laman Gor Coroner La		Notices in Pap	ers	
Name of Father Henry Sligh	777	(Names of Newspapers) Palms, \$ Matti		
His Birthplace not known	Rental of Tent.	Faims, \$ Matti \$ of Temporary V	ng, \$ault.\$	
Maiden Name of Mother Chura (kunt kurum)	Opening of Grav	ve or Tomb		900
Her Birthplace. wot known	Lining Grave, \$	Lowering Devi	ice, \$	
Motor Remains to 232 N. Couch.	Clergyman,\$	Singers,\$Orga	nist,\$	
Size of Casket	or Motor Tickets	Singers,\$Orga ,\$plane Serv Cable or Radio Charg	vice,\$	
Manufactured by Rose (Start) Color and Number) Co.	Cash Advanced	Cable or Radio Charg	es	
Interment at Rose Hill Cremator	Out of town Un	dertaker's Charges		
Lot No		ners 15 # Outer	ueral 3 -	380
Grave No		f Bill	\$	385 30
Section No.	Less		\$ <u></u>	
Diagram of Lot or Vault Owner	Entered into To	Balance dger, pageor b	\$	
Date Amount Paid Balance	1	uger, pageor b	"	
	Date		Amount Paid	Balance
To Above Balance. \$		To Balance Forward		\$
a a e e		By Payment		\$
" " S S			e	\$
		и и	8	\$
* * *		a a	\$	s
· · · · · · · · · · · · · · · · · · ·		и и	\$	\$
ssss		# a	\$	s
Insurance \$ Names of Lodges		Insurance Companies		
I hereby authorize the above Funeral, and I hereby represent that I have s	ufficient resources Leg	ally available to	Same of Funeral Dis-	etom V
the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within	days from	m date. Interest	to accrue from
maturity at the rate of% per annum.	Signed			
Witness	Address.			

	Total No.21.19.7.3	Year	ly No.	!5	?	0	Date	ry. 28.		19.4.2
	Name of Deceased	James	Zo	ren	vo Re	ele	4	(What Bace)		
	Residence.	Married Married	Si	ngte CE	J Widowed [_ Divorce	wite Widow & Ealer	a 8 11	elle	,
	Charge to Edua E. K	elley			-	DF.,,,,,,,				
	Address & 117 Merdison		ilin	e tou &		uneral ,	with red wo	pd. l.P.Y. \$	45.8	00
	Order given by Cobace		0		Casket Burial Vaul					
	How Secured	(or informant)			Embalming		(State Edna)			
	Occupation Salesm	1914 4	30-0	1-5757	Barber, \$		(Name of Embalms Hair Dressing	sr) . \$		
		(Soci	al Security	Number)	Dressing Bo	dy, \$	Underwe	ar,\$		
	Name of Employer				Suit or Dres		(State Kind and Colo	r)		
	Address	6 1442	6	- PW	Slippers, \$.	irs \$	Hose, \$ Tarpaulin,	3		
	20 //	(Date) 1908		(Hour)	Candelabru	m, \$	Candles, \$.			
	Date of Birth. Aug	ac1.7.9.8	27		Door Spray	, \$	Gloves, \$ Ambulance,	\$		
	Age	(Months)	(Days)		Limousines	to Cen	netery @ \$.			
	Date of Funeral. 28.42.	(Day of Week)	. 10:3	OA.M	Autos to R.	R. Sta	tion @ \$. rom	• • • • • • • • • • • • • • • • • • • •		
	Services at Coliseum	n			Taking Ren	nains to				
	Clergyman. N. 1. B.	forelen,	La	mon			nquest			
	Religion of the Deceased	1. 2. 3.			Deliver Flo	wers to				
	Birthplace . Zamoni.	Ja			Removal Cl	narges.				
	Resided in the State	lefe	(Years)	(Months)	Certif.C	oniesof	Death Certificates	nd District)		
	Place of Death. Lamo	m Da	÷		Pall Bearer	Service	ermit (State Number of Death Certificates (State Physician's of ,\$ Use of Cha	apel, \$		
	Cause of Death sub-acu	te bacterial	enel	cardi	Personal Se	rvice				
	Contributory Causes	ubolisin								
1	Scate Rheumatic	Lever wh	m 129	no old	Gross Total			\$	458	00
	Certifying Physician. N. C		n.		Outlay for Cremation.	Lot				
	His Address Lam	(or Coroner)			line De	ath No	tices in Pap	ers		
	Name of Father. James	s & Ke	eley		Flamous C	(Nar	nes of Newspapers)	ing ®		
	His Birthplace. March	say In	d		Rental of To	ent, \$	nes of Newspapers) lms, \$ Matt of Temporary V	ault,\$		
	Maiden Name of Mother	adentia.	Hay	er.	Opening of	Grave	or Tomb Lowering Dev		9.	00
	Her Birthplace. Lasall	e Co, I	el:		. Outlay for	Shippin	g Charges			
	Motor) Remains fo				Clergyman,	\$	Singers,\$Orga Aero- plane Ser	mist,\$		
	Size of Casket Solie Che	erry state	ī		or Motor 110	ne. Cal	ble or Radio Char	vice, p		
	Manufactured by	Weash	ger)		Cash Adva	nced				
	Interment at Post	Hill	{	Cemeter Cremeter	y Out of tow	n Unde	rtaker's Charges			
		Lot No. 8	41						2	3-8-
					Sales Tax . Total Footi				471	58
		Grave No					iftaken by bu	ue 11/42 8	1.4.4.2	
		Section No.					Balance	3		
	Diagram of Lot or Vault	Owner			Entered int	o Ledg	er, pageor l	pelow.		
	Date	Amount	Paid	Balano	Date	- 15 19		Amount Pa	d B	lance
	To Above Balan	ce	\$			To	Balance Forward			
	By Payment	\$	s			Ву	Payment	\$	\$	
		\$	\$			"	a	s	\$	
		\$	\$			"	"	\$	\$	
		\$	\$			"	"	\$	\$	
								\$	\$	
		\$	\$				a	s	ss	
		Names ofLodges				Ins	urance mpanies			
	Insurance \$ I hereby authorize the above Fune		present t	hat I have	sufficient resource				******	
	for the payment of aforesaid sum,							Name of Funeral om date. Inte	Directors.)	rue from
	maturity at the rate of					ned				
	Witness			-	Ad	dress				

							1			
Total No. 71. 1974 Yearly No. 20 Date June 12 19.42										
Name of Deceased Colward (Ted) Shelin						v.	hi	4		
Residence Lamoni	Ja				Husband	Wife[]Widow	(What	(tace)		
	1, govar	dicen		LA PROPERTY		of \$		oll	100	0.0
Address Zaman C	- Cla								7.4.4.	
Order given by. J	nformant)		Bu	rial Vaul	t or Bo	K	0			
How Secured			. Em	balming	Body .	(Name of Emi	olmer)			
Occupation laborer	(Social Secur	ity Number)	. Bar	rber, \$ essing Bo	ody, \$	Hair Dress	ing, \$ rwear, \$			
Name of Employer			Sui	t or Dres	ss	(State Kind and	Color)			
Date of Death June 10	1942	100 N	Slip Fol	opers, \$.	airs. \$	Hose, \$Tarpauli	n. \$			
Date of Birth. March (Date)	1858	(Hour)	Car	ndelabru	m, \$	Candles,	\$			
011			Fu	neral Car	r, \$	Gloves, a	e, \$			
Date of Funeral 6/12/42 F				nousines tos to R.	to Cen R. Stat	netery @ tion @	\$ \$			
Services at White-Mouse	Chapel	(Hour)	Get	tting Re	mains f	rom				
Clergyman M. Traxler - 11	Vortey Ecly	nunels	. Tri		oner's I	nquest				
Religion of the Deceased	(Address)		. Del	livering l liver Flo						
Birthplace Meer Burnin	gham, En	gland	Rei	moval Cl	harges.					
Resided in the State		Months	Pro	curing E	oniesof	ermit (State Numl Death Certifica (State Physiciar ,\$ Use of	er and District			
Place of Death & Court	ea .) (ntontas)	Pal	l Bearer	Service	(State Physician	Chapel, \$			
Cause of Death Coronary	Heartoli	slase	Per	sonal Se	rvice					
Contributory Causes										
			Gre	oss Total	for Sal	es Tax		\$	100	00
Sertifying Physician. Da. Free	or Coroner)	٠٠	Cre	mation.						
His Address. Lem.	٠,					tices in I		• • • •		
Name of Father. Chas	Cheen		Flo	wers, \$.	Pa	ms, \$ M	atting, \$			
His Birthplace	uel		. Rer	ntal of To	ent, \$	of Temporar or Tomb	y Vault, \$.			
Maiden Name of Mother Have	ut/saus	Jen.	Lin	ing Grav	7e, \$	Lowering I	Device, \$			
Her Birthplace. Cugla. Motor Remains to	799		Cle	tlay for a rgyman,	Shipping \$	g Charges Singers,\$O	rganist,\$:::		
Size of Casket Q. A. P	ine Bluff	c.e.	or M	road lotor } Tic	kets, \$.	Singers,\$O Aero- plane	Service,\$			
Manufactured by	Color and Number)		Tel Cas	legr., Pho sh Advar	ne, Cat nced	ole or Radio Ch	arges			
Interment at Rose X	ùl.	{ Cemete Cremato		t of town	n Under	taker's Charge	s			
	ot No 7.6.									
				es Tax .					10.0	50
W. Carlotte and Carlotte	rave No			ss		ill		\$	10.0	٠٠٠٠.
Se	etion No					Balance		\$		
Diagram of Lot or Vault O	wner		. En	tered int	o Ledge	r, pagec	r below.			
Date	Amount Paid	Balanc	e e	Date			Amount	Paid	Bal	ance
To Above Balance		\$			То	Balance Forward.			\$	
By Payment	\$	\$			Ву	Payment	\$		\$	
	\$	\$			"		\$		\$	
	\$	\$			а	"	\$		\$	
« «	\$	\$			и	«	\$		\$	
	\$	\$			п	«	\$		\$	
		s			Troca	ronce	\$			
Insurance \$Lo	mes of dges					rance panies				
I hereby authorize the above Funeral, and for the payment of aforesaid sum, and I h							irm Name of Fu from date.	neral Di	rectors.)	ne from
maturity at the rate of% p		agree to p	ay tild B		ed	uays	om uace.	vere	or to accr	
Witness		State of		Add						
		piled by F. J	. FEINE							
	50 miles									

Total No. 1975 Yearly No. 21	Date July 6 19#2-
Name of Deceased. Howard Willis	Loper white
Residence Lamoni Ja	Wildowed Divorced (What Race)
Charge to:	we 20
Address	Complete Funeral
Order given by Euma Lofu	Casket. Burial Vault or Box
How Secured	Embalming Body(Name of Embalmer)
Occupation retiried farmer name (Social Security Number)	Barber, \$
Name of Employer.	Dressing Body, \$ Underwear, \$ Suit or Dress
Address	Slippers, \$
Date of Death. July 4. 1942 8. A.M.	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth. 2/11. 26. 18.6.2	Door Spray, \$
Age. 80 2 8	Funeral Car, \$
Date of Funeral 7/6/42 Menday 2:30 P.M.	Autos to R. R. Station
Services at Luneral Chafel (Hour)	Getting Remains from
1 10 00 00	Taking Remains to
	Delivering Box to
Religion of the Deceased.	Deliver Flowers to
Birthplace Melville, New Jersely	Removal Charges. Procuring Burial Permit.
Resided in the State	Procuring Burial Permit. —Certif.Copiesof Death CertificatesNo. —Cartif.Copiesof Death CertificatesNo. —Spall Bearer Service, \$ Use of Chaptel, \$
Place of Death Lamon Deterition Oranto	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Astruction, Pashunai Listas	Personal Service
Contributory Causes. Levility.	
	Gross Total for Sales Tax\$ 14.5
Certifying Physician Us K.A. Brown	Outlay for Lot.
His Address Samon (or Coroner)	line Death Notices inPapers
Name of Father Isaac B. Loper	Flowers, \$ (Names of Newspapers) Flowers, \$ Palms, \$ Matting, \$
His Birthplace Mess Jersey	
Maiden Name of Mother Casoline Hess	Opening of Grave or Tomb
Her Birthplace Men Lersey	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges
Motor Remains to	Clergyman,\$Singers,\$Organist,\$
Size of Casket K 1 - H. Cof gray	Clergyman,\$Singers,\$Organist,\$Railroad Tickets,\$plane Service,\$
Manufactured by Rex Metallic	Telegr., Phone, Cable or Radio Charges
Interment at Rose Hall Cemetery	
Comment	
Lot No & .6.3	Sales Tax on 1/2 service chig. 148
Grave No	Total Footing of Bill
Section No.	Less Disch for carls 300 8
Diagram of Lot or Vault Owner	Balance Occid \$ /4.4. 48 Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward\$
By Payment \$ \$	
* * * * * * * * * * * * * * * * * * *	
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	п и 8 е
« « S S.	« «
Insurance \$ Names of Lodges.	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have so	officient recourses Legally evallable to
for the payment of aforesaid sum, and I hereby covenant and agree to pay	
maturity at the rate of % per annum.	Signed
Witness	Address

Total No. 711. 1.97.6 Yearly No 22.	Date fully 1-2 194/2-
Name of Deceased. Sale Hartley	Widowed Divorced (What Race)
Residence Lamani la Married & Stagle L	Widowed Divorced (What Mace)
Charge to Walty Hartly	or of }
Address Lamoni	Complete Funeral\$
Waster Hartley 4 wife	Casket. Burial Vault or Box
How Secured (or informati)	(State Kind)
Otim // mst	Embalming Body (Name of Embalmer) Barber, \$
Name of Employer Mane (Social Security Number)	Dressing Body, \$Underwear, \$
Address	Suit or Dress
Date of Death. July 10 1942 8(30AM)	Slippers, \$
Date of Birth. Dak 3 3 1897 (Hour)	Candelabrum, \$
Date of Birth	Funeral Car, \$ Ambulance, \$
Age (Years) (Months) (Days)	Limousines to Cemetery @ \$
Date of Funeral	Autos to R. R. Station @ \$ Getting Remains from Clanuola
Services at	Taking Remains to Januari Trip to Coroner's Inquest
Clergyman (Address)	Delivering Box to . cemetary
Religion of the Deceased.	Deliver Flowers to Removal Charges
Birthplace Diagoladul - Ja	Procuring Burial Permit. (State Number and District)
Resided in the State (gr UySy or City, or County) (Years) (Months)	Certif Conjesof Death Certificates No.
Place of Death State Hosp Clarinda	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Maniacial Exhaustion.	Personal Service. Strave Marker, flower cards
Contributory Causes Leheustien from	V numory book
(Keychosis	Gross Total for Sales Tax
Certifying Physician Norman D. R. Lade	Cremation
His Address. Clarinda Ja	line Death Notices in Papers
Name of Father Walter Hartley	Flowers, \$(Names of Newspapers) Palms, \$Matting, \$
His Birthplace. Penn.	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Qva May Wadelell	Opening of Grave or Tomb.
Her Birthplace Missouri	Rental of Tent, \$ \(\) of Temporary Vault, \$ Opening of Grave or Tomb. \(\)
Motor Ship Remains to	Clergyman, \$
Size of Casket 22 05 - 6/3 Half Couch (State Colognand Symptotes)	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced
Interment at Asal Hill Cemeters	
Lot No. 1110	Stems Pare included in service 2.00
Grave No	Sales Tax 300 Total Footing of Bill \$
	Less \$
Section No	Balance\$
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance S	To Balance Forward.
ssss	
" " \$ \$	
\$ \$	\$ \$
ss	\$
Names of	Insurance
Insurance \$ Names of Lodges.	
I hereby authorize the above Funeral, and I hereby represent that I have s for the payment of aforesaid sum, and I hereby covenant and agree to pa	
maturity at the rate of% per annum.	Signed
Witness	Address
	FEINEMAN, St. Louis, Mo.

Total No. 1977M	Yearly No	2.3		D-10 C	ely. 15.	195/2-
Name of Deceased Lu	ella las	ie b	husan (M	S.W.)	WA	ite
Residence Lamoni	Married	Single		Divorced	(What Race)	hum
Charge to H.W. John	ison		or,	band Wife Widow .	.W. Jon	HARTING.
Address Lamon	la		Complete Fun		\$	258 00.
Order given by & W. In	husan		Casket	2.32. Nf. Co	e box	
How Secured	or informant)		Embalming B	or Box (State Kind)		
Occupation housewif	e u	are	Barber, \$	(Name of Emba	ng, \$	
Name of Employer	(Social Secur	ity Number)	Dressing Body Suit or Dress.	r,\$Under		
Address			Slippers, \$	(State Kind and C	olor)	
Date of Death July . 1.3 1		8. P.M	Folding Chair	s, \$Tarpaulin \$Candles,	, \$	
Date of Birth. June . 3.0.	1.8.6.0		Door Spray, \$	Gloves, \$		
Age	(Onthe) (Days)		Funeral Car, S	Cemetery @ \$, \$	
Date of Funeral. 7/15/42	Uld. ay of Week)	. A. P.M.	Autos to R. R.	Station @ \$ ins from		
Services at . Chapel	y		Taking Remai	ns to		
	oug(Address)		Trip to Coron	er's Inquest		
Religion of the Deceased			Deliver Flower	s to		
Birthplace Cenu -			Removal Char Procuring Bur	gesial Permit		
Resided in the State . 6 or U.S. or C	ity or Gounty) (Years)	(Months)	Certif.Copi	ial Permit(State Number esof Death Certificat (State Physician's rvice, \$ Use of C	esNo	
Place of Death. Lamoni.)		Pall Bearer Se Personal Servi	rvice, \$ Use of C	hapel, \$	
Cause of Death. Acad. Contributory Causes. O.C.						
Contributory Causes			Gross Total fo	r Salar Tay		258 00
Certifying Physician. N. M.	Hells		Outlay for Lo	t		
His Address Lamon	(or Coroner)	1015001	Cremation	Notices in Pa	pers	
	Tyrrell			(Names of Newspapers) Palms, \$ Mar		
His Birthplace			Rental of Tent	. Palms, \$ Ma , \$ of Temporary	Vault.\$	
Maiden Name of Mother Ely	ebeth Than	seon.	Opening of Gr.	ave or Tomb \$Lowering De		
Her Birthplace			Outlay for Shi	oping Charges		
Motor Ship Remains to	10		Railroad Ticker	Singers,\$Org	ganist,\$	
Size of Casket 232-Half	Couch,		Telegr., Phone	, Cable or Radio Cha	rges	
Manufactured by Arthur Interment at Rose Hi	el	Cemetery	Cash Advance Out of town U	ndertaker's Charges		
	ot No. 98	Grematory				
	_		Sales Tax			258
	Grave No		Total Footing Less	of Bill	\$	
S	Section No		Less	Balance	\$	******
Diagram of Lot or Vault	Owner		Entered into I	edger, pageor	below.	
Date	Amount Paid	Balance	Date		Amount Paid	Balance
To Above Balance				To Balance Forward		s
By Payment	\$ \$			By Payment		\$
и и	ss			# # ·······	\$	\$
	\$s			« «	s	\$
× 4	\$ s			и и	. \$	\$
	\$			и и	. \$	\$
	S \$ ames of		<u></u>	Treurance	. \$	s
Insurance \$	ames of odges	hat I have end	Seignt recourses I o	Insurance Companies		
for the payment of aforesaid sum, and I				(Firm	Name of Funeral Dis rom date. Interes	rectors.)
maturity at the rate of%			Signed.		Anteres	o to accrue from
Witness			Address			
	Comp	ned by F. J. FE	INEMAN, St. Louis, 1			
				10 mile		

Total No. 1978 M. Yearly No	Date			
Name of Deceased	Yole (Mrs. Charles) □ Widowed □ Divorced (What Race)			
Residence Lamori Ja	Husband Wile Widow Charles Hydle			
Charge to Charles Hyde	07,10			
Address, Lamoni	Complete Funeral \$ 458.00			
Order given by Charles Hydl.	Casket Burial Vault or Box			
How Secured . (Finformant)	(State Kind)			
	Barber, \$. Hair Dressing, \$.			
Occupation Housewife now! Name of Employer (Social Security Number	Dressing Body, \$			
Address	Suit or Dress			
Date of Death. Aug. 18. 1942 8/30 P)	Slippers, \$Hose, \$ Folding Chairs, \$Tarpaulin, \$			
Date of Birth Jan 24 1891 (Hour)	Candelabrum, \$			
Age. 51 6 24	Funeral Car, \$Ambulance, \$			
Date of Funeral 1/21/4. Friday (Days)	Limousines to Cemetery @ \$			
Services at College (Day of West) (Hour)	Getting Remains from theu. Taking Remains to Hour			
Clergyman Bishop Do Laff - De Sorden	Trip to Coroner's Inquest			
Religion of the Deceased (Address)	Delivering Box to countary			
Birthplace Harrison County, Ja	Deliver Flowers to Removal Charges.			
Resided in the State (or U.S. or City or County) (Year) (Month	Certif. Copies of Death Certificates No			
Cause of Death Peritonitis	Pall Bearer Service, \$ Use of Chapel, \$			
	``a			
Contributory Causes acute appendicitis	Gross Total for Sales Tax \$ 458 00			
Certifying Physician K. R. B. Noww	Outlay for Lot.			
	Cremation			
THE THURSDAY OF THE PROPERTY O	line Death Notices in Papers			
Name of Father Robert J. Cark. His Birthplace Brown County, Ohio	Flowers, \$			
	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb // 000			
Maiden Name of Mother Hannah Jane Carelles. Her Birthplace. England	Lining Grave, \$Lowering Device, \$			
Motor Remains to	Outlay for Shipping Charges Clergyman, \$ Singers, \$ Organist, \$			
Size of Casket. Cherry - State.	Clergyman, \$Singers, \$Organist, \$Rallroad Tickets, \$Paine Service, \$			
Manufactured by Poof Casher Co.	Telegr., Phone, Cable or Radio Charges			
Interment at Rose Hill Cemet				
Cremato				
Lot No 15.28	Sales Tax 458			
Grave No2.	Total Footing of Bill			
Section No	Less \$			
Diagram of Lot or Vault Owner Chas : Johyple	Balance\$			
Date Amount Paid Balan				
To Above Balance \$	To Balance Forward \$			
By Payment \$ \$	By Payment S S			
" " \$ \$	" " s s			
" " \$ \$				
***************************************	\$ \$			
" " s s	* * * * * * * * * * * * * * * * * * * *			
Names of	Insurance \$\$			
Insurance \$	Insurance Companies.			
for the payment of aforesaid sum, and I hereby covenant and agree to p				
maturity at the rate of % per annum,	Signed			
Witness	Address			
Compiled by F. J. FEINEMAN, St. Louis, Mo.				

	A 9 11
Total No 9.7.9. M. Yearly No	5 Date Aug 25 1942
Name of Deceased. Married Single	(What Race)
Residence Clarinela, State Horp	Widowed Divorced Divorced Husband Wile Wildow John MCKel
Charge to Elney MC Kee	Complete Funeral
Address Mulwaukee	··· Casket
Order given by Elua Mc Kee	Burial Vault or Box(State Kind)
How Secured Mode	Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$
Occupation	Barber, \$ Hair Dressing, \$
Name of Employer. une (Social Security Numbe	Darber, \$. Underwear, \$. Suit or Dress. (State Kind and Color)
Address	Slippers, \$
Date of Death. Aug. 21 1992 (Hour	Folding Chairs, \$ Tarpaulin, \$
Date of Birth	Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$
Age. 79 yrs (Months) (Dava)	Funeral Car. \$ Ambulance, \$
Date of Funeral 725/42 Man. (Days)	Limousines to Cemetery @ \$
Services at Trave (Day of Week) (Bour)	M. Autos to R. R. Station
Clergyman. J.A.: Shunsolly (Address)	Taking Remains to
Clergyman. J. M.: Address)	Delivering Box to
Religion of the Deceased	Deliver Flowers to Removal Charges.
	Procuring Burial Permit.
Resided in the State (or U. S. or City or County) (Years) (Month	Procuring Burial Permit. (Sate Number and District)
Place of Death Clarinela Stale Horp.	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
Cause of Death Cerebral Hemoraly	Personal Service.
Contributory Causes.	
	Gross Total for Sales Tax. \$ Outlay for Lot.
Certifying Physician. (or Coroner)	Cremation
His Address	line Death Notices inPapers
Name of Father	Flowers, \$
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother	Opening of Grave or Tomb
Her Birthplace	Outlay for Shipping Charges.
Motor Ship Remains to	Clergyman,\$. Singers,\$. Organist,\$. Railroad Tickets, \$. Aero Service,\$. plane Service,\$.
Size of Casket Hinge Caf	or Motor Tickets, \$
Manufactured by R	Cash Advanced
Interment at. R. o.s	Out of town Undertaker's Charges.
Lot No 8.8.0	
	Sales Tax
Grave No3	Total Footing of Bill. \$ 1.69 72. Less. Carl pd Aug 15/42 \$ 25 72
Section No	Less
Diagram of Lot or Vauit Owner	Entered into Ledger, pageor below.
Date Amount Paid Balar	ce Date Amount Paid Balance
To Above Balance \$	To Balance Forward
By Payment \$ \$	By Payment \$
* * \$ \$	\$\$
······································	
# # e e	**
" " s s	* \$ \$ \$
" " S S	\$\$
Insurance \$ Names of Lodges	Insurance S
I hereby authorize the above Funeral, and I hereby represent that I hav	sufficient resources Legally available to (Firm Name of Funeral Directors,) ay the same within
for the payment of aforesaid sum, and I hereby covenant and agree to	ay the same within
maturity at the rate of% per annum.	ay the same within
Witness	Address.
Compiled by P.	PEINEMAN, St. Louis M.

chim ook

Total No. 1980 M. Yearly No. 26 Date			
Name of Deceased A. Milliam Lla	Kelley White		
☐ Married 💢 Single ☐ Residence.	Widowed Divorced (What Race) Husband Wife Widow		
Charge to L. S. Kelley	orof }		
Address Lamon Da	Complete Funeral Proffesional Seven \$ 1000		
Order given by above	Casket SHIP. IN		
How Secured. (orinformant)	Burial Vault or Box		
	Embalming Body		
Occupation Lt in Assury air Corf. Name of Employer U. A. Army. (Social Security Number)	Dressing Body, \$Underwear, \$		
Address	Suit or Dress		
Date of Dooth	Slippers, \$		
(Date) (Hour)	Candelabrum, \$Candles, \$		
Date of Birth	Door Spray, \$		
(Yeary) (Months) (Days)	Limousines to Cemetery @ \$		
(Date) (Day of Wesley (Hour)	Autos to R. R. Station		
Services at Colistum Clergyman Blair Lenson Chaplain Kahrle	Taking Remains to		
	Delivering Box to		
Religion of the Deceased	Deliver Flowers to		
Birthplace Laure	Procuring Burial Permit.		
Resided in the State. 24 740. (or U. S. or City or County) (Years) (Months)	Certif Conject Death Certificates No.		
Place of Death	Pall Bearer Service, \$. Use of Chapel, \$. 500 Personal Service.		
Cause of Death Auflacial Crash:	Usert 1000008 Cars & Lawhunt 1000		
Contributory Causes	Certain Ceruetary equipment 500		
	Gross Total for Sales Tax\$		
Certifying Physician(or Coroner)	Outlay for Lot. Commission Pinital of Coliseum 500		
His Address	line Death Notices inPapers		
Name of Father J. S. Kelley.	Flowers, \$. Palms, \$. Matting, \$.		
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$		
Maiden Name of Mother	Lining Grave, \$ Lowering Device, \$		
Her Birthplace	Outlay for Shipping Charges		
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$Railroad \Tickets,\$plane Service,\$		
Size of Casket (State Color and Number)	Telegr., Phone, Cable or Radio Charges		
Manufactured by	Cash AdvancedOut of town Undertaker's Charges		
Interment at Rose Hill { Cemetery Crematory			
Lot No 9.6.2	Sales Tax		
Grave No/	Total Footing of Bill \$ 49 00		
Section No.	Less\$		
	Balance\$		
	Entered into Ledger, page or below.		
Date Amount Paid Balance	Date Amount Paid Balance		
To Above Balance	To Balance Forward \$		
By Payment \$\$.			
# # # e e	" " * * * * * * * * * * * * * * * * * *		
" " s s	u u s s		
ss			
Names of Lodges	Insurance		
I hereby authorize the above Funeral, and I hereby represent that I have st			
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within		
maturity at the rate of % per annum.	Signed		
Witness	Address		

	m 4
Total No. 1981 M. Yearly No	Date Oct 1943
Name of Deceased Mary Jane	Waltenburgh (What Race)
Residence Lamoni Ja	Widowed Diversed Diversed Husband Wille AWildow Jacob Waltenbaug
Charge to. Olef ago assistuce	orol 3/
Address	Complete Funeral\$.700 60
Order given by Ms. Ques.	Casket
(or informant)	Burial Vault or Box(State Kind)
How Secured	Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$
Occupation Amsewife NONE (Social Security Number)	Dressing Body, \$
Name of Employer	Suit or Dress
Address	Suit or Dress. (State Kind and Color) Slippers, \$Hose, \$
Date of Death Oct 9 1942 ///2 AM	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth. Qcf. 8. 1861	Door Spray, \$
Age. (Years) (Months) (Days)	Funeral Car, \$Ambulance, \$Limousines to Cemetery@ \$
Date of Funeral Oct 11/42 - Sun. 2 P.	Autos to R. R. Station
Services at Chapel (Day of Week) (Hour)	Autos to R. R. Station
Clergyman Arthur Lane	Trip to Coroner's Inquest
Religion of the Deceased. L. D. S. (Address)	Delivering Box to
Birthplace Laurence, Mich	Deliver Flowers to Removal Charges
A CONTRACTOR OF THE PARTY OF TH	Procuring Burial Permit.
Resided in the State. (or U.S. og City or County) (Yearn) (Months) Place of Death. J. Wa. L. C. J.	Procuring Burial Permit. —Certif.Copiesof Death CertificatesNo. Pall Bearer Service, \$. Use of Chaple, \$.
	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Carcinonia of Vulva	Personal Service.
Contributory Causes	40.4
1 U Dandell	Gross Total for Sales Tax. \$ /2.1 5.0. Outlay for Lot.
Certifying Physician. J. H. A and all. His Address Luca, C. (g. Coroner)	Cremation
	line Death Notices inPapers
Name of Father	Flowers, \$
His Birthplace	
Maiden Name of Mother	Opening of Grave or Tomb. Lining Grave, \$Lowering Device, \$
Her Birthplace	Outlay for Shipping Charges. Clergyman,\$Singers,\$Organist,\$ Railroad / Tickets, \$Aero-glane Service,\$
Motor Ship Remains to	Clergyman, \$ Singers, \$ Organist, \$ Railroad Trickets \$ Aero-G
Size of Casket . Q.A.P. flat Lof.	Telegr., Phone, Cable or Radio Charges
Manufactured by Aire (State Color and Number) Interment at Asset Hill (Commenter	Cash Advanced
Interment at Of Me Hill Cemeter	Out of town Undertaker's Charges
Lot No 3.48	77 77 7
	Sales Tax 10 Tay-
Grave No?	Total Footing of Bill
Section No	Balance. s
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward \$
By Payment	By Payment.
" " \$ \$	" п
" " \$ \$	
* *	
	ssssssss
Insurance \$ Names of Lodges.	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have s	
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of % per annum.	and the interest to accrue from
	Signed
Witness	Address EINEMAN, St. Louis, Mo.

Total No. /9.82 M	Yearly No	2.8		DateO	ct 23	1	19//2
Name of Deceased Let	i Carles	4	Broo	ka	Hhile.		
Residence Rural - Hear La	Married Single			oand Wife Widow & of	What Race)	6	3
Charge to: Sarah & B	rooks.			ot }	aran C. Va		****
Address Lamoni	Ia.		Complete Fund	eral	\$	352	00.
Order given by Sarah &	Brooks		Casket				
How Secured (or inf	ormant)		Burial Vault or Embalming Bo	(State Kine			
Occupation Farming	2 Cone		Barber, \$		almer)		
Name of Employer	(Social Security Nu	mber)	Dressing Body	,\$Unde	rwear, \$		
Address			Suit or Dress	(State Kind and	Color)		
Date of Death. Oct. 21.	1942 313	OAM	Slippers, \$ Folding Chairs	, \$ Tarpauli	n, \$		
Date of Birth. May 2 (Date)	1869 (H	lour)	Candelabrum,	\$Gloves, \$	\$		
Age. 73 5	19		Funeral Car, \$	Ambulano	e, \$		
Date of Funeral 19/23/42 /1		PM	Autos to R. R.	Cemetery @ Station @	\$ \$		
Services at Chapel. (Day of	Weeled (Hour		Getting Remai	ns from			
	Barr		Taking Remain Trip to Corone				
Religion of the Deceased L. A.	(Address)		Delivering Box Deliver Flower	to			
Birthplace Canada			Removal Charg	ges			
Resided in the State 5.5.4	lau'		Procuring Buri	al Permit	er and District)		
Place of Death. Rual home	r County) (Years) (M.	onths)	Certif.Copie	al Permit (State Numb esof Death Certifica (State Physician vice, \$ Use of (tesNo		
Cause of Death Chronic Myo	carolitis		Personal Service	e	Jnapei, \$		
Contributory Causes.							
Contributory Causes			Gross Total for	Sales Tax	8	352	00
Certifying Physician & Relea	Ø		Outlay for Lot			40	00
His Address . Navis City	Coroner)		Cremation line Death	Notices in F	apers		
Name of Father Kenry Bro	ops			(Names of Newspapers)			
His Birthplace Canada			Flowers, \$ Rental of Tent.	(Names of Newspapers) Palms, \$ Ms \$ of Temporar	v Vault. \$		
Maiden Name of Mother Chole	4 Corless		Opening of Gra	ve or Tomb		10	00
Her Birthplace. Michego	un.		Outlay for Ship	ping Charges			
Motor Ship Remains to			Clergyman,\$	Singers,\$Or s,\$Aero- plane	rganist,\$		
Size of Casket 6-3 State			Telegr., Phone.	S, \$ plane Cable or Radio Ch	Service,\$		
Manufactured by . Simple			Cash Advanced	1			
Interment at Close Will	{ Cet	metery	Out of town U	ndertaker's Charge	3		
Lot	No. 1473		Sales Tax			3	35
	ve No		Total Footing	of Bill	\$	405	35
			Less 2 disct		\$	17	70
	ion No			Balance	\$	3.8.7.	6.5
Diagram of Lot or Vault Own	ner		Entered into L	edger, pageo	r below.		
Date	Amount Paid B	alance	Date		Amount Paid	Bala	ance
To Above Balance	s			To Balance Forward.		. \$	
By Payment	\$			By Payment	\$. \$	
	\$\$				\$. \$	
	e e	0.4		4 4			
	ss				s.	\$	
	\$			и и	\$	\$	
	8			и и	8	s	l
Insurance \$ Lodg	es.,,,,,,,,,,,,,,,,,,,,,,		a	Insurance .Companies			
I hereby authorize the above Funeral, and I					rm Name of Funeral D	rectors.)	
for the payment of aforesaid sum, and I her maturity at the rate of % per		to pay		days	from date. Interes	st to accru	e from
	annually		Signed.	*****************	*************		
Witness	Compiled by	F. J. FE		do.			

1873 11/	Oct 27 1942
Total No 19.83 M Yearly No 29	Date
Name of Deceased	Widowed □ Divorced (Why: Race)
Residence Lamoni Ita - aural.	□ Widowed □ Divorced [Millesband] Wile □ Wildow } Millesty Will (Dallanty) or. of
Charge to: Mas J. L. Ballantyne	Complete Funeral
Address X among Ja	Casket
Order given by Marghan Sallamyre (or informant)	Burial Vault or Box(State Kind)
How Secured 1101	Embalming Body
Occupation farming were	Barber, \$
Name of Employer Audicel	
Address	Slippers, \$Hose, \$
Date of Death. Oct 35 1942 6 PM	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth. May 6 1878(6)	Door Spray, \$
Age. 66 5 19	Funeral Car, \$Ambulance, \$Limousines to Cemetery@\$
Date of Funeral Det a 1/4 - Tula, 2 P.	Autos to R. R. Station @ \$
Services at Columnia (Day of Week) (Hour)	Getting Remains from
Clergyman Cheville - Beck.	Trip to Coroner's Inquest
Religion of the Deceased. L. D. L. (Address)	Delivering Box to
Birthplace Soldier, Ja	Removal Charges
Davided in the State all his life	Procuring Burial Permit. (State Number and District)
Place of Death farm home rules damon	Procuring Burial Permit. (Seath Number and District) —Certif. Copiesof Death Certificates No. (State Physiciant Corosov's) Pall Bearer Service, \$. Use of Chapel, \$.
	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
Cause of Death Neart attack	
Contributory Causes	Gross Total for Sales Tax. \$ 236 00
6-104	Gross Total for Sales Tax. \$ 236 00 Outlay for Lot. 40 00
Certifying Physician Fild & Downey Corner	Cremation
His Address Lean, (Gr Coroner)	line Death Notices in
Name of Father. James Ballantyne	Flowers, \$
His Birthplace . Scotland	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother. Culling Audieus	Lining Grave, \$ Lowering Device, \$
Her Birthplace9euu	Outlay for Shipping Charges. Clergyman, \$. Singers, \$. Organist, \$. Railroad \Tipleate \$.
Motor Ship Remains to Rose Hill	Railroad Tickets, \$
Size of Casket . Pey Surue . (Stage Color and Number)	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced
Interment at	ry
Lot No 14.7.5	Sales Tax 236
Grave No	Total Footing of Bill \$ 28636
	Less Discount if taken \$1/80 8
Section No	Balance
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balan	te Date Amount Paid Balance
To Above Balance\$	To Balance Forward
	s s
_ ,ssss	" " \$ \$
· · · · · · · · · · · · · · · · · · ·	····· s s
	······································
	* * * * * * * * * * * * * * * * * * *
Names of Insurance \$ Lodges	Insurance Sompanies S
Insurance \$ Lodges. I hereby authorize the above Funeral, and I hereby represent that I have	sufficient resources I ognilly established
for the payment of aforesaid sum, and I hereby covenant and agree to p	(Firm Name of Funeral Directors)
maturity at the rate of	ay the same withindays from date. Interest to accrue fron Signed
Witness	Address
Complied by F.	, PEINEMAN, St. Louis, Mo.
	15 mills

Total No. 1984 M	Yearly No	30	DateOg	t 28	194.3-
Name of Deceased	John Scott	□ Widowed □ 1	Divorced	White.	
Residence:					
Charge to : Potamere &	cott.	The second secon	011.Pa	- 1/ .	
Address		Complete Fun		Z/\$	
Order given by		Casket Burial Vault of	or Box Cital C	Box	1000
How Secured		Embalming B	ody(Sfate Kind) (Name of Embalme		
Occupation	(Social Security Num	Barber, \$			
Name of Employer	(Social Security Num	···· Suit or Dress.	7,\$Underwe		
Address		···· Slippers, \$	(State Kind and Colo		
Date of Death	Date) (Wo	Folding Chair	s, \$ Tarpaulin, S	3	
Date of Birth			\$,	
Age	(Months) (Days)	Funeral Car, \$	Cemetery @ \$.	§	.10.00.
Date of Funeral 1928/42	MED. Z.	M. Autos to R. R	. Station @ \$		
Services at		Getting Rema	ins from		
Clergyman Ry Chevell Religion of the Deceased L.	le	Trip to Coron	er's Inquest		
Religion of the Deceased, Z.	Delivering Bo	x to			
Birthplace	Removal Char	rges			
Resided in the State	Procuring Bur	ial Permit(State Number of	nd District)		
Place of Death	or City or County) (Years) (Mo	nths)Certif.Cop:	rial Permit. (State Number of ies of Death Certificates (State Physician's or rvice, \$ Use of Cha	Coroner's;	
Cause of Death		Personal Servi	ce. Rental	per, \$	15 00
Contributory Causes		Collsen	in Kenial		5.00
Contributory Causes		Gross Total fo	r Sales Tax	S	
Certifying Physician	Outlay for Lo	t			
	···· Cremation	h Notices in Pap	ers		
'His Address Name of Father. Rothing					
His Birthplace	Flowers, \$	(Names of Newspapers) Palms, \$ Matti	ng, \$	5 00	
Maiden Name of Mother	Opening of Gr	ave or Tomb			
Her Birthplace	Cutlan for Shi	\$Lowering Devipping Charges	ice, \$		
Motor Remains to	Clergyman,\$.	Singers,\$Orga	nist,\$		
	or Motor Ticke	Clergyman, \$. Singers, \$. Organist, \$. Railroad or Motor Tickets, \$. Aero-plane Service, \$.			
Size of Casket	Cash Advance	Telegr., Phone, Cable or Radio Charges			
Interment at Post		Indertaker's Charges			
The line is a constant of the line is a cons	(Older	entery			
	Lot No 15.0.4	···· Sales Tax			45 00
	Grave No	Total Footing	of Bill	field \$.7
	Section No	Less	Balance.	6/y2 -	
Diagram of Lot or Vault	Owner	Entered into I	Ledger, page or b	elow.	
Date	Amount Paid Ba	dance Date		Amount Paid	Balance
To Above Balance	s		To Balance Forward		s
By Payment	\$\$. By Payment	s	\$
	\$. « «	s	s
и и	\$ \$			s	\$
mmm	\$ \$			\$	\$
* *	\$			8	S
	\$\$		и и	ss	\$
Names of Insurance Insurance Companies.					
Insurance \$					
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within. (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within. days from date. Interest to accrue from					
maturity at the rate of% per annum. Signed					
Witness Address .					

Total No. 1985 M	Yearly No	31		Date	1.29	1	9%.
Name of Deceased Juy	lant of Stanley	Elli	otl Vidowed □ Di		(What Race)		
Residence. Laman			Husb	and Wife Widow			
Charge to: Stauley C	lliot			ral			
Address Zacuar	٠			and bex.		10	0.0
Order given by	(or informant)]	Burial Vault or	Box			
How Secured		1	Embalming Bo	dy (Name of Womballon			
Occupation	(Social Security N		Barber S	Hair Dressing	, \$		
Name of Employer			Suit or Dress	\$Underwe			
Address		§	Slippers, \$	Hose, \$			
Date of Death Still bour	Date) (Hour)	Folding Chairs, Candelahrum	\$Tarpaulin, Candles, \$.	\$		
Date of Birth			Door Spray, \$.				
Age(Years)	(Months) (Days)		Funeral Car, \$	Ambulance, Cemetery @ \$.	\$		
Date of Funeral. 10/29/42	(Months) (Days) Thus	30PM.	Autos to R. R.	Station @ \$.			
Services at .: 22000			Getting Remain Taking Remain	ns froms to			
Clergyman . arthur o	tane		Trip to Corone	's Inquest			
Religion of the Deceased	(Address)			to			
Birthplace Decatus C	s. Hosp		Removal Charg	es			
Resided in the State			Cortif Conic	(State Number	and District)		
Place of Death	a City or County) (Years) (Pall Bearer Ser	al Permit. (State Number of State State State State Physician's of Vice, \$ Use of Chi	Coroner's;		
Cause of Death Stiel - b	ou,	i	Personal Servic	e		5	00
Contributory Causes							
			Gross Total for		\$		
Certifying Physician	Reed		Oremation				
His Address Navis C	ly			Notices in Pap	ers		
Name of Father			Flowers, \$	(Names of Newspapers) Palms, \$ Matt	ing. \$		
His Birthplace			Rental of Tent,	\$of Temporary V	ault, \$.		
Maiden Name of Mother			Opening of Gra Lining Grave. S	ve or Tomb Lowering Dev	ice. \$		
Her Birthplace		(Outlay for Ship	ping Charges			
Motor Ship Remains to			Clergyman, \$ Railroad \ Tickets	Singers,\$Orga	nist,\$		
Size of Casket	tate Color and Number)		Telegr., Phone,	Singers,\$Orga s, \$Plane Ser Cable or Radio Charg	ges		
Manufactured by			Cash Advanced	dertaker's Charges			
Interment at	{ Cr	emetery ematory		·····			
	Lot No. 156 2		Sales Tax				
	Lot No. 156 2 was found of #3 Grave No.		Total Footing	of Bill	s	15	00
	Section No		Less		\$		
		*****		Balance	\$		
Diagram of Lot or Vault	Owner]	Entered into L	dger, pageor l	elow.		
Date	Amount Paid	Balance	Date		Amount Paid	Bal	ance
To Above Balance	\$			To Balance Forward		\$	
By Payment	\$			By Payment	\$	\$	
* * *****	\$ \$			# #	\$	\$	
	s s			н и	2	\$	
" "	sss			# # ·····	\$	s	
" "	\$			и и	\$	\$	
	\$ \$			ж п	\$	\$	
Insurance \$	Names ofLodges			Insurance Companies		345	
I hereby authorize the above Funeral	, and I hereby represent that	I have suff	icient resources Le	gally available to	Name of Pour		
for the payment of atorcome built at	in a mercoy covernant and agree	ee to pay th		uays In	om date. Interes	st to accri	ie from
maturity at the rate of	. 76 per annum.		Signed.				
Witness			Address				

Total No. 1986 M Yearly No. 32		Date . Hov	72	194.2
Name of Deceased Thomas Hurry	Curr	u.	White Barel	
Residence: Lamoni Ja Married Single	□Husbs	nd Wite Widow \ Mus ?	J. M. Cur	ie
Charge to: Mrs T. N. Currie		of \$ ******	والو	277 00
Address Lamoni	Complete Funer		\$	44.
Order given by same	Casket Burial Vault or	Box(State Kind)		
How Secured	Embalming Bod			
Occupation Blacksmith none	Barber, \$	Hair Dressing,	\$	
Name of Employer	Suit or Dress	\$Underwe		
Address	Slippers, \$	(State Kind and Color, Hose, \$		
Date of Death Nov 18/4 - 7 AM	Folding Chairs,	\$Tarpaulin, \$Candles, \$		
Date of Birth. Ang. 30 1871	Door Spray, \$.	Gloves, \$		
Age. 70 2 38	Funeral Car, \$.	Ambulance, \$ Semetery @ \$		
Date of Funeral Nov 2/42 fun. & P. M.	Autos to R. R. S	Station @ \$		
Services at Collseum	Getting Remain			
Clergyman Carl Ballautyne - Ted Beck	Trip to Coroner	's Inquest		
Religion of the Deceased (Address)	Delivering Box Deliver Flowers			
Birthplace Crescent, Ja	Removal Charge	95 1 Downit		
Resided in the State. All his life	Certif Conie	(State Number as	nd District)	
Place of Death & scatter Co Horp Leon, da	Pall Bearer Serv	1 Permit (State Number as sof Death Certificates) (State Physician's or rice, \$ Use of Cha	pel, \$	
Cause of Death Caronary Occusion	Personal Service	a marken.	@250	5 00
Contributory Causes.				2 2 4 5
מו שו שו שו	Gross Total for Outlay for Lot.		\$	ع. ب. ب
Certifying Physician. B. R. R. (Brown (or Coroner)	Cremation			
His Address . Lamm (or Coroner)	The second second	Notices in Pape		
Name of Father Rott CWVII	Flowers, \$	(Names of Newspapers) Palms, \$ Matti	ng, \$	
His Birthplace Scotland	Rental of Tent,	\$of Temporary Varie or Tomb	ault,\$	800
Maiden Name of Mother.	Lining Grave, \$	Lowering Devi	ice, \$	
and an improve the contract of	Clergyman.\$	ping Charges Singers.\$Organ	nist,\$	
Motor Ship Remains to Size of Casket Rex. Houlf Couch gray	Railroad or Motor Tickets		vice,\$	
Manufactured by Rey (State Color and Number)	Telegr., Phone, Cash Advanced	Cable or Radio Charg	es	
Interment at Auge Hill { Cemeter	Out of town Ur	dertaker's Charges.		500
	Carra	cu o conca		
Lot No 8. 8. 5	Sales Tax			237
Grave No &	Total Footing of	f Bill	\$.7
Section No	Less	Balance		
Diagram of Lot or Vault Owner	Entered into Le	dger, page or b	elow.	
Date Amount Paid Balance	Date		Amount Paid	Balance
To Above Balance\$		To Balance Forward		s
By Payment		By Payment	\$	s
······································		и и	\$	\$
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$	\$
\$\$		# #	s	\$
* * \$. \$.			\$	\$
* * \$		и и	\$	8
Names of Lodges		Insurance Companies		
I hereby authorize the above Funeral, and I hereby represent that I have	sufficient resources Leg	rally available to (Firm)	Name of Funeral Di	rectors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pa		days fro	m date. Interes	it to accrue from
maturity at the rate of% per annum.				
Witness	Address.	fo.		***********

Total No. 1987 M. Yearly No. 3.3	3. Date. Mov 24 1942
1 / 200	Hanker white
Name of Deceased	Widowed
Residence Rural - Worth of Blythedale, X	U.o. Ilusband Wife Widow of
Charge to:	Complete Funeral \$ 28.5 00
Address	Casket
Order given by Miss Minis Narper	Burial Vault or Box
How Secured	Embalming Body
Occupation . farmer (Social Security Number)	Embalming Body (Name of Embalmer) Barber, \$. Hair Dressing, \$.
Name of Employer	Dressing Body, \$. Underwear, \$. Suit or Dress# 7/7.7 Augustus 1/4 0.0 Slippor \$ Hoso \$ Hoso \$
Address	Slippers, \$
Date of Death. Mar 22/42 50M.	Folding Chairs, \$ Tarpaulin, \$
Date of Birth Jan 9/1859 (Hour)	Candelabrum, \$ Candles, \$
Age. 83 10 13	Funeral Car, \$ Ambulance, \$
Date of Funeral. 1/24/42 Tules, (Days) 3. P. M.	Limousines to Cemetery @ \$
Services at Blythedale, Chustian Church	Getting Remains from
Services at Augustan, Summer Bethoug	Taking Remains to
(Address)	Delivering Box to
Religion of the Deceased.	Deliver Flowers to
Birthplace Harrism Co, Mo	Procuring Burial Permit.
Resided in the State. (og C. S. or City of County) (Years) (Months)	Procuring Burial Permit. —Certif. Copies of Death Certificates No
Place of Death Rural Hear Palytheelale, Mro.	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Apoplety	Personal Service.
Contributory Causes. Chumus Mystardetes	
usemia	Gross Total for Sales Tax\$ 2.9.9.00
Certifying Physician & Sunth	Outlay for Lot.
His Address Camesville Mrs -	line Death Notices in Papers
Name of Father. Willis Harper	Flowers, \$(Names of Newspapers) Flowers, \$(Names of Newspapers) Matting, \$
His Birthplace Leutucky	Rental of Tent, \$of Temporary Vault, \$
Maiden Name of Mother Haury Budge	Opening of Grave or Tomb
Her Birthplace.	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.
Motor Remains to	Clergyman,\$Singers,\$Organist,\$
Size of Casket 237 - Half Couch, gray	or Motor Tickets, \$plane Service,\$
Manufactured by Rose (State Oblor and Number)	Telegr., Phone, Cable or Radio Charges
Interment at Blythicalale Commeter	0 1 11 11 1 1 1 0
	7
Lot No	Sales Tax 170 of total 299
Grave No	Total Footing of Bill
Section No	Less discount of 5% before sping \$ 14 99
	Entered into Ledger, page of below.
Displant 2010 1000	
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward \$
	\$ \$ \$
	\$\$
" " \$ \$ \$	я а о
u u s s	я и \$
4 4 \$ \$	и « \$ \$
Names of Lodges.	Insurance
Insurance \$ Lodges	sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pa	
maturity at the rate of% per annum.	Signed
	Address

Total No. 1988 M. Yearly No	
Name of Deceased	☐ Widowed ☐ Divorced (What Race)
Residence:	orot} Frank Cochian
Charge to:	Complete Funeral\$
Address	Casket
Order given by(orinformant)	Gasket Burial Vault or Box
How Secured	
Occupation (Social Security Nur	Barber \$ Hair Dressing \$
Name of Employer	Suit or Dress (State Kind and Color)
Address	Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$
Date of Death	Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$Candles, \$
Date of Birth.	Door Spray, \$
Age.	Funeral Car, \$ Ambulance, \$
Date of Funeral Dec 8/4 Tues 1 2150	o P.M Autos to R. R. Station
Sarricos at Caliblum.	m) Getting Remains from
Clergyman Ted Och, T.S. William	Trip to Coroner's Inquest
Religion of the Deceased. (Address)	Delivering Box to
Birthplace	Removal Charges
Paridad in the State	Procuring Burial Permit. (State Number and District)
Place of Death.) (or U. S. or Sty or County) (Years) (M	Procuring Burial Permit. (State Number and District) —Certif. Copiesof Death Certificates No. (State Physician's or Coronaria; Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death	Pall Bearer Service, Use of Chapel, \$ 0.00. Personal Service.
Contributory Causes.	fleton charge 900
Constitutory Causes.	Gross Total for Sales Tax\$
Certifying Physician	Outlay for Lot.
His Address. (or Coroner)	line Death Notices in Papers
Name of Father.	Flowers, \$. (Names of Newspapers) Flowers, \$. Palms, \$. Matting, \$.
His Birthplace	Flowers, \$Palms, \$Matting, \$Rental of Tent, \$of Temporary Vault, \$
Maiden Name of Mother	Opening of Grave or Tomb
Her Birthplace	Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.
Motor Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$Paro-Service,\$
m	or Motor Tickets, \$plane Service, \$ Telegr., Phone, Cable or Radio Charges
Manufactured by (State Color and Number)	Cash Advanced
	Cemetery Out of town Undertaker's Charges
Constitution of the Consti	ematory
Lot No	····· Sales Tax
Grave No	Total Footing of Bill \$ 37,00
Section No	Less laid by My Hause \$ 15 00
Diagram of Let or Vault Owner	Balance \$\$
	Balance Date Amount Paid Balance
To Above Balance S	To Balance Forward.
By Payment S S	By Payment S S
" " ss	sssssss
" " \$ \$	
" " \$ \$	\$ \$ \$
· · · · · · · · · · · · · · · · · · ·	
/ · · · · · · · · · · · · · · · · · · ·	***************************************
Names of	
Insurance \$ Names of Lodges.	
I hereby authorize the above Funeral, and I hereby represent that I for the payment of aforesaid sum, and I hereby covenant and agree	
maturity at the rate of	Signed
Witness	Address
	by F. J. FEINEMAN, St. Louis Mo.

400 11					Sec. 13	-	- 42
Total No. 1989 M	Yearly No	y 3.5		Date	24/ / X	1	9.7
Name of Deceasedd.	lorothy d	eza	ig		w me		
	Married D	Single		ivorced	(What Race)		
Residence 1232 Penn	St- Nes M.	oues	Hust	and Wife Widow			
Charge to: M. V. M.	Howard				9		1
Address 2.3/2 - 47 H	St. Des Mo	rue,		ral			
	iard		Casket Burial Vault or	Roy			
8	(or informant)		Embalming Bo	(State Mind)			
How Secured		100000000000000000000000000000000000000		(Name of Amount	mer)		
Occupation	(Social Securi	ty Number)	Barber, \$ Dressing Body	\$Underv	vear,\$		
Name of Employer			Suit or Dress	(State Kind and Co			
Address			Slippers, \$				
Date of Death Oct. 22	1942		Folding Chairs	\$ Tarpaulin,	\$		
Date of Birth. Feb. 5	Date) 1909		Candelabrum,	\$Candles, \$ Gloves, \$.			
0.0	8 17		Funeral Car. \$	Ambulance,	\$		
Age	(Months) (Days)		Limousines to	Cemetery @ \$			
Date of Funeral.	Say.	3M.	Autos to R. R.	Station @\$ ns from	et.		20
Services at. Pote Hill (Temetary		Getting Remai Taking Remai	is to dose Hi	ie i		
	ellautine		Trip to Corone	r's Inquest			
Religion of the Deceased.	(Address)		Delivering Box	to			
			Deliver Flower Removal Char	roe			
Birthplace Mussow	4		Procuring Buri	al Permit			
Resided in the State	or City or County), (Years)	(Months)	Certif.Copie	esof Death Certificate	and District)		
Place of Death. Clanue	a state Ho	P.:	Pall Bearer Ser	al Permit. (State Number es of Death Certificate (State Physician's vice, \$ Use of Cl	or Coroner's;		
Cause of Death . Syphiles	of Central New	nes system	Personal Service	e		/.0.	00
Contributory Causes. They	ala. Ti Mala	in .					
Contributory Causes.	gammaca		Gross Total for	0.1 m			
	10 0 4		Outlay for Lot	Sales Tax			• • • • • •
Certifying Physician M. v.v.	cay D (ferder		Cremation				
His Address Just State	Hosp. Clare	udyta	line Death	Notices in Pa	pers		
Name of Father July A	e Long			(Names of Newspapers) Palms, \$ Mat			
His Birthplace In	a		Flowers, \$	Palms, \$ Mat \$ of Temporary	Voult \$		
Maiden Name of Mother	entrude N Do	Lau	Opening of Gra	ve or Tomb	ναιιτ, φ	8	00
/	we	/	Lining Grave,	Lowering De	vice, \$		
Her Birthplace	.7	1 /	Outlay for Ship	ping Charges	oniat e		
Motor Remains to . This bo	ay was secent	Trong.	Railroad Ticket	Singers,\$Org s, \$Plane Se Cable or Radio Char	rvice.\$		
Size of Casket Author!	-uneral storus,	ya. Rty.	Telegr., Phone,	Cable or Radio Char	ges		
Manufactured by			Cash Advanced				
Interment at		Cemetery Crematory		ndertaker's Charges.			• • • • • •
	109		Express	how to, City		18	62
	Lot No		Sales Tax/.				
	Grave No		Total Footing		\$	23	00
	Section No		Less Rolin	. full four 7 4	\$	4.1.	6.2.
				Balance	\$		
Diagram of Lot or Vault	Owner		Entered into L	edger, pageor	below.	13 15	
Date	Amount Paid	Balance	Date		Amount Paid	Bala	ance
To Above Balance		3	THE PARTY	To Balance Forward			T
By Payment	ss	s		By Payment	8		
	8	s			8		
	\$	3		a a	8		
	ss	3		* #	s		1
* *	s	3		« «	\$		1
	8 5	3		и и	s		
	8 8	s			s		
	Names of	38 11 1/65	W. LEYS.	Insurance	are transferre		deren.
Insurance \$ I hereby authorize the above Funeral		that Thoras	Salant recover T	.Companies			
for the payment of aforesaid sum, an	d I haraby coverage	name to meet	ho same with!	(Firm	Name of Funeral D	irectors.)	
maturity at the rate of		agree to pay t		days n	rom date. Intere	st to accru	e from
			Signed.				
Witness	Com	nlied by F. J. PR	Address				

Total No. 1990 M. Yearly No. 36	Date Dec 14 19.42
Name of Deceased, Edwin Clarence	Wildowed
Residence Eagleville, No	□Husband Wife Widow Reviel Bell
Charge to Remie Bell or Estate of & C. Bell	Complete Funeral
Address.	Casket
Order given by Reuil Bell	Burial Vault or Box
How Secured	Embalming Body
Occupation . f. armer, settled	Barber, \$ Hair Dressing, \$
Name of Employer	Dressing Body, \$ Underwear, \$ 7.5.
Address	Slippers. \$ (State Kind and Color) Hose, \$ 4 Underweek 1 2 5
Date of Death. Ale: 12/4 2 (Hour)	Folding Chairs, \$ Tarpaulin, \$
Date of Right Feb 11/1852 (Hour)	Candelabrum, \$Candles, \$
Date of Birth. Feb 11/185 \\ Age. 90 10	Funeral Car, \$Ambulance, \$
(Years) (Months) (Days)	Limousines to Cemetery
Date of Funeral 1/4/42 Men. 1/30 P.M.	Getting Remains from
Services at Med Ch. Alythedale	Taking Remains to.
Clergyman Chao Ady (Address)	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace . M	Removal Charges Procuring Burial Permit
Resided in the State	Procuring Burial Permit. —Certif. Copiesof Death Certificates No. Pall Bearer Service, \$ Use of Chapel, \$
Place of Death Harrison Co. Me,	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death	Personal Service.
Contributory Causes	
	Gross Total for Sales Tax\$
Certifying Physician Ps Mc Cartney	Outlay for Lot.
His Address Eagleville (or Coronfe)	line Death Notices in Papers
Name of Father Shiba Bell	(Names of Newspapers)
His Birthplace not known	Flowers, \$ (Names of Newspapers) Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Asot known	Opening of Grave or Tomb
Her Birthplace	Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges
Motor Remains to Blythedale, Mu.	Clergyman,\$Singers,\$Organist,\$
	Clergyman,\$Singers,\$Organist,\$. Railroad Tickets, \$Aero-Service,\$ Telegr., Phone, Cable or Radio Charges
Size of Casket	Telegr., Phone, Cable or Radio Charges
Interment at Bly theolals (Semeters	Out of town Undertaker's Charges
Interment at	
Lot No	Sales Tax intentale
Grave No.	Total Footing of Bill
Section No.	Less Disct if taken 9 40 s
	Balance\$
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
	To Balance Forward\$
By Payment	

	* * * * * * * * * * * * * * * * * * * *
" " s s	4 4 e
* * s	" " S
Insurance \$ Names of Lodges	Insurance
Insurance \$	
for the payment of aforesaid sum, and I hereby covenant and agree to pay	
maturity at the rate of% per annum.	Signed
Witness	Address
Consider to D. T. T.	AUUTESS

				Sec 17	7	1/0
Total No. 1991M	Yearly No3.	1	Date	a		197.7.
Name of Deceased	se Rossiter					
Residence Lamoni	Married Single		verced pand Wite Widow Asset of	what Race	rita	
Charge to Ming Hack	l	or,,	of }			
Address Laman		Complete Fund	eral	\$	2.8.5.	.0.0
	che		,	.,.,.,		
Order given by Mina Ha	rinformant)		Box Stord Kindle	ald		*****
How Secured		. Embalming Bo		icled		
Occupation		Barber, \$	Hair Dressin	g, \$		
Name of Employer	(Social Security Number)	Dressing Body	, \$ Underw	ear, \$		
Address		Climana C	(State Kind and Co	00)		
Date of Death. 12-15-42						
Date of Birth		Candelabrum,	\$ Candles, \$			
74		Door Spray, \$	Gloves, \$. Ambulance,			
Age. (Years) (Mo	onths) (Days)	Limousines to	Cemetery @ \$.			
Date of Funeral. 1/17/42	hus, // Al	Autos to D D	Ct-ti Ge			
Services at Chapel	y of Week) (Hour)	Getting Remai	ns from			
Clergyman Ru Brussen	Kellerton	Trip to Corone	r's Inquest			
Religion of the Deceased	(Address)	Delivering Box	to			
Birthplace Charlotte	La	Removal Chan	s toges			
Birthplace Court Con	<i>y</i>	Procuring Buri	al Permit			
Resided in the State. All Ly	(ty or Opunty) (Years) (Months	Certif.Copi	esof Death Certificate	and District)		
Place of Death. Lamone	ty or Spunty) (Years) (Months	· Pall Bearer Ser	al Permit. (State Number esof Death Certificate (State Physician's vice, \$ Use of Ch	apel, \$		
Cause of Death		Personal Service	e			
Contributory Causes						
			Sales Tax		285	00
Certifying Physician. No. N.	M. Hills				/	
His Address . Lamoni	(or Coroner)	line Death	Notices in Par	pers		
Name of Father MM Ro	ssitu		(Names of Newspapers) Palms, \$ Mat			
His Birthplace. England	d	Rental of Tent.	.Paims, \$ Mat .\$ of Temporary	Vault.\$		
Maiden Name of Mother. M. 4	llissa Roland	Opening of Gra	ave or Tomb \$Lowering De		9.	00
Her Birthplace	+ kunin	Lining Grave,	\$ Lowering Depring Charges	vice, \$		
Motor Remains to	.,	Clergyman,\$	Singers,\$ Org	anist,\$		
Size of Casket . 2.3 & . M. Cou	ch. gray.	or Motor Ticket	Singers,\$ ← .Org s, \$Sero-Se	rvice,\$		
Size of Casket	Color and Number)	Telegr., Phone	, Cable or Radio Char d	ges		
Manufactured by RVA	Will Comete		ndertaker's Charges.			
-	Cremmor					
I	ot No147.4	Sales Tax	70 as 28500			85
	Frave No	Total Footing	of Bill	\$	3.3.6	8.5.
	ection No	Less 5. /8. C	ash discount	\$!.4.	9.5
//		Od in ful	os (discout l De a b//9 y Balance edger, pageor	\$	32.2	60.
Diagram of Lot or Vault	wner Mung Hackly	- Entered into I	edger, page or	below.		
Date	Amount Paid Balan	Date Date		Amount Pai	Ba Ba	lance
To Above Balance	\$		To Balance Forward		\$	
By Payment	\$		By Payment	. \$		
" "	\$		и и	. \$	\$	
	\$ \$		π α	. \$	\$	
" "	\$		u u	. \$	\$	
" "	\$		<i>μ α</i>	. \$	\$	
	\$		и и	. \$	\$	
The second secon	\$ \$.		* *	. \$		
Insurance \$L	ames of odges		Insurance .Companies			
I hereby authorize the above Funeral, an	d I hereby represent that I have	sufficient resources Le	gally available to (Firm	Name of Funeral	Directors	
for the payment of aforesaid sum, and I maturity at the rate of%	merces covernant and agree to p	ay the same minimi	days 1	om date. Inte	est to acci	rue from
Witness	Compiled by F. J	Address FEINEMAN, St. Louis,				

10 miles

Total No. 1992. M. Yearly No. 38	Date Nec 23 194.
Name of Deceased. Vugu Qua (Jarle White
Residence Hallsvelle, Mo.	A Husband Wile Wildow Ceal Parker
Charge to Mus Virgil Parker	Complete Funeral
Address. Hallsville, Mo	Casket
Order given by. My Wight Carrier (of informant)	Burial Vault or Box
How Secured Cash	Embaiming Body(Name of Embaimer)
Occupation farming nem	Barber, \$
Name of Employer	Suit or Dress (State Kind and Color)
Address	Slippers, \$
Date of Death Dec 20/42 8 PM.	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth. 18/189!	Door Spray, \$
Age. S 3 2	Funeral Car, \$ Ambulance, \$
Date of Funeral / 23/12 Week 4 P. M. (Hour)	Autos to R. R. Station
Services at Chapter (Day of Week) (Hour)	Getting Remains from
Clergyman J. S. Welliams	Trip to Coroner's Inquest
Religion of the Deceased	Delivering Box to
Birthplace Alecatin Co Sa	
Resided in the State	Removal Charges. Procuring Burial Permit. Certif. Copies of Death Certificates No. Clear Copies of Death Certificates No. Clear Copies of Death Certificates No. Clear Copies of Chapel, \$ Pall Bearer Service, Parsonal Service.
Place of Death Home of Muly (Varie) (Months)	Certif. Copiesof Death Certificates No. (State Physician's or Coroner's
Cause of Death Protofly celebral hemoral pe	Personal Service.
Contributory Causes found dead, had been	Suit 14 50
in apparent good health 15 min, before	Gross Total for Sales Tax. \$ 29.9.5-6
Certifying Physician Freda Bruman	Outlay for Lot.
His Address Leau (as Coroner) Consult	Cremation
1 1- (1) 6	· ·
Name of Father. Townser	(Names of Nempapers) Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$
His Birthplace Payer 1 Pattoures	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Result Valleum	Lining Grave, \$ Lowering Device, \$
Motor Remains to Davis City	Outlay for Shipping Charges.
	Clergyman,\$. Singers,\$. Organist,\$. Railroad \Tickets,\$. Aero or Motor \Tickets,\$.
Size of Casket Nort 232 N Couch	Telegr., Phone, Cable or Radio Charges
Manufactured by At No. 11 Manufactured by At Cemetery Cemetery	Out of town Undertaker's Charges
Interment at JOST Cemetary Crematory	
Lot No.	Sales Tax 3 00
Grave No	Total Footing of Bill \$ 0 2 5 0
Section No	Less 10%. Cashinadounce. \$ 30 d 5
	Paid Balancell, \$ 2.7.2 2.5.
	Entered into Ledger, page or below.
	Date Amount Paid Balance
To Above Balance	To Balance Forward
By Payment\$\$	By Payment \$ \$
" " "	
	4 4 5
\$	
ss	
Insurance \$	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have st	afficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within
maturity at the rate of% per annum.	Signed
Witness	Address

Total No. 1993 M. Yearly No.	39		Date	ec 24		19 1/2
Name of Deceased Samuella (A	appy)	Paris Widowed		Whi	£	
Residence Lamoni		Пн	usband Wife Widow	leo, Par	is	
Charge to Leonge Paris			neral	e	26.9	00
Address Zaman			neral,	-	PI Pr. II.	
Order given by above (or informant)		Burial Vault	or Box (State Kind)			
How Secured.		Embalming I	Sody(State Kind) (Name of Embaln			
Occupation Repossewife 200	·e	Barber, \$		z. S		
Name of Employer. (Social Securi	ty Number)	Dressing Bod Suit or Dress	y,\$Underw			
Address		Slippers, \$	(State Kind and Col	or)		
Date of Death Alc 22 1942	6 AM (Hour)	Folding Chai	rs, \$ Hose, \$ Tarpaulin,	\$		
Date of Birth. Jan 13 (Date) 909	(Hour)	Candelabrum	, \$ Candles, \$			
Age. 33 // 9		Funeral Car.	\$ Gloves, \$. \$ Ambulance,	\$		
(Years)/ (Months) (Days)		Limousines to	Cemetery @ \$.			
Date of Funeral. 1/3 // 42 / Mus. /	(Hour) M.	Autos to R. I	R. Station @ \$. ains from			
Services at Coliseum		Taking Rema	ins to			
Clergyman Ray Cheville J. Bac	n	Trip to Coron	ner's Inquest			
Religion of the Deceased J. J. (Address)		Deliver Flow	ox to			
Birthplace Lamon		Removal Cha	roop			
Resided in the State 10 4/1.		Procuring Bu	rial Permit	and District)		
Resided in the State. // yu. Place of Death. A. Caull. Co. Horp.	(Months)	Certif.Cop	rial Permit. (State Number Dies of Death Certificates (State Physician's o	No		
	e servi	Pall Bearer S	ervice, \$ Use of Ch	apel, \$		
Cause of Death		Personal Serv	ice			
Contributory Causes.						
10 h			or Sales Tax	\$	2.69	00
Certifying Physician. (gr Coroner)		Cremation				
His Address Davis City (gr Coroner)			h Notices inPap	NAME OF TAXABLE PARTY.		
Name of Father Eliney Hatcher		Flormona @	(Names of Newspapers) . Palms, \$ Matt			• • • • • •
His Birthplace Green Co, La		Rental of Ten	t, \$ of Temporary V	ault.\$		•••••
Maiden Name of Mother Minnie Reour	_	Opening of G	rave or Tomb		9	00
Her Birthplace blecatur Co, &	ta	Outlan for Sh	\$Lowering Devipping Charges	ice, \$		
Motor Ship Remains to		Clergyman,\$.	Singers,\$Orga	nist,\$		
Size of Casket State Ossher of	liver.	or Motor Ticke	Singers,\$Orga ets, \$ Aero-Ser	vice,\$		
Manufactured by R. State Color and Number)		Telegr., Phone	e, Cable or Radio Charg	ges		
Interment at Song Hul	Cometon	Out of town I	Jndertaker's Charges			•••••
	Cemetery Crematory					
Lot No 6 9 5		Sales Tax	• • • • • • • • • • • • • • • • • • • •		2	70"
Grave No#			of Bill	8	3207	70
		Less∧.				
Section No	******	Cox	Balance	S		
Diagram of Lot or Vault Owner		Entered into	Ledger, pageor b	elow.		
Date Amount Paid	Balance	Date		Amount Paid	Bala	nce
To Above Balance \$			To Balance Forward			
By Payment \$ \$.			. By Payment	2	ę	
" "			а п	s	e	
				s	e	
				\$	3.	
			. и и	ş	\$	
" "			. " "	\$	s	
			. « п	s	\$	*****
Insurance \$ Names of Lodges			Insurance .Companies			
I hereby authorize the above Funeral, and I hereby represent th	at I have suff	icient resources L	arralles assertle bits a			
for the payment of aforesaid sum, and I hereby covenant and a	gree to pay tl	he same within	(Firm)	Name of Funeral Di	rectors.)	
maturity at the rate of% per annum.		Signed.		m date. Intere	t to accru	from
Witness		Address		***********		****
			********************	- Commission of the last of th		

Total No. 1994 M. Yearly No	O Date All 26 19	4
Name of Deceased albert D. W.	hittig white	
Residence. Rural : West of and one, Mo.	☐ Divorced (What Race) ☐ Husband ☐ Wife ☐ Widow {	
Charge to Estate of albert D Whitting	oro()	
Address R.E. Moultiff adm. Bethany Mo.	Complete Funeral \$ 536 0	٠
Order given by Rose Whittig	Casket. Burial Vault or Box	
How Secured	(State Kind)	
Occupation Farming World (Social Security Number)	Barber, \$	
Name of Employer (Social Security Number)	Dressing Body, \$ Underwear, \$ 2 Suit or Dress 16 6	ò
Address	Slippers, \$ (State Kind and Color)	Ë
Date of Death . Dec . 2 /942 4-0m (Hour)	Folding Chairs, \$ Tarpaulin, \$	
Date of Birth FO. 29 1552	Candelabrum, \$	
Age 90 9 23	Funeral Car, \$Ambulance, \$	
Data of Tunama 17/26/142 Salunda. 9 P.	Limousines to Cemetery @ \$	
Services at W. W. M. out Chapel (Hour)	Getting Remains from	
Clergyman Maroni Traxler	Trip to Coroner's Inquest	
Religion of the Deceased (Address)	Delivering Box to	
Birthplace Elkhart, Ind.	Removal Charges	
Resided in the State 80 40	Procuring Burial Permit. —Certif. Copiesof Death Certificates No.	
Place of Death Mecatin Co, Horf & Lim	Certif. Copies of Death Certificates No. (State Physician's or Coroner's, Pall Bearer Service, \$ Use of Chapel, \$	
Cause of Death Lokes Prewneria	Personal Service	
Contributory Causes. Thombasis of brachial.		
	Gross Total for Sales Tax. 8 553 6	0
Certifying Physician N.R. B. Nown	Outlay for Lot.	
His Address. Zamani (or Coroner)	Cremation	
Name of Father. W. W. W. Multig		
His Birthplace Layton, Ohio	Flowers, \$ (Names of Newspapers) Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$	
Maiden Name of Mother Elizabeth White	Opening of Grave or Tomb	
Her Birthplace Elkhart, Ind,	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.	
Motor Remains to	Clarguman & Cingons & Oussaid &	
Size of Casket. State - Wellnut	or Motor Tickets, \$ Plane Service,\$	
Manufactured by . R. v. of (State Color and Number)	Telegr., Phone, Cable or Radio Charges Cash Advanced	
Interment at	Out of town Undertaker's Charges	
Lot No.		
	Sales Tax Mo Tax - Suter State 5	_
Grave No	Total Footing of Bill \$5.64.6 8 Less Pard in full Feb 10/43 \$5.64.6 8	١.
Section No	Less V. and In Juli 1.18.10/4.3 \$ 5.64. 6.8.	
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.	• •
Date Amount Paid Balance	Date Amount Paid Balance	=
To Above Balance \$	To Balance Forward \$	-
By Payment		
***************************************	······································	
* * * * * * * * * * * * * * * * * * *		
\$\$		
* * \$ \$		
s s s	# a \$	
Insurance \$ Names of Ladges	Insurance	-
I hereby authorize the above Funeral, and I hereby represent that I have su		,
for the payment of aforesaid sum, and I hereby covenant and agree to pay	fficient resources Legally available to	m
maturity at the rate of % per annum.	Signed	
Witness	Address	
Compiled by F. J. FF	GINEMAN, St. Louis, Mo.	

Total No. 1995-111	Yearly No.	-/		Date	lan 3		1943
Name of Deceased 7.11.4	igeret Mo	Ellen	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Residence Lameni	Married	ingle 📙		Divorced band Wite Widow Head Infant of	(What Race)	·····	
Charge to Leury a	llen		A CONTRACTOR OF THE PARTY OF TH	signalof)	0. 1		_
Address Lawoni			Complete Fun		\$		
Order given by Heury	allen		Casket				
0	(or informant)		Burial Vault o	(State Kind)			
How Secured			Embalming Bo	ody (Name of Embalm Hair Dressing	er)		
Occupation	(Social Securit		Barber, \$	Hair Dressing	g, \$		
Name of Employer			Suit or Dress.	,\$Underw			
Address			Slippers, \$		or)		
Date of Death . Jan /	19.4.3		Folding Chairs	, \$Tarpaulin,	\$		
Date of Birth	Date)	(Hour)	Candelabrum,	\$ Candles, \$.			
	2 26		Door Spray, \$	Gloves, \$Ambulance,			
Age(Years)	(Months) (Days)		Limousines to	Cemetery @ \$.	Φ		
Date of Funeral 1/. 3/4.3	Say of Week)	R.1.30 P.M.	Autos to R. R.	Station @ \$.			
Services at Alley he	ne	(Hour)		ins from			
Clergyman Pay Chew	ille		Trip to Corone	ns to			
- (/	(Address)		Delivering Box	to			
Religion of the Deceased			Deliver Flower	s to			
Birthplace			Removal Char Procuring Buri	170 11			
Resided in the State	r City or County) (Years)	(Months)	Certif Coni	al Permit(State Number esof Death Certificates	and District)	48 5	0 200
	endence, n	40	Pall Bearer Ser	vice, \$ Use of Ch	r Coroner's;		
Cause of Death. Bronch	in Pulling	uia	Personal Service	e . use of Can	ocul		
	TEN AVERTALLE.		lquip	ment		15	00
Contributory Causes							
				Sales Tax. Mo Tay	····.\$		
Certifying Physician	(or Coroner)		Outlay for Lot Cremation				
His Address	(or Coroner)		line Death	Notices in Pap	ers		
Name of Father				(Names of Newspapers)			
			Flowers, \$	(Names of Newspapers) Palms, \$ Matt \$ of Temporary V	ing, \$		
His Birthplace			Opening of Gre	we or Tomb	ault, \$	7	00
Maiden Name of Mother			Lining Grave,	3Lowering Dev	ice, \$		
Her Birthplace			Outlay for Shir	oping Charges			
Motor Ship Remains to			Clergyman, \$ Railroad \ m: -14	Singers,\$Orga s, \$Plane Ser	mist,\$		
	ate Color and Number)		Tolom Phone	S, \$ plane Ser Cable or Radio Chars	vice,\$		
	ate Color and Number)		Cash Advanced	1	(65		
		Cemetery Crematory	Out of town U	ndertaker's Charges			
Inscrinent as		Crematory .		,			
	Lot No 15.1.8.		Sales Tax	No. Tay 15	ewice)		
	Grave No		Total Footing		s	22	00
			Less		\$		
	Section No			Balance			
Diagram of Lot or Vault	Owner		Entered into L	edger, pageor b	elow.		
Date	Amount Paid	Balance	Date		Amount Paid	1	
	Zanount Tano	2200			Amount Paid	Bal	ance
3/22/14 To Above Balance.	\$.			To Balance Forward		. \$	
5/12/43 By Payment		1200		By Payment	\$. \$	
10/ 2/12	\$ 10 00 s.	and Po		# # ······	\$. \$	
1	\$	in a		* *	\$. \$	
	\$\$.	lall.		и и	\$. \$	
	\$	J		и и	\$. \$	
	\$			и и	\$	\$	
and the same				и и	\$	s	
Insurance \$	Names of Lodges			Insurance Companies		1000	
Insurance \$ I hereby authorize the above Funeral, for the payment of aforesaid sum, and	and I hereby represent th	at I have suff	icient resources Leg	gally available to		*******	
		gree to pay t	he same within,	(Firm)	Name of Funeral Di m date. Intere	rectors.)	
maturity at the rate of	% per annum.				antere	to accr	ue from
Witness			Address				
			nuuress,				

Total No./994 M Yearly No	Date
Name of Deceased arthur Stillert	Boswell
Residence Davis City - mual	Wildowed Divorced (What Race) Husband Wildow Ethel Boswell
Charge to Ethel Baswell	Complete Funeral .\$ 17.9 0.0
Address Paws City	Complete Funeral \$.7.7.7 Consider the constant of the constan
Order given by Same	Burial Vault or Box (State Kind)
How Secured.	Embalming Body(Name of Embalmer)
Occupation Farmer (Social Security Number)	Barber, \$
Name of Employer. 12-653(Suit or Dress
Address Date of Death Law 1 1943 7 PM	Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.
(Date) (Hour)	Candelabrum, \$Candles, \$
Date of Birth. // A. 13.1887 Age. 55 9 /8	Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$
	Limousines to Cemetery @ \$
Date of Funeral 1/4/43 Man. 2 P. M. Services at Church of Christ, Plavis City	Autos to R. R. Station @ \$
Clergyman Rev. Compbell	Taking Remains to. Trip to Coroner's Inquest
(Address)	Delivering Box to
Religion of the Deceased. Birthplace	Deliver Flowers to
Resided in the State /5 glass:	Procuring Burial Permit
Place of Death Alcalus Co. Hosp. Tea.	Procuring Burial Permit. —Certif. Copiesof Death Certificates No. Pall Bearer Service, \$ Use of Chappel, \$
Cause of Death Hodskin disease	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
Contributory Causes	Gross Total for Sales Tax. \$ 179 00
Certifying Physician G. M. Reld	Outlay for Lot.
His Address Navis City Coroner)	Cremation
Name of Father Joseph Boswell	Flowers, \$ (Names of Newspapers) Matting, \$
His Birthplace England	Flowers, \$ Palms, \$
Maiden Name of Mother Elvira Joselen	Opening of Grave or Tomb
Her Birthplace	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$ Rallroad Tickets, \$plane Service,\$
Size of Cachet #768 Huge Caf.	or Motor Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced
Interment at	Out of town Undertaker's Charges.
Lot No.	Sales Tax / 79
Grave No	Total Footing of Bill \$ 180 79
Section No.	Less 900 deset of Pd by Jaw 11 # /43 \$ 900
	Paid in fell panceg/43 \$ 171. 7.7.
Diagram of Lot or Vault Owner	Entered into Ledger, page for below.
Date Amount Paid Balance	Date Amount Paid Balance
	To Balance Forward \$
# # \$ \$	by rayment \$\$
" " \$ \$	s. s.
Insurance \$ Names of Lodges.	Insurance Companies
Insurance \$Lodges. I hereby authorize the above Funeral, and I hereby represent that I have su	officient account of the Day of Day of
for the payment of aforesaid sum, and I hereby covenant and agree to pay	
maturity at the rate of % per annum.	Signed
Witness	Address
Compiled by F. J. F	EINEMAN, St. Louis, Mo.

Total No. 1997 M. Yearly No 3.	Date Jan 10	1943
Name of Deceased. William Arthu	u Gienawalt zu Widowed □ Divorced (What Race)	dit
Residence Lamoni Ja	MHusband Wife Wildow L Sarah C.	Grenawal
Charge to Sarah & Grenawalt	er	897 00
Address, Lameni.	Complete Funeral\$.9.7.2.
Order given by above.	Casket	
How Secured	(State Kind)	
Occupation	Embalming Body(Name of Embalmer) Barber, \$	
Name of Employer. (Social Security Number)	Dressing Body, \$	
Address	Slippers, \$ (State Kind and Color) Slippers, \$	
Date of Death. 1/6/43 2 PM	Folding Chairs, \$ Tarpaulin, \$	
Date of Birth. 3/30/1873 (Hour)	Candelabrum, \$Candles, \$ Door Spray, \$Gloves, \$	
Age 69 9 6	Funeral Car, \$ Ambulance, \$	
(Years) (Months) (Days)	Limousines to Cemetery @ \$	
Date of Funeral. (Day of Week) (Hour)	Getting Remains from	
Services at. Cottstuu	Taking Remains to	
Clergyman (Address)	Trip to Coroner's Inquest Delivering Box to	
Religion of the Deceased Z	Deliver Flowers to	
Birthplace Harrison Co. Tho	Removal Charges	
Resided in the State (or U. S. or City or County) (Years) (Months)	Procuring Burial Permit. (State Number and District) Certif.Copiesof Death Certificates No. State Tryadaw Tr	
Place of Death Lamon da	Pall Bearer Service, \$ Use of Chapel, \$	
Cause of Death. Augus Olectoris	Personal Service.	
Contributory Causes. July.		
	Gross Total for Sales Tax	397 00
Certifying Physician. H. M. Hells	Outlay for Lot.	
His Address daman (or Coroner)	line Death Notices in Papers	
Name of Father John Scenawalt	(Names of Newspapers)	
His Birthplace Lowe	Flowers, \$Palms, \$Matting, \$ Rental of Tent, \$of Temporary Vault, \$	
Maiden Name of Mother Fannis Robinson	Opening of Grave or Tomb	900
Her Birthplace Illinoin	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges	
Motor Remains to	Clergyman,\$Singers,\$Organist,\$	
Size of Casket Plymenth OAK.	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets,\$plane Service,\$ Telegr., Phone, Cable or Radio Charges	
Manufactured by R. Wolffield Color and Number)	Cash Advanced	
Interment at Rose Hill Cemeter	Out of town Undertaker's Charges	
	Pd 1/13/43 \$ 9.00	
Lot No	Sales Táx	1/00 07
Grave No	Total Footing of Bill	7.07. 7.7
Section No	Less 5/0. 1/23/93, 20 -	B
Diagram of Lot or Vault Owner	Balance Entered into Ledger, pageor below.	F
Date Amount Paid Balance	Date Amount P.	aid Balance
To Above Balance \$	To Balance Forward	
By Payment. \$ \$	By Payment. S	\$
# # S S	a a s	s
,ssssss		s
* *		\$
· · · · · · · · · · · · · · · · · · ·	« «	\$
	* *	\$
	Treurance	\\$
Names of Lodges	Insurance	
I hereby authorize the above Funeral, and I hereby represent that I have s		ll Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to paymentize the rate of	y the same within days from date. Int	erest to accrue from
	Signed	
Witness	Audiens	

3 miles 10 miles +

Total No Yearly No	,4.,	DateJa	n. 1.7	194.3.
Name of Deceased Juseph Mark	laplane	Divorced	(What Race)	
Residence:	Hus	band Wite Widow Cunn	a Rose St	lakesp
Charge to Mrs. E. Rose Shaperflars.	Complete Fun	ATT AND DESCRIPTION OF THE PARTY OF THE PART	8 28	500
Address Jammi, Ja				
Order given by (or informant)	···· Burial Vault o	r Box(State Kind)		
How Secured	Embalming Bo	(Name of Embalmer)		
Occupation farm Man	Barber, \$,\$	\$ r \$	
Name of Employer	Suit or Dress	(State Wind and Cules)		
Address	Slippers, \$	(State Kind and Coler)Hose, \$		
Date of Death	(our) Candelabrum,	, \$ Tarpaulin, \$		
Date of Birth. Mee (Date) 1893	Door Spray, \$			
Age	Timoveines to	Compton 4 @ 9		
Date of Funeral 1/17/43 Auday 2	P.M. Autos to R. R.	Station		
Services at White March Chapel	····· Taking Remain	ns to Prodot Ho	MC 4	
Clergyman T. A. Beck - Rob Ballantyns.	Trip to Corone	r's Inquest		
Religion of the Deceased.	Deliver Flower	to Proof Act	16 -	
Birthplace Decatur Co. Ja	Removal Char	gesal Permit		
	ogths)Certif.Copi	al Permit. (State Number and esof Death Certificates N (State Physician's or C vice, \$ Use of Chap	District)	
Place of Death Mecatin County, Hoy	Pall Bearer Ser	vice, \$ Use of Chap	el, \$	
Cause of Death Cerebreel Hemorrhage	Personal Service	28		
Contributory Causes Dyfertention				
artero Scheibses		Sales Tax	\$ 28	5.00
Certifying Physician R. R. Brown .	····· Cremation		*******	
His Address. Xamon Ja	line Death	Notices in Paper	s	
Name of Father. M. J. Shakesheare	Flowers, \$	(Names of Newspapers) Palms, \$ Mattin	σ. \$	
His Birthplace	Remain of Tent,	ΦOf Temporary var	uit. 5	2
Maiden Name of Mother. Jane. Willets	Upening of Grave.	ve or Tomb Lowering Device	e. S	9.0.0
Her Birthplace Dudley, Rem.	Outlay for Shir	oping Charges		
Motor Ship Remains to	Railroad Ticket	Singers,\$Organi s, \$ Aero- plane Servi	st,\$	
Size of Casket 7.3 2 gray plush	· · · · · Telegr., Phone,	Cable or Radio Charges	3	
Manufactured by Road Sheet Co	Cash Advanced Out of town U	l		
-Green	natory			
Lot No // 2.0	Sales Tax			2 85
Grave No2	Total Footing	of Bill,	\$ 29.	6.8.5.
Section No.	Less . 5.70. en	n before fan. 87. #14	\$	
Disgram of Lot or Vault Owner	T-1	Balanceor bel	\$ 2.6.3	5. 6
	alance Date	1		
To Above Balance S	lance Date			Balance
By Payment. S S		To Balance Forward By Payment\$	\$	
\$\$		" "s.	S	
" " \$ \$		# #\$.	\$	
* - * \$ \$		" "s.	\$	
\$ \$		" " ······\$.	····· \$	
		" "	\$	
Insurance \$ Names of Lodges.	1,1111111111111111111111111111111111111	Insurance .Companies		<u>l</u> ,
Insurance \$Lodges I hereby authorize the above Funeral, and I hereby represent that I	have sufficient resources Le	Companiesgally available to	*************	
for the payment of aforesaid sum, and I hereby covenant and agree	to pay the same within	(Firm National Control of Control	me of Funeral Directors date. Interest to a	ocrue from
maturity at the rate of % per annum.	Signed.			
Witness	Address			

3th 90 Mi X

					Feb	2	1043
Total No. 1999. M.:	Yearly No.	5		Date		×	197.7.
Name of Deceased	Married S	u le	Widowed 1	Divorced	(What Re	4	
Residence Larmani	Ja	mana —	Hillun	band Wife Widow	John fe	uku	
Charge to:			or.		7	11	100
Address				eral		\$ 1.00	
Order given by folin lens	kius		Casket				
How Secured. (or is	nformant)		Burial Vault of Embalming Be		Kind)		
Occupation Acusewife	ua	10	Barbar &	ody (Name o Hair D	(Embalmer)		
Name of Employer	(Social Securit	y Number)	Dressing Body	, \$	nderwear,\$		
Address	• • • • • • • • • • • • • • • • • • • •		Suit or Dress.	(State Kin	d and Color)		
Date of Death . Jan. 3.1/4	3 //	PM	Slippers, \$	Hose s, \$Tarı	, \$ aulin. \$		
	Z	(Hour)	Candelabrum,	\$ Can	iles, \$		
Date of Birth			Door Spray, \$	Glov	es, \$		
Age	ths) / (Days)		Limousines to	Cemetery	.@\$		
(Date) (Day	of Week)	(3.0. P.M. (Hour)		Station ins from			
Services at			Taking Remai	ns to			
Clergyman Out Lane.	·······································			er's Inquest			
Religion of the Deceased	· · · · · · · · · · · · · · · · · · ·		Deliver Flower	rs to			
Birthplace Judiana			Removal Char	ges			
Resided in the State. 6.0 40.		· · AMARA	Certif Coni	ial Permit esof Death Cert	Number and District)		
Place of Death. Lamon.	Sa (Tenna)	(montan)	Pall Bearer Se	rvice. \$ IIse	of Chapel, \$		
Cause of Death. Flue			Personal Servi	ce			
Contributory Causes. Lto	he						
Containation Causes.			Gross Total fo	r Sales Tax. M	otax	\$	
Certifying Physician. N. M.	Hells		Outlay for Lo	t			
His Address	or Coroner)		Cremation	Notices in	Papers		
Name of Father. John F. Jon	uls.						
His Birthplace Judkans	z		Flowers, \$	(Names of Newspape Palms, \$.Matting, \$		
Maiden Name of Mother	1. Ann Wick	buran	Opening of Gr	,\$of Temp ave or Tomb			
Her Birthplace. Mallan	a como proces		Lining Grave,	\$Loweri pping Charges.	ng Device, \$		
Motor Ship Remains to . Ollara	retor , ta		Clergyman,\$.	pping Charges. Singers,\$	Organist,\$		
Ship Remains to D	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Railroad or Motor Ticke	Singers,\$ ts, \$ A	ero- Service,\$		
Manufactured by Rule Oze	olor of Number)		Telegr., Phone	, Cable or Radi	Charges		
Manufactured by . V. M. V	ut me	Cemetery	Out of town U	Indertaker's Ch	arges		
Interment at Please	400000	Crematory					
Lo	t No		Sales Tax	No ta	¥		
Gr	ave No			of Bill		\$ 1.00	00
Sa	ction No		Less				
				Baland		\$	
Diagram of Lot or Vault OV	vner		Entered into I	edger, page	or below.		
Date	Amount Paid	Balance	Date	201 1-15	Amount 1	Paid Ba	lance
To Above Balance				To Balance Fors	vard	\$	
By Payment,	. \$ \$. By Payment		\$	
	ss			. " "	\$	\$	
" "	. \$ 8			. " "	\$	\$	
	. \$ \$				\$	\$	
				и и	S	\$	
	\$				s	S	
Na	mes of			Insurance .Companies			
Insurance \$Loc I hereby authorize the above Funeral, and		hot T hove en	fficient resources T.				
for the payment of aforesaid sum, and I h						ral Directors.)	
maturity at the rate of% P	er annum.	puj			Ir	nerest to acc	rue from
Witness			Addres				
	Comp	oiled by F. J. Fl	EINEMAN, St. Louis,	Mo.			
	atrife	35	X				

		-	-		1	- 6 7		-
Total No. 2000	Yearly No	1.6.		Date.		eo!	1	19 %.3
Name of Deceased	VUL A. //	el	SOL TIP	ivorced		Whele		
Residence: Lamari			□Huab	and Wile EW	idow } . fac.	mes Ke	lsen	
Charge to:			Complete Fune	THE RESERVE	0		100	00
Address			Casket					
Order given by	informant)]	Burial Vault or	Box	(State Kind)			
		1000	Embalming Bo	dy	ame of Embalma	()		
Occupation Amende.	(Social Security Numb] ber)	Barber, \$ Dressing Body,		ir Dressing			
Name of Employer			Suit or Dress		te Kind and Colo	The state of the		
Address	// · · · · · · · · · · · · · · · · · ·	5	Slippers, \$	I	Hose, \$			
Date of Death. F. e. 5	7.3	M [Folding Chairs, Candelabrum, S	\$ \$	Candles, S.			
Date of Birth. A. 4	858]	Door Spray, \$		Gloves, \$			
Age84	eptha) (Days)		Funeral Car, \$ Limousines to			5		
Date of Funeral. 1/3/4.3	unday 2 P	. M. A	Autos to R. R.	Station	@\$.			
Services at . Charles		7	Getting Remain Faking Remain	ns from				
Clergyman. Ast Lane			Trip to Corone	r's Inquest				
Religion of the Deceased	(Madress)		Delivering Box Deliver Flowers					
Birthplace . Illena	.	I	Removal Charg	ges				
Resided in the State 5.0	es.	1	Procuring Buris —Certif.Copie Pall Bearer Ser	at Permit.	State Number s	nd District)		
Place of Death James	ty or County) (Years) (Alon	···· T	Pall Bearer Ser	vice. \$	te Physician's or Use of Cha	Coroner's;		
Cause of Death. Oldage	0	Ī	Personal Servic	e				
Contributory Causes. Lear								
			Gross Total for	Sales Tax		\$		
Certifying Physician	Hells		Outlay for Lot Cremation					
His Address Laman	(or Coroner)		line Death	Notices in	Pap	ers		
Name of Father Oeter 4	ausen.		Flowers, \$	(Names of New	spapers)			
His Birthplace How	ay	I	Flowers, \$ Rental of Tent,	. Palms, \$.	Matt	ng, \$		
Maiden Name of Mother Hell	is Luanum	(Opening of Gra	ve or Ton	ıb			
Her Birthplace. Mow	ay	0	Lining Grave, \$ Outlay for Ship	poing Char	vering Dev	ice, \$		
Motor Ship Remains to	0		Clergyman,\$	Singers	\$Orga	nist,\$		
Size of Casket A. P.			Clergyman,\$ Railroad r Motor}Tickets Felegr., Phone,	Coble on D	plane Ser	vice,\$		
Manufactured by . Reis . (State	Color and Niffmber)	10	Cash Advanced	1		es		
Manufactured by Rens Of	Will Cem	etery	Out of town U	ndertaker's	Charges			
	ot No. 7.0.2							
			Sales Tax				100	00
	rave No?		Total Footing o	or Bill		\$	4.5.5.	
L s	ection No		Leos	Ra	lance	9		
Diagram of Lot or Vault C	wner	1	Entered into Le	edger, page	or b	elow.		
Date	Amount Paid Bal	lance	Date	1211 313		Amount Paid	Bal	ance
To Above Balance	S.			To Balance	Forward		s	
By Payment	\$\$			By Paymen	t	s	s	
" "	\$\$					ş	. \$	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$		ļ			\$. \$	
	\$\$					\$	\$	
	\$					\$. \$	
	8 8				*******	ę	. \$	
N	ames of odges			Insurance .Companies.		Western drawn	.100	
Insurance \$		ave suffi						*****
for the payment of aforesaid sum, and I						Name of Funeral D m date. Intere	irectors.)	ae from
maturity at the rate of%			Signed					
Witness			Address					
	Compiled by		NEMAN, St. Louis. M	Mo.				
		5	puli					

Witness.....

RECORD (OF FUNERAL
Total No. 2001 Yearly No	Date J
Total No. 2001 Yearly No	isen White Reed
Residence Aural, Nea andwer, Mo	Widowed Divorced Divorced Uffusband Wife Widow
Charge to Estab	0 387 00
Address	Complete Funeral
Order given by Chris Octessum (orinformant)	Burial Vault or Box(State Kind)
How Secured	Embalming Body (Name of Embalmer) Barber, \$
Occupation Farming Mone.	Barber, \$ Hair Dressing, \$ Underwear, \$ /3 5-0
Name of Employer	Suit or Dress (State Kind and Color)
Address	Slippers, \$ Hose, \$
Date of Death . T. eb . 7 . 1943 . 4130 A. (Hour)	Candelabrum, S Candles, D
Date of Birth. June 26 1907	Door Spray, \$ Gloves, \$. Funeral Car, \$ Ambulance, \$.
Age. (Years) (Months) (Days)	Limousines to Cemetery @ \$
Date of Funeral 1/9/42 (Months) (Days) Date of Funeral 1/9/42 (Months) (Days) (Hour)	Autos to R. R. Station
Services at. Chapel	- Taking Remains to
Clergyman . H. E. Shakesfearl (Address)	Delivering Box to
Religion of the Deceased	Deliver Flowers to Removal Charges.
Birthplace Rowley, Ja	Procuring Burial Permit.
Resided in the State	Procuring Burial Permit. (State Number and District) Certif. Copiesof Death Certificates No. (State Physiciative Cornect*) Pall Bearer Service, \$ Use of Chapel, \$
Place of Death Bethany, Hospital	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
Cause of Death. Urening	Personal Service.
Contributory Causes. Paralysis of Kielneys	
	Gross Total for Sales Tax\$
Certifying Physician. Il Lydlen	Cremation
His Address . Bethauf Coroner Mrs -	· · · · · · · · · · · · · · · · · · ·
Name of Father Min Petersen ,	Flowers, \$
His Birthplace. Hannark.	Opening of Grave or Tomb. 900
	Lining Grave, \$Lowering Device, \$
Her Birthplace. Denmard.	Outlay for Shipping Charges. Clergyman,\$Singers,\$Organist,\$
Motor Remains to Glate - green broad ploats	Clergyman,\$Singers,\$Organist,\$ Rallroad Tickets, \$plane Service,\$
Size of Casket . Stale - new brother cloud Manufactured by Sunface Color and Number 9.	Telegr., Phone, Cable or Radio Charges
Interment at	
	400
Lot No 3.7.6	Sales Tax
Grave No	Total Footing of Bill \$ 4.13.50
Section No	Paid in Barball 1/15/428
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balan	ce Date Amount Paid Balance
To Above Balance\$	To Balance Forward\$
By Payment \$ \$	\$ \$ \$
* * \$ \$	* * * * * * * * * * * * * * * * * * * *
	\$ \$ \$ \$
2 2 2 2	я я \$
a a \$ \$	\$\$
a a ssssssss	и и , , , , , , , , , , , , , , , , , ,
Names of Lodges.	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have	e sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to	pay the same withindays from date. Interest to accrue from
maturity at the rate of % per annum.	Signed

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

9 00 9		- 0		Z	ah an		112
Total No. 2.00 2	Yearly No.	Kay	Murre		eb. 20	19	7.0.
	☐ Married 🛮 Si		Widowed 🗆 D		(What Race)		
Residence: West of La. Charge to: Merril & 1	Hurray		or	oand whell widow			
Address Lamoni	Jal			eral	<u>.</u> \$		
Order given by Laul			Casket Burial Vault or	f. Bey		. 3.0. 0.	o
How Secured	(or informant)		Embalming Bo	(State Kind)		100	0
Occupation	non		Barber, \$		er)		
Name of Employer.	(Social Security	Number)	Dressing Body	, \$Underw	ear,\$		
Address			Suit or Dress		x)		
	18 1943	3. PM	Slippers, \$	Hose, \$, \$Tarpaulin,	· /	2	
	Date)	(Hour)	Candelabrum,	\$ Candles, \$.			
	34.19.40		Door Spray, \$	Gloves, \$Ambulance,			
	// 2 4 (Months) (Days)			Cemetery @ \$.	Φ		
Date of Funeral. 2/20/43	Sat 2		Autos to R. R.	Station @ \$.			
Services at . Chapel			Taking Remair	ns from			
Clergyman Rev Bres	sler		Trip to Corone	r's Inquest			
Religion of the Deceased . Ma	thodist (Address)		Delivering Box Deliver Flower	to			• • • •
Birthplace Lean,	a Hospital		Removal Charg	ges			
Resided in the State. Life.			Procuring Buri	al Permit	and District)		
Place of Death, Houl we	City or County) (Years)	(Months)	Certif.Copie	al Permit (State Number esof Death Certificates (State Physician's o vice, \$ Use of Gh.	No		
			Pall Bearer Ser	vice, \$ Use of Gh	apel, \$		
Cause of Death Congenit	w/reau mi	sease !	car, chap	e including	7	1000	
Contributory Causes			Gross Total for			5.27	
Certifying Physician . Ky . 9	Or a mana		Outlay for Lot			20 0	0
	(or Coroner)		Cremation	Notices in Pan			
His Address Jany	& Marion as						
Name of Father Merril.	e muray		Flowers, \$	(Names of Newspapers) Palms, \$ Matt	ing, \$		
His Birthplace Mary	rue, me		Rental of Tent,	\$of Temporary V	ault, \$		
	rinne Clou	gh.	Opening of Gra Lining Grave, S	ve or Tomb Lowering Dev	ice. \$		
Her Birthplace Courtley	ud, Mib		Outlay for Ship	ping Charges			
Motor Remains to	.,		Clergyman, \$ Railroad \materials	Singers,\$Orga s,\$Plane Ser	mist,\$		
Size of Casket 3-0 W	ate Color and Number)		or Motor / Licket Telegr. Phone	S, \$ plane Ser Cable or Radio Charg	vice,\$		• • • •
Manufactured by Ref	ate Color and Number)		Cash Advanced	1			
Interment at Rose	Kill {	Cemetery	Out of town U	ndertaker's Charges			
	T // 2 /			· · · · · · · · · · · · · · · · · · ·			
	Lot No /. /. 2. !		Sales Tax		=		3
	Grave No		Total Footing			78. 4	2.
	Section No		Less (J. ac	www. full 727	.9.2\$		• • • •
Diagram of Lot or Vault	Owner Merril E/	hunes	Entered into L	Balance edger, pageor b	\$		
Date	Amount Paid	Balance	Date	Juger, page	Amount Paid	Balance	_
To Above Balance.		1		m.n.i. n. i.	1	Datatics	
By Payment				To Balance Forward By Payment		\$	
	s s			a a	e	\$	
	\$ s.		1		s	e	
	s s.			# #	\$	s	
· · · · · · · · · · · · · · · · · · ·	\$ s.			u u	\$	\$	
*********	\$ s.			и и	\$	\$	
	\$ \$.		4	« «	\$	s	
Insurance \$	Names of Lodges			Insurance Companies			
I hereby authorize the above Funeral,	and I hereby represent th	at I have suff	icient resources Le	gally available to	Name of Barrier		
for site payment of atoresant sum, and	i i nereby covenant and a	gree to pay t	he same within , , ,	days fro	m date. Interes	t to accrue f	rom
maturity at the rate of	% per annum.		Signed				
Witness			Address				

			F.	1 12		1/2
Total No. 2.003	Yearly No9	p;	Date F.	Ø. 5		19.7.
Name of Deceasedslam	uel Moses	Thee	4	(What Race)		
Residence Han Polythedale,	larried Single	Widowed D	ivorced	es She	ets	
Charge to Mus Osess Sheets	.47.57		and Wife Widow . A.			
, Address Eagleville, M		Complete Fund	eral	\$	185	.00
Order given by Mis Dess She	χ	Casket				
Order given by 1001.010.010.000	iant)	Burial Vault or				
		Embalming Bo	dy (Name of Embalm	er)		
Occupation Farmer	(Social Security Number)	Dressing Rody		ear, \$		
Name of Employer		Suit or Dress	State Kind and Cole Hose, \$		8.	50
Address		Slippers, \$				
Date of Death. Feb 20 194	.7	rolding Chairs	\$Tarpaulin, \$Candles, \$.	φ		
Date of Birth. Jan. 8. 186	·····	Door Spray, \$				
Age. (Yearp) (Months)	(Days)	Funeral Car, \$ Limousines to	Ambulance, Cemetery @ \$.	\$		
Date of Funeral. 725/43 Thur	9'30 P	Autos to R. R.	Station @ \$.			
Services at Chustian Chu	ch Obethedale	Getting Remai Taking Remair	ns from			
Clergyman		Trip to Corone	r's Inquest			
Religion of the Deceased		Delivering Box Deliver Flowers	to			
- Birthplace Man Eaglwelle	rus.	Removal Chare	200			
Resided in the State . Lifetime		Procuring Buris	al Permit	and District)		
Place of Death Between Eagle	ounty) (Years) (Months)	Certif.Copie	al Permit. (State Number : sof Death Certificates (State Physician's o	No Coroner's)		
Cause of Death Coronary C	u holisan	Pall Bearer Ser Personal Servic	vice, \$ Use of Ch	apel, \$		
Contributory Causes					0 3	F 0
1 - hr hoo			Sales Tax	\$.7.2.	2.0.
Certifying Physician Lot Whele	ell, co cour	Cremation				
His Address . Bethauy " or Con	no ·	line Death	Notices in Pap	ers		
Name of Father Quelieu J.	alles	Flowers, \$	(Names of Newspapers) Palms, \$ Matt	ng S		
His Birthplace	****************	Kental of Tent.	5 of Temporary V	ault. S		
Maiden Name of Mother Estimis	sa furlly.	Opening of Gra Lining Grave, \$	ve or Tomb Lowering Dev	ico \$		
Her Birthplace Illustoc	?	Outlay for Ship	ping Charges			
Motor Remains to		Clergyman, \$ Railroad \Tielrote	Singers,\$Orga s,\$plane Ser	nist,\$		
Size of Casket . 7.3.2 Af. Co	What Number	Telegr., Phone.	Cable or Radio Charg	es		
Manufactured by Root		Cash Advanced				
Interment at Eaglevill	Cemetery Germatory	Out of town Ur	idertaker's Charges			
Lot No	,					02
		Sales Tax Total Footing o	e Day		9/	V 2
		Less	и ын	\$ X	1.16	7
Section	No	Parid	in full Man	2/112 2 2	C1 1	7.1
Diagram of Lot or Vault Owner]	Entered into Le	edger, page or b	elow.	0.1	/. J
Date A	mount Paid Balance	Date		Amount Paid	Relat	
To Above Balance			To Balance Forward	Imount I am	Dala	nce
By Payment \$	\$		By Payment		\$	
* *\$	\$		п и	\$	•	
· · · · · · · · · · · · · · · · · · ·	\$		и и	\$	ss	
* * \$	\$		и и	\$	\$	
	\$		и и	\$	\$	
**	8		" " ·······	\$	\$	
\$ \$ \$	r	decentered	a #	\$	\$	
Insurance \$ Lodges			Insurance Companies			
I hereby authorize the above Funeral, and I her	eby represent that I have suffi	icient resources Leg	ally available to (Firm)	ame of Funeral Dire	otors)	
for the payment of aforesaid sum, and I hereby maturity at the rate of % per am	covenant and agree to pay th		······································	n date. Interest	to accrue	from
Witness	Compiled by F. J. FEI	Address. NEMAN, St. Louis, M	0.			

Total No. 2004	Yearly No	10	7::	Date.	74	Parch		194.3
Name of Deceased	ellie M Single	O.E	Seu Didowed Di			(What Race)		
	Ja		□Husb	and Wife Wi	dow J. Thu	ornas E	Olse	м
Charge to: . A A O			Complete Fune	ral		\$	100	00
Address	ITTAON		Casket					
Order given by. Rey. Key	(or informant)		Burial Vault or	Box	(State Kind)			
How Secured			Embalming Bo	ay(Ni	ir Dressing			
Occupation	(Social Security Num		Dressing Body,	\$	Underwe	ar,\$		
Name of Employer			Suit or Dress	(Stat	e Kind and Color			
Address	7/43 1 M	M	Slippers, \$ Folding Chairs,	1	10se, \$			
Date of Death	Date) (0% 3 (He	our)	Candelabrum, S	3	Candles, \$.			
Date of Birth. Left a			Door Spray, \$. Funeral Car, \$	A:	Hoves, \$ mbulance, \$			
Age	(Months) (Days)		Limousines to	Cemetery.	@\$			
Date of Funeral. 3.3/4.3	(Day of Week) (Hour)	2.P.M.	Autos to R. R. Getting Remain					
Services at Charle!	111w -		Taking Remain	s to				
Clergyman arthur Lau			Trip to Corone Delivering Box					
Religion of the Deceased.	0.8.		Deliver Flowers	to				
Birthplace Illina	5		Removal Charg	es				
Resided in the State	or City or County) , (Years) (Mo	onths)	Certif.Copie	sof Death	State Number a Certificates	nd District)		
Place of Death Pecatin	County Haspita	ł	Procuring Buria —Certif.Copie Pall Bearer Ser	vice, \$	te Physician's or Use of Cha	pel, \$		
Cause of Death Haugu	we, both legs.		Personal Servic	e				
Contributory Causes aster	o felerases							
			Gross Total for			\$		
Certifying Physician	4 P. Rued		Outlay for Lot Cremation					
His Address Dave	s (or gorpner)		line Death	Notices in	Pap	ers		
Name of Father. John.)	(foregas)		Flowers, \$	(Names of New	spapers)			
His Birthplace	way.		Rental of Tent,	Palms, \$. \$of Te	Matti emporary V	ng, \$ ault. \$		
Trus or orr or Ma	ry face deale.		Opening of Gra	ve or Ton	ib			
Her Birthplace Hew	Ish, State	,	Lining Grave, \$ Outlay for Ship	ping Char	ges			
Motor Remains to	/		Clergyman,\$ Railroad or Motor}Ticket	Singers	\$Orga	nist,\$		
Size of Casket CA.	,		or Motor Ticket. Telegr., Phone,	Cable or F	odio Chara	vice,\$		
Manufactured by . Pine .	tate Color artificumber)		Cash Advanced	1				
Interment at	ose Hill (Cer	metery	Out of town U	ndertaker's	Charges	• • • • • • • • • • • • • • • • • • • •		
	Lot No 7.3.9		Sales Tax	PAGE P.		ייי צות־		
	0						100	00
	Grave No		Total Footing			\$		
	Section No		Less		lance	9		
Diagram of Lot or Vault	Owner		Entered into L			elow.		
Date	Amount Paid B	alance	Date	0 = 1 / 1	ADMIN	Amount Pa	id Ba	lance
To Above Balance	s		1 200 04 03	To Balance	Forward		s	
By Payment	\$ \$			By Paymen	t	\$	\$	
	\$ \$			a a		\$	\$	
	\$ \$			и и		\$	\$	
	\$ \$ \$			4 4		\$	\$	
* *	\$ \$			4 4		\$	\$	
	s s				**********	\$	\$	
	Names of			Insurance	**********	· · · · · · · · · · · · · · · · · · ·		<u> </u>
Insurance \$	Lodges	 har	Majort roccorrect Y	. Companies.				
for the payment of aforesaid sum, a	nd I hereby covenant and serve	to pay	the same within	gany avanabi	(Firm	Name of Funeral	Directors.)	ma from
maturity at the rate of	.% per annum.	,	Signed.				to acc	won
Witness			Address					
			SINEMAN, St. Louis. 1	Mo.				
		2 . 31						

70.10	Date March 15 1943
Total No. 2005 Yearly No.	
Name of Deceased fullering California	Widowed Divorced (What Rate)
Name of Deceased Fulderick Education Residence L. J. Haml Xamen A	Husband Wife Widow
Charge to: A.P.	- 100 00
	Complete Fullerat
Order given by T.A. Beck (or informant)	Casket
(or informant) How Secured.	
Occupation	Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$
Name of Employer. (Social Security Number)	Dressing Body, \$ Underwear, \$
	Suit or Dress. (State Kind and Color) Slippers, \$
Address. Date of Death March (3/1943 8 AM.	Folding Chairs, \$ Tarpaulin, \$
Date of Death. March /3 /1943. 8 A.M. Date of Birth. Apr. 3 (Date) 8 4 3 (Hour)	Candelabrum, \$ Candles, \$
	Door Spray, \$
Age	Limousines to Cemetery @ \$
Date of Funeral 3/15/43 Mon. 2:30 P.M. (Date) (Hour)	Autos to R. R. Station
Services at A . Day J. Home (Hour)	Taking Remains to
Clergyman Chas Harfe	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased . J. D. J. (Address)	Deliver Flowers to
Birthplace England	Removal Charges
Resided in the State . 20 year	Procuring Burial Permit. Cana Number and Darlet) Certif. Copies of Death Certificates No. Certif. Copies of Death Certificates No. Paul Bearer Service, \$ Use of Chapel, \$
Place of Death L. D. S. or City or County) (Montas)	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Carcinoma of Stomach	Personal Service
Contributory Causes.	
Contributory Causes	Gross Total for Sales Tax. \$
Certifying Physician. K. A. Quom.	Outlay for Lot.
His Address Samen Ja	Cremation
Name of Father William Edgworthy	
Name of Father. Mulliam Capt May	(Names of Newspapers) Flowers, \$
His Birthplace . England Maiden Name of Mother Many Hamis	Rental of Tent, \$of Temporary Vault, \$ Opening of Grave or Tomb
Maiden Name of Mother.	Lining Grave, \$Lowering Device, \$
Her Birthplace England	Outlay for Shipping Charges. Clergyman.\$. Singers.\$. Organist.\$.
Motor Remains to	Clergyman,\$. Singers,\$. Organist,\$. Railroad Tickets, \$. Aero- or Motor Tickets, \$. plane Service,\$.
Size of Casket . A O . (Sypp Splogpifft Number)	Telegr., Phone, Cable or Radio Charges.
Manufactured by Pine Waluff Interment at Roze Hull Cemeter Cremator	
Interment at	y
Lot No / 5,2.1	Sales Tax No Tax- State Funeral-
Grave No	Total Footing of Bill \$ 100 00
Section No	Less\$
	Balance\$
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward \$
By Payment \$ \$	\$ \$ \$
" " \$ \$	\$ \$
* *	
	* a *
" " S S	и и в
# # \$ \$	
Names of	Insurance Companies
Insurance \$	sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pa	y the same within
maturity at the rate of% per annum.	Signed
Witness,	Address

Total No. 2006 Yearly No	Date. March 19 194
Name of Deceased May alice f	rance
Residence Lamoni Ja Bingle B	
Charge to Tow France	□Husband□Wife[XWidow] W. A. FNance or
Address Lamoni Ja	Complete Funeral
+ i0 . F	Casket
(or informant)	Burial Vault or Box(State Kind)
How Secured.	Embalming Body(Name of Embalmer)
Occupation Housewife None (Social Security Number)	Barber, \$
Name of Employer	Suit or Dress
Address	Slippers, \$
Date of Death March 17 1943 //AM	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth Jan 2 1869	Door Spray, \$
Age. 80 2 15	Funeral Car, \$Ambulance, \$Limousines to Cemetery@ \$
Date of Funeral 3/19/43. Enday 2: 30 P.M.	Autos to R. R. Station
Services at Chapel (Day of Week) (Hour)	Getting Remains from Taking Remains to
Clergyman Rey Cheville	Trip to Coroner's Inquest
Religion of the Deceased (Address)	Delivering Box to
Birthplace Kewane, Ill	Deliver Flowers to Removal Charges.
	Procuring Burial Permit.
Resided in the State (or U. S. of City or Coppity) (Years) (Months)	Procuring Burial Permit. Certif.Copiesof Death CertificatesNo. Certif.Copiesof Death CertificatesNo. Pall Bearer Service, \$\(^{\text{State Physicians'}}_{\text{core}}\$ or Cercers', Use of Chaple, \$\(^{\text{State Physicians'}}_{\text{core}}\$ or Cercers', \(^{\text{Death}}_{\text{core}}\$ or Cercers').
Place of Death & A	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death	Personal Service.
Contributory Causes	
	Gross Total for Sales Tax
Certifying Physician K. R. Usroum	Outlay for Lot.
His Address Laman Ca	line Death Notices inPapers
Name of Father Abraham Atkinson	(Names of Newspapers)
His Birthplace England.	Chames of Newspapers) Flowers, \$
Maiden Name of Mother Mary Mort	Opening of Grave or Tomb
Her Birthplace. England	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges
Motor Remains to	Clergyman,\$Singers,\$Organist,\$
Size of Casket Rex- State Rose Ceclar.	Clergyman,\$Singers,\$Organist,\$ Rallroad \ Tickets, \$plane Service,\$
Manufactured by Rex Melbrille	Telegr., Phone, Cable or Radio Charges
Interment at Rose Hell (Cemetery Crematory	Out of town Undertaker's Charges
Commenty	
Lot No 1543	Sales Tax
Grave No	Total Footing of Bill \$ 28/69
Section No	Less 5.70 - 10day 19.58 \$
Diagram of Lot or Vault Owner	9 3 29 Balance 966 . \$
	Entered into Ledger, page or below.
7 1	Date Amount Paid Balance
To Above Balance	To Balance Forward \$
By Payment \$ \$	
" " s s	
s s	« « s
	" " S S
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	" " \$ s
Names of Lodges.	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have su	ufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within
maturity at the rate of% per annum.	Signed.
Witness	Address

4 7					21.	. /		
Total No. 200. 7	Yearly No.	in 13	asley	Date	!!!!	arch	. A.J	19 %.3.
0	Married S	ingle 🗆		Divorced		(What Race)	0	2
Residence & amoun, Charge to Frank &	asley		or	band Wife W	idow f. f. Au	auk.a	ase	Y
Address Lameni	· Ja		Complete Fune			\$	285	00
Order given by same			Casket Burial Vault or					
How Secured	or informant)		Embalming Bo	dy	(State Kind)			
Occupation	na	ie .						
Name of Employer	(Social Securit	y Number)	Dressing Body Suit or Dress	#901	Lilva	ear,\$	7	75
Address	,		Slippers, \$	(0111	Hose, \$.	to -	2	37
Date of Death Man 2/		7 AM	Folding Chairs Candelabrum,	, \$	Tarpaulin,	\$		
Date of Birth. Q.c.t.2.2			Door Spray, \$ Funeral Car, \$		Gloves, \$			
Age	Months) (Days)		Limousines to	Cemetery	@\$.	Ф		
Date of Funeral. 3/22/43	Mon (Days) Day of Week)	Hour)	Autos to R. R. Getting Remai	Station	@\$.	• • • • • • • • • • • •		
Services at Chapel	161.	• • • • • • • • • • • • • • • • • • • •	Taking Remain	ns to				
	(Address)		Trip to Corone Delivering Box	to				
Religion of the Deceased Birthplace Peorla	000.		Deliver Flower Removal Charg	s to				
Resided in the State . 5	eau'		Procuring Buri —Certif.Copie	al Permit.	(State Number	and District)		
O for IIIS, or	County (Young)	(Months)	Certif.Copie Pall Bearer Ser	esof Death	Certificates	No		
Cause of Death Influence	(.		Personal Service	e	Use of Cha	apei, \$		
Contributory Causes. Mali								
			Gross Total for	Sales Tax			295	12
Certifying Physician. N M	· Hill		Outlay for Lot Cremation					
His Address Lamon	4		line Death	Notices in	Pap			
Name of Father . Ssac	Baggerly	· · · · · · ·	Flowers, \$	(Names of New Polymer &	rspapers)			
His Birthplace			Rental of Tent,	\$of T	emporary V	ault,\$		
Maiden Name of Mother.	ancis Par	Con	Opening of Gra Lining Grave, S	ave or Ton	nb wering Dev	ice, \$		
Her Birthplace	000		Outlay for Shir	oping Char	ges			
Ship Remains to July	ch-# 232		Clergyman,\$ Railroad or Motor}Ticket	s, \$	Aero- Ser	vice,\$		
Size of Casket . Hay Com. Manufactured by	te Color and Number)		Telegr., Phone, Cash Advanced	. Cable or F	cadio Charg	es		03
Interment at Tuessa,	okla- 1	Cemetery Crematory	Out of town U	ndertaker's	Charges			
		Crematory						
	Lot No	• • • • • • • • • • • • • • • • • • • •	Sales Tax				309	95
	Grave No		Total Footing	of Bill	143	\$	302	00
	Section No		Less. J. v		lance	٠٠	292	10
Diagram of Let or Vault	Owner		Entered into L	edger, page	eor b	elow.		
Date	Amount Paid	Balance	Date	50/5 (Y-10)		Amount Pa	d Bal	ance
aft / To Above Balance		292 10		To Balance	Forward		\$	
Chv		232 10		By Paymen	t	\$	\$	
June 30 " "	The second secon	130 00	100 100 100 100 100 100 100 100 100 100		**********	\$	\$	
	\$	7.4		и и		\$	s	
	\$			и и		\$	\$	
# #	\$ s.			и и		\$	\$	
	\$ \$.			Insurance	**********	8	\$	<u></u> .
	Names of Lodges			.Companies				
I hereby authorize the above Funeral, a for the payment of aforesaid sum, and						Name of Funeral m date. Inte	Directors.)	ue from
maturity at the rate of		SE METE						
Witness			Address					
	Compl	led by F. J. PE	INEMAN, St. Louis, A.	10.T.				
		90		The State of the last				

Total No. 2008 Yearly No	14 Date March 27 194
Name of Deceased Thoses William	us . While
Residence Quelependence, Wo.	☐ Widowed ☐ Divorced (What Race) ☐ Husband ☐ Wife ☐ Widow }
Charge to	or
Address	Complete Funeral Stup Su: \$ 20 0 0
Order given by	Casket Burial Vault or Box
How Secured(or informant)	Emphalmina Dada (State Kind)
Occupation	Barber, \$(Name of Embalmer) Hair Dressing, \$
Name of Employer. (Social Security Number)	Dressing Body, \$ Underwear, \$ Suit or Dress.
Address	Slit of Dress (State Kind and Color) Slippers, \$
Date of Death	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. (Hour)	Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$
	Funeral Car, \$ Ambulance, \$
Age. (Years) (Months) (Dayrs) Date of Funeral Man. 27//943 // A.1 Sarvinas at Jawel allender	Limousines to Cemetery
Services at Law service (Hour)	Getting Remains from
	Taking Remains to
Clergyman J. Barr (Address)	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace	Removal Charges. Procuring Burial Permit
Resided in the State (or U. S. or City or County) (Years) (Months)	Procuring Burial Permit. Certif. Copiesof Death Certificates No. Certif. Ropiesof Death Certificates No. Pall Bearer Service, State of Chapel, \$. Personal Service.
Place of Death	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death	Personal Service.
Contributory Causes	
	Gross Total for Sales Tax
Certifying Physician.	Outlay for Lot. Cremation
His Address (or Coroner)	line Death Notices inPapers
Name of Father	(Names of Newspapers)
His Birthplace	Flowers, \$ (Names of Nawspapers) Matting, \$ Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother.	Opening of Grave or Tomb
Her Birthplace	Opening of Grave or Tomb. Lining Grave, \$Lowering Device, \$
Motor Remains to	Outlay for Shipping Charges Clergyman, S
Cine of Control	Clergyman, \$Singers, \$Organist, \$ Railroad \ Tickets, \$Aero-Service, \$
Manufactured by (State Color and Number)	Telegr., Phone, Cable or Radio Charges Cash Advanced
Interment at	Out of town Undertaker's Charges.
Lot No. 8.3.5	Sales Tax all servire no Midne
Grave No3	Total Footing of Bill
Section No.	Less Sol sin hell s
Diagram of Lot or Vault Owner.	Balance\$
	Entered into Ledger, page or below.
Amount raid Balance	Date Amount Paid Balance
To Above Balance. \$	To Balance Forward \$
a a	By Payment \$ \$
a a s	\$
	* *
* * \$ \$	" " S
***************************************	a a s s
sssss	и и в в в
Insurance \$ Names of Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have s	ufficient resources Legally available to
	y the same within
maturity at the rate of % per annum.	Signed
Witness	Address
Compiled by P. J. 1	FEINEMAN, St. Louis, Mo.

145	RECORD	OF FU	NERAL	ahai o	14	
Total No. 2009	Veerly No	15	Date	facet	4	19.7
Name of Deceased.	ason Love	N Widowed	er	Whi	Če	
Residence Lameri	Married Single	п	Divorced usband Wife Widow A	cliver X	Laye	u
Charge to Estate	of Suran Haye	or	of 5 ° °	***********	1	1
Address		Complete Fu		\$	31.7.	00
Order given by Lucille	Spraque.	D . 1 TY 11	or Box	lusted		
How Secured	(orififormant) 0	Embalming E	Body Carley Fr	ineral House	1.0	-00
Occupation Housewij	4	Barber, \$	or Box	sing, \$		
Name of Employer	(Social Security Numbe	Dressing Bod	76 76 . Rose	rwear, \$	//	95
Address	,	·· Slippers, \$	y, \$	Color)		
Date of Death April 10	41943	Folding Chair	rs, \$ Tarpauli	in, \$		
Date of Birth Men 3	/1869	Door Spray,	, \$	\$		
Age	0 /2	Funeral Car,	\$Ambuland Cemetery@	ce, \$		
Date of Funeral. 1.4/4.3. Services at Charles 1.	o /2 Months) (Days) 2:30/	M. Autos to R. F	L. Station	\$		· · · · ·
Services at Charlel	Jay of Week) (Hour)	Getting Rema	ins from	endino		AV.C
Clergyman Ray Cheirl	le - T.a. Beck	Trip to Coron	er's Inquest			
Religion of the Deceased.	D. & (Address)	Delivering Bo	x to			
Birthplace		D 1 Cl				
Resided in the State	City or County) (Years) #Month	Procuring Bu	nal Permit	ber and District)		
	endence, No	Pall Bearer Se	rial Permit. (State Numb ies of Death Certifica (State Physician ervice, \$ Use of (ice.	or Coroner's;		
Cause of Death Serile	Dementia	Personal Servi	ice			
Contributory Causes						
		Gross Total fo	or Sales Tax	s	328	95
Certifying Physician	(or Coroner)	Outlay for Lo Cremation	t			
His Address	(or Coroner)	line Deat	h Notices inP	apers		
Name of Father			(Names of Newspapers) Palms, \$ Ma			
His Birthplace		Rental of Tent	\$of Temporary	v Vault. S		
Maiden Name of Mother		Opening of Gr	ave or Tomb		9	00
Her Birthplace		Outlay for Shi	\$Lowering D pping Charges	evice, \$		
Motor Ship Remains to	,, <u>,</u>	Clergyman,\$.	Singers,\$Or ts,\$PlaneS	ganist,\$		
Size of Casket Leclar Vel	our 1/2 couch	or Motor / 11cke	Cable or Radio Ch	ervice,\$		
Manufactured by Limit	sur	Cash Advance	d		15	A'A'
Interment at		ry	Indertaker's Charges		,9.	
Marie Contract	Lot No. 458	Sales Tax				29
	Grave No	Total Footing				2 4
	Section No	Less 5 7 an 3	28 95 by Bhayel.	1645		7.9
Section (Section 1988)		80	d in 1941 6.4/	15/43 8		
	Owner	- Entered into I	edger, page or	below.		
Date	Amount Paid Balance	e Date	The Name of the last	Amount, Paid	Bala	nce
To Above Balance			To Balance Forward		\$	
By Payment	\$		By Payment	\$	\$	
# #	s s		" "	\$	\$	
* "	s s	****	# # #	\$	\$	
a a	\$		u, u		\$	
" "	\$ \$		а и	\$	\$	
* *	ss		и и	s	\$	
	ames of odges	***************************************	Insurance Companies			
I hereby authorize the above Funeral, an for the payment of aforesaid sum, and I	d I hereby represent that I have	sufficient resources Le	gally available to	n Name of Funeral Po	24127	
for the payment of aforesaid sum, and I maturity at the rate of%	nereby covenant and agree to pa per annum.	y the same within	days f	rom date. Interes	t to accrue	from
Witness		Signed				
17 ALBEST,	Compiled by F. J.	Address , FEINEMAN, St. Louis, M	fo.			
	15	16 320 mi				

Total No. 2010 Yearly No.	6 Date April 27 1943
Name of Deceased. Dalen J. Kone	hasek What Race) Widowed □ Divorced (What Race)
Residence Rucel, near Love Rock.	Windowed Divorced Window Window or of
Charge to Frank Knoposek:	Complete Funeral
Address Harfield Mo	Casket
Order given by Frank Honopareh.	Burial Vault or Box
How Secured	Embalming Body(Name of Embalmer)
Occupation student (Social Security Number)	Barber, \$
Name of Employer	Suit or Dress
Address	Slippers, \$
Date of Death. april 25/43 7. AM. (Rour)	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth. Self 18 1925 (Hour)	Door Spray, \$
Age	Limousines to Cemetery
	Autos to R. R. Station @ \$
Services at M. E. Church, Eaglewile	Taking Remains to
Clergyman Agy Chwille, Ted Beck.	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased (Address)	Deliver Flowers to
Birthplace Clearwater, Heb.	Removal Charges
Resided in the State (or U. S. or City or County) (Years) (Months)	Certif, Copiesof Death Certificates No
Place of Death Bethany, Mo.	Procuring Burial Permit. —Certif. Copiesof Death Certificates No. Pall Bearer Service, \$ "Use of Chaptel" \$. "Use of Chaptel" \$.
Cause of Death Ewing Jarcoma left knee.	Personal Service.
Contributory Causes	
	Gross Total for Sales Tax. \$ 227 00 0 Outlay for Lot Reship well take case \$ 20 00 Cremation
Certifying Physician. H. R. Lyddan	Cremation
His Address Bethany "Tho	line Death Notices in Papers
Name of Father Frank Konopasek	Flowers, \$(Names of Newspapers) Palms, \$Matting, \$
His Birthplace Checho Flavohia	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Lottle Klaterby	Opening of Grave or Tomb. 8 00 Lining Grave, \$ Lowering Device, \$
Her Birthplace Archard, Neb:	Outlay for Shipping Charges.
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$Railroad \Tickets,\$plane Service,\$
Size of Casket Aalf Cauch Bray	Telegr., Phone, Cable or Radio Charges
Manufactured by Mex. (State Color and Number)	Cash Advanced Out of town Undertaker's Charges
Interment at Rose Hell { Cemetery Crematory	Out of town Ondercaker's Charges.
Lot No //00	Sales Tax 27
Grave No2	Total Footing of Bill
Section No.	Less 800-to Sexten \$ 800
	Balance
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
1 29 4 3 By Payment 7 A BACK \$ 59 27 \$170 00	To Balance Forward\$
May 2 43 " CA. \$ 149 91 \$ 170 00	By Payment \$
\$ \$ 20 09	
Sept 25 43 " " ch \$ 2000 s -	4 6 \$ 5
" "Polin Full 1 8	
Insurance \$ Names of Lodges.	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have su	afficient resources Legally available to(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of% per annum.	the same within
Witness.	Signed
Compiled by F. J. Fl	Address

					ATTICATE			
	Total No. 2. 0. 11	Yearly 1	Vo	1.7	Date	Epril a	9	10/3
	Name of Deceased.	eorge.	8. 5	Horen	non	7		
	Residence Lamon	- Married 2	Single [Divorced	(What Race)		
	Charge to Mus & C. M	ich.		□Hu	mband Wife Widow of			
		" Coon .	•••••		neral		285	100
	Address	· · · · · · · · · · · · · · · · · · ·		Complete Full	neral	\$	d. 0. 4.	
	Order given by Mus Mc	(or informant)	•••••	Burial Vault	or Box Ruck o	LITE Vane	120	00
	How Secured			Embalming B	ody(State Kin	d)		
	Occupation Mercha	ul		Barber, \$	ody(Name of Em	sing, \$		
	Name of Employer. June	ef Goetal Sec		Suit or Dress	y,\$Unde	erwear,\$,
	Address			Slippers. \$	(State Kind and Hose, \$	Color)		
	Date of Death Afr. 26	1843	7 PM	rolding Chair	s, \$ Tarpauli	in. S		
	Date of Birth. Mar 14	1867	(Hour)	Door Spray 9	\$Gloves,	\$		
	Age. 76	1 12		Funeral Car.	3 Ambulano	ce. S		
	Date of Funeral. (Date of Funeral.	Theres. (Days	2. P.M	Autos to R. R	Cemetery @ . Station @	\$		
	Services at Collseum	Day of Week)	(Hour)	Getting Rema	ins from	• • • • • • • • • • • • • • • • • • • •		
	Clergyman Ray Chevil	ele		Taking Remai	ins toer's Inquest			
	Religion of the Deceased	(Address)		Delivering Bo	x to			
	Birthplace & aureull,	Mich		Deliver Flowe Removal Char				
	Resided in the State. 6.3	ens .		Procuring Bur	ial Permit			
	Place of Death. Lew	ity or County) (Year	(Months)	Certif.Cop	iesof Death Certifica	tesNo		
			. D	Pall Bearer Se Personal Servi	ial Permit. (State Numb les of Death Certifica (State Physician rvice, \$ Use of (Chapel, \$		
	Cause of Death Cerosis	of a wee	• • • • • • • • • • • • • • • • • • • •	rersonal Servi	ce			
	Contributory Causes							
		5			r Sales Tax t	\$	405	00
	Certifying Physician.	(Corcorer)		Cremation				
	His Address Davis C	My			Notices in P			
	Name of Father.	oreman		Flowers, \$	(Names of Newspapers) Palms, \$ Ma , \$ of Temporary	atting \$		• • • • •
	His Birthplace	land .	· · · · · · · · ·	Rental of Tent	\$of Temporary	y Vault,\$		***
	Maiden Name of Mother	cy felch	el	Opening of Gra	ave or Tomb \$Lowering D		10	0.0.
	Her Birthplace	igland		Outlay for Shi	oping Charges			
	Motor Remains to			Clergyman, \$. Railroad \ Ticket	Singers,\$Or	ganist,\$		
	Size of Casket . Breaker	Color and Number)	,	Telegr., Phone	. Cable or Radio Ch:	arges		
	Manufactured by R o Start			Cash Advance	d ndertaker's Charges			
	Interment at	ae Hell	{ Cemetery Crematory	Out of town U	ndertaker's Charges	3		
	Name of the Party	tot No. 8 00	,	Sales Tax			27	40
		Grave No/		Total Footing	of Dill	\$	419	C A
ŝ	25-94 Text - 12			Tess office (7. May 19. 29 35		1.4.1.	2 4.
1		Section No		Polin	Fullataly	39900		*****
	Diagram of Lot or Vault	Owner		Entered into L	edger, pageor	below.		
	Date	Amount Paid	Balance	Date		Amount Paid	Bala	nco
	To Above Balance		3		To Balance Forward			1
	By Payment	\$	3		By Payment	\$	\$	
		\$	s		# # ······		\$	
	" "	\$	s		u u	\$	s	
3	" "	\$	B		а и	\$	\$	
-		\$	B		и и	\$	\$	
		\$				\$	\$	
1	V	emes of			* "	s	8	
1	nsurance \$	ames of odges			Insurance Companies	**************		
1	hereby authorize the above Funeral, an	d I hereby represent	hat I have su	ficient resources Leg	rally available to (Fire	m Name of Funeral Di	ectors.)	
-	or the payment of aforesaid sum, and I raturity at the rate of	merend covenante and	agree to pay	me same within	days 1	from date. Interes	t to accrue	from
	Vitness			Signed				
	**************************************	Com	oiled by F. J. FE	Address , INEMAN, St. Louis, M	(6.)			
				2-35'	e Brown			

Total No. 2012		18		Date	1	May 1	1 .	1943
Name of Deceased	acob alexa	uder	Cole	Date		whit	÷	
Residence Lamon	. Married Sing	gle 🗆	Widowed D	vorced	1 50	(What Race)	rle	
Charge to My Jaco	1 Cole		or	ol	1.000	40.11		
Address Lamon	<u> </u>		Complete Fune	ral		\$	236	- de
1	eral Cole		Casket				325	00
Order given by. Mus ga	(orinformant)		Burial Vault or	Box	ite Kind)			
How Secured		24 0	Embalming Bo		of Embalmer)		
Occupation Farmer	9 (Social Security	Number)	Barber, \$ Dressing Body,		Dressing, Underwe	ar,\$		
Name of Employer. June	self		Suit or Dress		ind and Color			
Address		n.a.	Slippers, \$		se, \$			
Date of Death . May 8		(Hour)	Folding Chairs Candelabrum,	, \$	rpaulin, \$ ndles, \$			
Date of Birth. F.B. 19	1863		Door Spray, \$		ves, \$			
Age	2 19		Funeral Car, \$ Limousines to					
Date of Funeral May 11/2	13 - Tues 2:		Autos to R. R.	Station	@\$			
Services at . Chapel.	(Day of Week) (H		Getting Remai Taking Remain					
Clauserman			Trip to Corone	r's Inquest .				
Religion of the Deceased.	D. S. (Address)		Delivering Box	to				
Birthplace Sullutore	" Visainia		Deliver Flowers Removal Charg	700				
			Procuring Buri	al Permit		d Polatica		
Resided in the State	or City or County) (Years)	(Months)	Procuring Buri —Certif.Copie Pall Bearer Ser	sof Death Ce	rtificates	No		
Place of Death. House. M.	ear & amou		Pall Bearer Ser	vice, \$ U	se of Cha	pel, \$		
Cause of Death			Personal Service	e				
Contributory Causes							325	0.5.
			Gross Total for	Sales Tax		\$	236	₹00
Certifying Physician			Outlay for Lot Cremation					
His Address	(or Coroner)		line Death		Pape	rs		
Name of Father. Ferger	te Cole		Flowers, \$	(Names of Newspa	pers)			
His Birthplace.	enn.		Flowers, \$ Rental of Tent,	. Palms, \$ \$ of Tem	Matti	ng, \$		• • • • • •
Maiden Name of Mother.	Lusan Hen	tan	Opening of Gra	ve or Tomb.	A.MAI	ShA44.	9	00
Her Birthplace	Virginia	0	Lining Grave, S Outlay for Ship	SLower	ring Devi	ce, \$		
Motor Remains to			Clergyman,\$	Singers,\$.	Organ	ist,\$		
Size of Casket Par	Shring 17 Bevo	el	Clergyman,\$ Railroad or Motor}Ticket	s, \$	Aero- plane Serv	ice,\$		
Manufactured by . Roof	(State Color and Number)	4	Telegr., Phone, Cash Advanced	Cable or Rac	lio Charge	es		• • • • • •
Interment at Ros	e Hill.	Cemetery	Out of town U:	ndertaker's C	harges.			
Interment at		Crematory .	Colist	um nes	Mou.		بي	00
	Lot No. 1567		Sales Tax				3	36
	Grave No3		Total Footing	of Bill		\$	252	36
	Section No		Less A ARAT.	o days.	16 22	\$	342	25
			Oding	bull Bala	€3- 3.	75.87.8		
Diagram of Lot or Vault	Owner	•••••	Entered into L	edger, page	or be	low.		
Date	Amount Paid	Balance	Date	ber seller		Amount Paid	Bal	ance
To Above Balance	ce \$			To Balance Fo	rward		. s	
By Payment	\$ \$			By Payment		3	\$	
« «	\$ \$. \$	
	\$\$			и и		3	\$	
	\$\$			" "			\$	
	\$\$						\$	
# #	s .						\$	
200000000000000000000000000000000000000	Names of Lodges	- crepries	- percentage	Insurance		······································		<u> </u>
Insurance \$	Lodges		W.J.,	Insurance Companies				
I hereby authorize the above Funer for the payment of aforesaid sum, a	ar, and I hereby represent the	it I have suf	ncient resources Le	gally available to	(Firm N	ame of Funeral D	irectors.)	
maturity at the rate of	and 1 hereby covenant and ag	ree to pay t	ne same within		days from	n date. Intere	st to acer	ue from
Witness								
witness	Compile	d by F T PP	Address					

		211		,,,
Total No. 2013	Yearly No	Date May	.!2	19%.3
Name of Deceased	rthur Corter	Wildows Divorced (What I		
Residence Rural, ne	as Lamoni.	orol	in B. 1	slake
Charge to Beatine		Complete Funeral with Cardef	\$ 285	00
Address Xamani	Ja-	0 1 1		
Order given by. Albave :	(or informant)	Burial Vault or Box Plastic Vault	120	00
How Secured		Embalming Body(Name of Embalmer)		
Occupation Forming	(Social Security Number)	Barber, \$ Hair Dressing, \$		
Name of Employer.	(Social decursy Number)	Dressing Body, \$ Underwear, \$ Suit or Dress		
Address		Slippers, \$ (State Kind and Color) Slippers, \$ Hose, \$		
Date of Death May . 8		Folding Chairs, \$Tarpaulin, \$ Candelabrum, \$Candles, \$		
Date of Birth. July 19	1882	Door Spray, \$ Gloves, \$		
Age	9 22	Funeral Car, \$Ambulance, \$ Limousines to Cemetery@ \$		
Date of Funeral. 5/12/43	Wed 2:30 PM	Autos to R. R. Station @ \$		
Services at Chapel	(Day of Week) (Hour)	Getting Remains from		
Clergyman Vicient	frag. Cert Lane	Trip to Coroner's Inquest		
Religion of the Deceased	(Address)	Delivering Box to		
Birthplace Hamison	Co. Mo.	Removal Charges		
Resided in the State . 2.2	gro.	Procuring Burial Permit. (State Number and District Certif. Copies of Death Certificates No. (State Physician) or Commers (State Physician) or Commers (Pall Bearer Service, \$ Use of Chapel, \$		
Place of Death. Home	or City or County) (Years) (Months)	Certif.Copiesof Death CertificatesNo (State Physician's or Coroner's		
Cause of Death Coron		Pall Bearer Service, \$ Use of Chapel, \$ Personal Service		
Contributory Causes		Gross Total for Sales Tax.	0 4/55	0.0
	A 4 00 400	Outlay for Lot. #./9.7/	40	00
Certifying Physician. K. R	(or Coroner)	Cremationline Death Notices inPapers		
His Address . Laman Name of Father . Alber	+ 12 0 4 4 1			
Name of Father.	y oscapu	Flowers, \$Palms, \$Matting, \$		
His Birthplace		Rental of Tent, \$of Temporary Vault, \$. Opening of Grave or Tomb	10	00
Maiden Name of Mother	ary jan a our	Lining Grave, \$Lowering Device, \$		
Her Birthplace		Outlay for Shipping Charges		
Motor Ship Remains to	l m-	Clergyman,\$Singers,\$Organist,\$. Railroad or Motor}Tickets,\$Aero-plane Service,\$		
Size of Casket Bulas	State Color and Number)	Telegr., Phone, Cable or Radio Charges		
Manufactured by . R . R Interment at	As 11 al : Cometer	Cash AdvancedOut of town Undertaker's Charges		
Interment at	ore Hill : { Cemetery Crematory			
	Lot No. 1.4.7.1	Sales Tax	4	105
	Grave No	Total Footing of Bill	\$59	0
THE STATE OF THE S	Section No	Less	\$	
		Balance	\$	
Diagram of Lot or Vault	Owner	Entered into Ledger, page or below.		1
Date	Amount Paid Balance	Date Amoun	Paid B	alance
May 15 To Above Balance	99 3	To Balance Forward	\$	
By Payment	Blake \$ 146 25 \$		\$	
" 24 " Brease	Pelal 8 146 25 8	\$	\$	
11 27 mayou for	196 17 s	00	\$	
	001	S	\$	
	\$	а и , , ,	e	
	s s	и и	s	
	Names of Lodges	Insurance Companies		
Insurance \$	al, and I hereby represent that I have s			*******
for the payment of aforesaid sum,	and I hereby covenant and agree to pay	the same within	neral Directors.) Interest to ac	crue from
maturity at the rate of		Signed		
Witness	***************************************	Address		
	Compiled by F. J. I	EINEMAN, St. Louis, Mo.		
	THE RESERVE OF THE PARTY OF THE	2-30		

- 4 D / //	20	-	- m.	., 24	172 E.	
110	Tearly No. 20	B +	Date	9		197. 2.
Name of Deceased	Sentrude	7idowed Div		(What Race)	. /	
Residence: Rural, Near Law Charge to: Slew Barth	nii	□€	Wite Wite de la Constantina	en Bar	th	
Address Lamon Ja		Complete Funer	al	\$	2.59	00
Order given by Sley Barth		Casket				
(or informant		Burial Vault or	(State Kind)			
How Secured		Imbalming Boo	(Name of Embalme	0		
Occupation housewife		Barber, \$ Dressing Body,				
Name of Employer		witer Dress	(State Kind and Color		7.	9.5
Address		Slippers, \$				
Date of Death. May 12 1943	2/45 AM I	Candelabrum, S	\$ Tarpaulin, \$ Candles, \$.			
Date of Birth April 17 1896		Door Spray, \$.	Gloves, \$			
Age. 47		Funeral Car, \$.	Ambulance, S Semetery @ \$	§		
Date of Funeral May 24/43 Mouse	lug 2. P.M. 1	Autos to R. R.	Station @ \$			
Services at Makel, (Day of Week)		Setting Remain Faking Remain				
Clergyman Thas Welliams, Po	el Campbell.	Trip to Coroner	's Inquest			
Religion of the Deceased	(Address) I	Delivering Box	to			
Birthplace Alcotur Court	Ú T	Deliver Flowers Removal Charg	og.			
Resided in the State lefe time	(·····	Procuring Buria	l Permit	nd Dietelen		
(or U. S. or City or Coun	cy) (Years) (Months) _	Certif.Copies	State Number a of Death Certificates. (State Physician's or ice, \$ Use of Cha	No		
Place of Death Men Lamon	· · · · · · · · I	Pall Bearer Serv Personal Service	ice, \$ Use of Cha	pel, \$		
Cause of Death		ersonal Service				
Contributory Causes						
		Gross Total for	Sales Tax	\$	10	7.5
Certifying Physician		Outlay for Lot. Cremation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
His Address		line Death	Notices in Pap	ers		
Name of Father, W. J. Shall	espean.	e	Names of Newspapers) Palms, \$ Matti	0		
His Birthplace Lef		Rental of Tent,	Faims, \$ Matti B of Temporary V	ault,\$		
Maiden Name of Mother, Jane U	ellets (pening of Grav	re or Tomb		9.	00
Her Birthplace	el:	Jining Grave, \$ Dutlay for Ship	Lowering Dev	ice, \$		
Motor Remains to		Clergyman,\$	Singers,\$Orga ,\$plane Ser	nist,\$		
Size of Casket defense #	Erchid !	r Motor Tickets	, \$ plane Ser Cable or Radio Charg	vice,\$	7	
Manufactured by . Cook Color and	(umber)	Cash Advanced	or Radio Charg	es		
Interment at Rose Hul	Cemetery Crematory	Out of town Un	dertaker's Charges			
Lot No.	and the second s	Sales Tax				==
Grave N	0	Potal Footing o		\$	28.5	9.5.
Section 1	Vo	Less. Cash.	n selection.	\$	89	00.
Dispute of Let of Waylt Owner.			Balance	\$	1.7.6.	7.3.7
Diagram of Doct Taut		1 7	dger, pageor b		1	
	unt Paid Balance	Date		Amount Paid	Ba	lance
7/2/ Wa	\$ 196 92		To Balance Forward		. \$	
8 2 43 By Payment \$	1000 \$ 156/12	1	By Payment	\$. \$	
	4000 \$ 76 12			\$. \$	
	40 00 8 36 12		а а	9	. \$	
11/19/43	36 12 8		и и	9	. \$	
" . Pa 1 s:	R. 01			\$	\$	
" "Oaca su	Tues !		и и	\$. s	1
Insurance \$ Lodges		TRANSPILATE	Insurance	A MARIE		
Insurance \$	v represent that I have suff	icient resources Lee	Companiesally available to			******
for the payment of aforesaid sum, and I hereby e	ovenant and agree to pay the	ne same within	(Firm)	Name of Funeral I m date. Inter	ost to acer	ue from
maturity at the rate of % per annu						
Witness		Address.		**********		

MECOND OF FUNERAL						
Total No. 2015	Yearly No	V	Date	me 5	1	94.3
Name of Deceased	Munie M	Widowed Di Di	vorced	(What Race)	9	
Residence Lamery	ì Ja	ПНияbi	ind□Wife□Widow}			
Charge to: estate				8 2	85	0.0
Address	Danie	Casket	ral			
Order given by Jeo. K.	Jonelson & moffett	Burial Vault or	Box Wind)			
How Secured		Embalming Bo	(Name of Embain Hair Dressing			
Occupation walles	5 - 488-14-3890 (Social Security Number)	Barber, \$	Hair Dressing	ear.\$		
Name of Employer	implayed	Suit or Dress	(State Kind and Col			
Address	0 (0//) 0 (4	Slippers, \$				
Date of Death June .	3 /943 5-AM (Hour)	Candelabrum, S	\$Tarpaulin, Candles, \$			
Date of Birth	18.9.6	Door Spray, \$	Gloves, \$Ambulance,			
Age(Years)	(Months) (Days)	Limousines to	Cemetery @ \$.			
Date of Funeral. 9.5/4/3	(Day of Week) (Hour)	Autos to R. R. Getting Remain	Station @ \$. us from			
Services at Jaman,	ock. Helman Cety	Taking Remain	s to			
Clergyman W. A. Poll			to			
Religion of the Deceased	remones.	Deliver Flowers Removal Charg	to			
Di diplace 1, y	Co, Mo	Procuring Buris	l Permit	Lid District		
Resided in the State	or City or County) (Yearn) (Months)	Certif.Copie	al Permit	SNO		
Place of Death Mercy Ho	sp. st Joseph Mo	Pall Bearer Ser Personal Service	vice, \$ Use of Ch	apel, \$		
Cause of Death Perican	dui - endocardin	rersonal Servic				
Contributory Causes					e 5	00
		Gross Total for Outlay for Lot	Sales Tax	s	85	00
Certifying Physician	(or Coroner)	Cremation				
His Address			Notices in Par	STATE OF THE PARTY		
Name of Father		Flowers, \$	(Names of Newspapers) Palms, \$ Mat	ing, \$		
His Birthplace		Rental of Tent, Opening of Gra	\$of Temporary ve or Tomb	/ault,\$	9	00
Maiden Name of Mother		Lining Grave,	Lowering De			
Her Birthplace		Clergyman,\$	ping Charges Singers,\$Org	anist,\$		
Motor Remains to	l'orech.	Railroad or Motor Ticket	Singers,\$Org	vice,\$		
Manufactured by R. 6.0	State Color and Number)	Telegr., Phone,	Cable or Radio Char	ges		
Interment at	Rose Hill (Cemetery		ndertaker's Charges.			
Interment ac						
	Lot No!.4. 58	Sales Tax			2	85
	Grave No	Total Footing	of Bill	\$	3.1.6	
	Section No	0.0	De Balance	\$		7.0
Diagram of Lot or Vault	Owner	Entered into		below.	.49.	6.0.
Date	Amount Paid Balance	Date		Amount Paid	Bal	lance
To Above Balance	œ\$		To Balance Forward		\$	
By Payment	\$		By Payment	. \$	\$	
	\$		e «	. \$	\$	
	\$		и п	\$	\$	
	\$ \$.		и и	s	\$	
	\$. \$	\$	
	sss		a a	.s	\$	
Insurance \$	Names of Lodges		Insurance Companies	***********		
I hereby authorize the above Funer	al, and I hereby represent that I have s		gally available to (Firm	Name of Funeral Dir		
for the payment of aforesaid sum,	and I hereby covenant and agree to pay		days f	om date. Interest	to acer	ue from
maturity at the rate of	70 per annum.	Signed.				
Witness	Compiled by F. J. 1	Address FEINEMAN, St. Louis, 1				

	-				4 -
RECO	חפו	OF	B 194 B 1	NED	A
VEC U		OI.	I.O		

Total No. 2016	Yearly No.	22		Data	une 9		943
Name of Deceased	an alms	uger	re Ha	tonby	W	leto	DC. T.
	☐ Married Sin	gle 🗆	Widowed . I		(What Race)		
Residence. Sallatu	no.			oand Wife Widowof			
Ondigo to	tenby		Complete Fun		8	3/7	00
Address Sallatin	., 1910,		Casket	srai	-	T	
Order given by . Flayd	Haterby (or informant)		Burial Vault o	Box(State Kind)			
How Secured			Embalming Bo				
Occupation Studen	A (Social Security		Barber, \$	dy(Name of Embalm Hair Dressing	\$, \$		
Name of Employer	(Social Security	Number)	Dressing Body Suit or Dress				
Address			Slippers, \$	(State Kind and Col			
Date of Death June	7 1943	AM.	Folding Chairs	, \$ Tarpaulin,	\$		
	Date) 1929	(Hour)	Door Spray. \$	\$Candles, \$. Gloves, \$.			
Age. /3	9 14		Funeral Car. \$	Ambulance,	\$		
Date of Funeral. 4/4/3	(Months) (Days) (Day of Week) (F	:30 P.M.	Autos to R. R.	Cemetery @ \$. Station @ \$.			
Services at Chargel	(Day of Week) (E	Iour)	Getting Remai	ns from			
Clergyman Ray Chew	illo		Taking Remain	r's Inquest			
Religion of the Deceased.	(Address)		Delivering Box	to			
Birthplace Orchard	lich		Deliver Flower Removal Char				
The state of the s),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Procuring Buri	al Permit			
Resided in the State	or City or County) (Years)	(Months)	Certif.Copi	al Permit (State Number esof Death Certificates (State Physician's o vice, \$ Use of Ch	No		
Place of Death Bethan	Hosp, Bethan	4., 140.	Pall Bearer Ser Personal Service	vice, \$ Use of Ch	apel, \$		
Cause of Death Coute ay	7		Personal Service	se			
Contributory Causes. Rufa	tirel append	4					
and general per	itorites.		Gross Total for	Sales Tax	\$		00
Certifying Physician	R. aroun		Cremation			. A	
His Address Jan	Lasia			Notices in Pap			
Name of Father. Floyd	Saturby		Florrore &	(Names of Newspapers) Palms, \$ Matt	ing 0		
His Birthplace Orcha	rd, Neb.		Rental of Tent,	\$ of Temporary \	7ault, \$		
Maiden Name of Mother	and Rethe		Opening of Gra	ve or Tomb		7.	00
Her Birthplace 200	dels, Neb.		Outlay for Shir	Lowering Dev			
Motor Remains to	·A · · · D· · · · · · · · · · · · · · ·		Clergyman,\$	Singers,\$Orga	nist,\$		
Size of Casket # 1.00 Ma	ligh Marlboray	k	or Motor Ticket	Singers,\$Orga s, \$Plane Ser Cable or Radio Charg	vice,\$		
Manufactured by . Sim	State Color and Number)		Cash Advance	1	300		
Interment at Ros	e Hill	Cemetery	Out of town U	ndertaker's Charges			
	Lot No / 090					3.	17
			Sales Tax			349	17
	Grave No		Total Footing	1 7		2.(1.)	
	Section No			in Bulkefine	10/43	222	17
Diagram of Lot or Vault	Owner		Entered into L	edger, pageor h	elow.	22.4.	
Date	Amount Paid	Balance	Date	Clytherates I I I	Amount Paid	Bala	non
To Above Balance				m. n. i		- Dane	
By Payment	ssss.		"	To Balance Forward By Payment	s	s	
* *	\$			a a	8	8	
	\$ \$			# #	\$	\$	
# #	\$ \$			a a	\$	\$	
***************************************	\$ \$ \$				\$	\$	
	\$ \$ \$			и и	\$	S	
	s s s			и и	\$	8	l
Insurance \$	Names ofLodges			Insurance .Companies			
I hereby authorize the above Funer				(Firm	Name of Funeral D	rectors.)	
for the payment of aforesaid sum, a maturity at the rate of	and I hereby covenant and as	gree to pay		days fro	om date. Intere	st to aceru	e from
	,, p		Signed.				*****
Witness	Compile	d by F. J. FE	Address				

2-65

Total No. 2.01. Name of Deceas Residence Rus Charge to . . Address..... Order given by. How Secured . 4. Occupation Name of Employe Address Date of Death. Date of Birth. Date of Funeral. Services at . Low Clergyman A.J. Religion of the De Birthplace Mea Resided in the Sta Place of Death. F. Cause of Death Contributory Caus Certifying Physicia His Address Name of Father. His Birthplace... Maiden Name of I Her Birthplace . . . Motor Remains to Size of Casket . . Manufactured by. Interment at

RECORD (OF FUI	VERAL			
yearly Nos2		Date . Ju	ul 14		19.4.3
ed. Cuily H Bo	wew	Divorced	(What Race)		
Al- Mar Love Rock	□Hus	sband Wife Widow }	cus W. B.	-	Ç
22	(management)	eral	<u>.</u> \$	2.36	.00.
(origiormant)	Casket Burial Vault o	r Box(State Kind)			
asewifi	Rarbar \$	ody(Name of Embalm Hair Dressing			
(Social Security Number)	Dressing Body Suit or Dress.	,\$Underw	ear,\$	7.	9.5.
June 13/43 6 AM	Suppers, \$	(State Kind and Colo Hose, \$ s, \$Tarpaulin,			
lug 23 (Date) 867 (Hour)	Door Spray, \$	\$Candles, \$Gloves, \$			
9 20 (Months) (Days) 2 20	Limousines to	Cemetery @ \$.			
19/9) Man 2:30 PM. Date) Rock Church (Hour)	Getting Rema	Station @ \$			
Lane - Paul Campbell	Trip to Corone	er's Inquest			
albany Ms	Deliver Flower	rs to			
te. Ifiting (ort. S. or City or Coyoty) (Yillia) (Hoppin) ann ular Xoul (The Mo-	Procuring Buri	ial Permit. (State Number of esof Death Certificates (State Physician's corvice, \$ Use of Chr	No		
inity - T. B. lung.	Pall Bearer Ser Personal Servi	rvice, \$ Use of Cha	apel,\$		
es					
in Sol Wheeler Coroner	Outlay for Lot	r Sales Tax		4.3.	.9.5.
ethany 140	Cremation	Notices in Pap	ers		· · · · · ·
This of Holloway	Flowers, \$	(Names of Newspapers) Palms, \$ Matti	ng, \$		·····2
Mother Evelin Mc Sel.	Opening of Gra	\$of Temporary V ave or Tomb \$Lowering Dev			6
Love Rock Cemetary	Outlay for Ship	ping Charges	niet @		
Shrine	or Motor Ticket	s, \$ Aero- plane Ser Cable or Radio Charg	vice,\$		
R v Chart Color and Number) Loue Rock { Cemetery Gramatory	Cash Advanced	ndertaker's Charges	4 1570 0000 0000 0000 0000)
Lot No.		·····			·····
Grave No	Sales Tax Total Footing		\$	4.6	3.8
Section No	Less Much	ely 5/403	\$	3 7/	
ault Owner		edger, pageor b	elow.	7.9	
Amount Paid Balance	Date	m. n.i	Amount Paid	Bala	ince

Date		Amount Faid	Daiance	Date		Amount Paid	Balance
	To Above Balance By Payment	s	\$ \$.		To Balance Forward By Payment	s	
		\$	\$		« «		
	# #	\$	\$		и и	. \$ \$	
	* *	\$	\$		и и	. \$ \$	
		\$	\$		и и	\$\$	
	a a	\$	e				
*	Nam	es of	9		Insurance	s	

Insurance S.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

(Pinn Name of Funeral Directors)

(Pinn Name of Funeral Directors)

(Aday from date. Interest to accrue from
maturity at the rate of. % per annum.

Simula

RECORD C	F FUNERAL	157
74	1	28 1943
Yearly No 9.7.	Date Date	19.7.
Charley arthur	Bowen U Wh	99
- Near Love Rock .	Widowed Divorced P (What Race)	A
- ruai 2 ou rock.	Mituaband Wife Widow Leona O.	Jamen
a Bowle		11501001
evell-Mo.	Complete Funeral	4.5,8 00 Leus
a brane	Cosket	44.3.00.
(orinformant)	Burial Vault or Box(State Kind)	
	Embalming Body(Name of Embalmer)	
mer	Barber, \$	
10 1 . (Social Security Number)	Dressing Body, \$ Underwear, \$	
79.:	Suit or Dress(State Kind and Color)	
	Slippers, \$	
ul 26/43 10130AM	Folding Chairs, \$ Tarpaulin, \$	
4 20 . 1870 (Hour)	Candelabrum, \$ Candles, \$	
, , , ,	Funeral Car, \$ Ambulance, \$	
(Months) (Days)	Limousines to Cemetery @ \$	
43 Mar 3- PM	Autos to R. R. Station @ \$	
ock Church (Hour)	Getting Remains from	
TO DE	Taking Remains to	
and 1-a. Beck.	Trip to Coroner's Inquest	
ed(Address)	Delivering Box to	
iea County - Mo	Removal Charges	
ter	Procuring Burial Permit	
(or U.S. or City or County) (Years) (Months)	Procuring Burial Permit. Certif. Copies of Death Certificates No. (State Fundamental District) Call Payadians or Caroset's Pall Bearer Service, \$ Use of Chapel, \$	
than No.	Pall Reaver Service S Use of Change S	
Poral Chlemon has	Personal Service.	
1 = +		
Aypertulia		
	Gross Total for Sales Tax\$	443 00
D. N. R. ed -	Outlay for Lot.	
(or Coroner)	Cremation	
ethany, Mo.	line Death Notices inPapers	
iah Bowen	Flowers, \$	
t D moun	Flowers, \$Palms, \$Matting, \$	
er Elizabeth Moore	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb	
er Euglour / 1000c	Lining Grave, \$Lowering Device, \$	
entucky	Outlay for Shipping Charges	
0	Clergyman,\$Singers,\$Organist,\$ Railroad or Motor Tickets, \$ Aero-Service,\$	
to to - la lid chorne	or Motor Tickets, \$ Aero- Service, \$	
(State Color and Number)	Telegr., Phone, Cable or Radio Charges	
(State Color and Number)	Cash Advanced	
Comptony	Out of town Undertaker's Charges	

Charle Cire

Total No. 2017 Name of Deceased. Residence: Rua Charge to . S. e. Address ... Cagl Order given by..... How Secured Occupation Fa Name of Employer ... Address Date of Death. Date of Birth. Date of Funeral. Services at Zang Clergyman art Religion of the Decea Birthplace . Acev. Resided in the State. Place of Death. B. Cause of Death Cere Contributory Causes. Certifying Physician. His Address ... B Name of Father: 2 His Birthplace . . No. Maiden Name of Motl Her Birthplace / Motor \ Remains to . Size of Casket Manufactured by . . .

Interment at Low Rock.

Lot No....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	\$			To Balance Forward		
	By Payment	\$\$			By Payment	\$	
	# #	\$\$				\$	
	и и	\$\$			« «	\$	
	· « · · · · · · · · · · · · · · · · · ·	\$\$			4 4	\$	
	" "	\$\$			и и	\$	
	* *	\$\$			a a	\$	
		ss			4 4	ss	

Compiled by F. J. FEINEMAN, St. Louis. Mo.

58 F	RECOR	D O	F FUN	ERAL			
Total No. 2018	Yearly No	26		Date ft	ly 28	1	9.4.3
Name of DeceasedQu	by au	rold	Carke	U	(What Race)		• • • • • •
Residence Man Lamari	- Ja	engie 🔲 '	Note tracket	ind□Wife□Widow} al	ive Pa	rken	e
Charge to Mys alive O	asker		Complete Funer		\$	269	00
Address Lamon	la		Casket				
Order given by . above	formant)		Burial Vault or	Box (State Kind)			
How Secured			Embalming Boo	1y (Norm of Embalmer			
Occupation Farmer & Buchang		1-9274	Barber, \$	Hair Dressing,	\$		
Name of Employer Self empl	ayes		Suit or Dress .#	\$ Underwer		.14.	00
Address							• • • • •
Date of Death. July 2 5 19		3 PM.	Folding Chairs, Candelahrum, S	\$Tarpaulin, \$Candles, \$			
Date of Birth. May 1 18	85		Door Spray, \$.				
Age. 58/ 2	2 4 (Dave)		Funeral Car, \$. Limousines to (Ambulance, \$ Cemetery@ \$			
	led a	130 P.M.	Autos to R. R.	Station @ \$			
Services at Davis City, M.	¿ Churc		Getting Remair Taking Remain	s tos			
Clergyman aut Lane			Trip to Coroner	s's Inquest			
Religion of the Deceased	(Address)		Delivering Box Deliver Flowers				
Birthplace Decatter Co.	ola.	- F A 32 1 2	Pamoual Chara	000			
Daily in the Chara Seletini	4		Procuring Buris	al Permit(State Number a	d District)		
Place of Death. Home Real	Tamou	(Months)	Pall Rearer Ser	Al Permit. (State Number as sof Death Certificates) (State Physician's or vice, \$ Use of Cha	Coroner's; pel. \$		
Cause of Death Coronary O.	celusia		Personal Servic	е			
Contributory Causes. Mithal. A	Tourses						
.t. insufficency	www.m.m.		Gross Total for	Sales Tax	\$	2.8.3	0.0
Certifying Physician. N. R. B.	rnn		Outlay for Lot				
His Address	r Coroner)		Cremation line Death	Notices in Pape	rs		
Name of Father Joune F	Parker.			(Names of Newspapers)			
His Birthplace. Java	O. FY		Flowers, \$	(Names of Newspapers) Palms, \$ Matti \$ of Temporary V	ng, \$		
Maiden Name of Mother Berth	a R. Pats	terson	Opening of Gra	ve or Tomb			
Her Birthplace	P		Lining Grave, §	Lowering Devi	ce, \$		
Motor Remains to Davi Cu	ty		Clergyman,\$	Singers,\$Orga. s, \$plane Ser	nist,\$		
Size of Casket . R. State	- RoseTa	M-	or Motor Ticket	s, \$ Aero- Ser	rice,\$		
Manufactured by Rey Westater	Nor and Number)		Cash Advanced	Cable or Radio Charg	es	 	
Interment at J.O. O. F. Con	1. Davis Ce		Out of town U	ndertaker's Charges			
		(Crematory .	. e.ey. 3. erree				-2. A.
Lo	t No		Sales Tax			d	83
Gr	ave No			of Bill	1715V.\$ 9	18.5	8.3.
Sec.	etion No		Less . 5. 7.0		5.77\$		
Diagram of Lot or Vault Ov	vner		Entered into L	Balance edger, pageor b	elow.		
Date	Amount Paid	Balance	Date		Amount Paid	Ba	lance
To Above Balance		285 83	5	To Balance Forward			
aug 2 3/4 3 By Payment Coul	\$100 00	\$		By Payment	\$	s	
11 " a deict	. 5 00	\$180 83	3	и и	s	\$	
110 20/43 " " CR	\$/80 83	\$ 000	2	* *	\$	\$	
* *	Sp fin	fell.		* *	\$	\$	
		\$			\$	\$	
	S	8		и и	s	\$	
Na	mes of dges			Insurance .Companies		φ	
Insurance \$Loc I hereby authorize the above Funeral, and		that I have ou	fficient resources Le	orally amailable as			
for the navment of aforesaid sum, and I h	ereby covenant and	i agree to pay	the same within	(Firm.	Name of Funeral Di m date. Interes	rectors.)	ruo fror

maturity at the rate of% per annum.

Total No. 2 D 19 Yearly No	6. p.y. Date Aug 15 194.
Name of Deceased.	Shakespeare w. Widowed □ Divorced (What Race)
Residence: Laurenz	Etusband Wife Widow Jane Shake flar
Charge to: Q. A. V.	Complete Funeral \$ 100 00
Address. Order given by Melina Shakerpiane	Casket
(orinformant)	Burial Vault or Box (State Kied) Embalming Body
How Secured.	Barber, \$. (Name of Embainer) Hair Dressing, \$.
Occupation farming use (Social Security Number) Name of Employer	Dressing Body, \$ Underwear, \$
Address .	Suit or Dress
Date of Death Aug 12/43 10 AM	Slippers, \$
(Date) (Hour)	Candelabrum, \$Candles, \$
(/2	Door Spray, \$
Age. (Years) (Months) (Days)	Limousines to Cemetery @ \$
Date of Funeral 8/15/43 Suy . 2,30 P.M.	Autos to R. R. Station @ \$
Services at Charles (Day of Week) (Hour)	Taking Remains to
Clergyman aut Raus.	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased (Address)	Deliver Flowers to
Birthplace & ewarde - Il	Removal Charges
Resided in the State,	Costif Coming Durial Permit. (State Number and District)
Place of Death Rugold Co. West of Saucen	Procuring Burial Permit. Certif. Copiesof Death Certificates No. Certif. Copiesof Death Certificates No. Paul Bearer Service, \$. Use of Chapel, \$.
Cause of Death & Leucolitis	Personal Service.
Contributory Causes Arterval scherose	
Contributory Causes.	Gross Total for Sales Tax.
Certifying Physician. Dr. Reld	Outlay for Lot.
	Cremation
Name of Father UM Shakuplane	Flowers, \$(Names of Newspapers)
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb
Maiden Name of Mother Jana Marsh	Lining Grave, \$ Lowering Device, \$
Her Birthplace	Outlay for Shipping Charges.
Motor Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$plane Service,\$
Size of Casket State Colorand Mumber	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash AdvancedOut of town Undertaker's Charges
Interment at Rose Hill . { Cemetery Crematory	Out of town Undertaker's Onlarges.
Lot No	Sales Tax Vand
Grave No3	Total Footing of Bill \$ 10000
	Less
Section No.	Parc in Balance 1/4/2.8
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward \$
By Payment \$ \$	
	sss
\$	······································
\$	" " S S S
Names of	Insurance
	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have so for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within the same same within the same same within the same same same same same same same sam
maturity at the rate of% per annum.	the same within?days from date. Interest to accrue from Signed
Witness	Address.
	Audited

RECORD	OF	FUNERAL	_
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- 30 10 - 37	Data Aug 17.	194.3
Total No. 2020 Yearly No. 27	w William	
Name of Deceased	Widowed Divorced (What Race)	0
Residence Lamon	□Hueband Willo Wildow D. E. W. C.	Ley
Charge to: O. A. P.	6	100 00
Address,	Complete Funeral	
Order given by D. E. Wiley	Burial Vault or Box	
How Secured	Embalming Body(State Rind) (Name of Embalmer)	
amount of ousewife Nove	Barber, S	
Name of Employer. (Social Security Number)	Dressing Body, \$Underwear, \$	
	Suit or Dress(State Kind and Color) Slippers, \$	
Address Date of Death Aug 14/43 1/45 P.M. (Hour)	Folding Chairs, \$ Tarpaulin, \$	
Date of Birth. Flb (2 1871 (Hour)	Candelabrum, \$ Candles, \$	
	Door Spray, \$	
(Years) (Months) (Days)	Limousines to Cemetery @ \$	
Date of Funeral 8/7/43 Tues & C. M.	Autos to R. R. Station @ \$	
Services at Chapel (Day of Week) (Hour)	Taking Remains to	
Clergyman Robt Ballautyne, art Lane	Trip to Coroner's Inquest Delivering Box to	
Religion of the Deceased	Deliver Flowers to	
Birthplace Harrison Co. Mo.	Removal Charges	
Resided in the State. 56 90.	Procuring Burial Permit. (State Number and District) —Certif. Copiesof Death Certificates No. (State Physician's or Coroner's)	
Place of Death Decatus Co Horf Llow.	Pall Bearer Service, \$ Use of Chapel, \$	
Cause of Death Carcinomer of Brain	Personal Service	
Contributory Causes.		
Contributory Causes	Gross Total for Sales Tax\$	
Certifying Physician D. J. W. Walles	Outlay for Lot	
His Address Davis City (or Coroner)	Cremation	
Name of Father Joseph Hunt		
Name of Father Joseph Hunt His Birthplace not known	Flowers, \$ (Names of Newspapers) Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$	
	Opening of Grave or Tomb	
Maiden Name of Mother Jana Rakestraw	Lining Grave, \$ Lowering Device, \$	
Her Birthplace. 2107 Rugur	Outlay for Shipping Charges	
Motor Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$plane Service,\$ Phys. Chilar Bells Cherry	
Size of Casket (State Colog and Number)	Telegr., Phone, Cable or Radio Charges	
Manufactured by Claste Corg agil Number		
Interment at Rose Hill . (Cemeter Cremator	ý	
Lot No/5-/6	Sales Tax Mo Tax	
Grave No3	Total Footing of Bill	100 00
Section No	Less Di in full sept 20/43	
	Balance	
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.	
Date Amount Paid Balance	e Date Amount Pa	id Balance
To Above Balance\$	To Balance Forward	\$
	By Payment	\$
" " \$ \$		\$
* * \$ \$	\$	\$
* s s	\$	\$
	и и	\$
* * s * s	и и	s
	Insurance Companies.	
Insurance \$ Names of Lodges		
I hereby authorize the above Funeral, and I hereby represent that I have for the payment of aforesaid sum, and I hereby covenant and agree to pay		l Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to payment at the rate of % per annum.	Signed	eress to accrue from
Basary at 1997	Address	
Witness		

Total No. 2021. Yearly No. 28	Date Sept 7 19%
Name of Deceased Joseph arthur for	Museu Divorced (What Race)
Residence Barnum, Minn	Husband Wife Widow or. of
Charge to	Complete Funeral
Address	Casket
Order given by	Burial Vault or Box
How Secured	Embalming Body
Occupation (Social Security Number)	Darber, \$
Name of Employer(Social Security Number)	Dressing Body, \$ Underwear, \$
Address	Suit or Dress (State Kind and Cotor) Slippers, \$
Date of Death Seft 1 1943 (Date) (Hour)	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. (Date) (Hour)	Candelabrum, \$
. 61	Funeral Car, \$Ambulance, \$
	Limousines to Cemetery \$
Date of Funeral 7/43 Tun 2 P. M Services at Chapul (Day of Week) (Hour)	Autos to R. R. Station @ \$ // 2a // 26 //
Services at enaged	Taking Remains to
Clergyman Roy Chwills (Address)	Delivering Box to Rose Hill
Religion of the Deceased	Deliver Flowers to
Birthplace	Removal Charges.
Resided in the State	Certif, Copiesof Death Certificates No.
Place of Death. Barmun, Minn	Removal Charges Procuring Burnia Permit. Certif. Copiesof Death Certificates No. Pall Bears Service, S. Des d'Olancia, S. Personnal Spraine de Care
Cause of Death	Personal Service arranging & Constituting from 1000
Contributory Causes.	attendent at classil - 9/6 - 9/5 2000
· · · · · · · · · · · · · · · · · · ·	Gross Total for Sales Tax\$
Certifying Physician	Outlay for Lot.
Certifying Physician. (or Coroner)	Cremation
Name of Father.	
His Birthplace	(Names of Newspapers) Flowers, \$
Maiden Name of Mother.	Opening of Grave or Tomb
Her Birthplace	Lining Grave, \$ Lowering Device, \$
Motor Remains to	Outlay for Shipping Charges Clergyman, \$Singers, \$3 Organist, \$300
	or Motor Tickets, \$ plane Service,\$
Size of Casket	Telegr., Phone, Cable or Radio Charges
Manufactured by Interment at Rose Hul { Cemeter Crematory	
	·····
Lot No 1.558	Sales Tax No Tay, all revice
Grave No. 3	Total Footing of Bill
Section No.	Less
	Balance \$
Diagram of Lot or Vault Owner	Entered into Ledger, page / or below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance	To Balance Forward \$
By Payment \$ \$	By Payment \$ \$
	я я е е
и и е е	n a g
Names of Lodges.	Insurance Companies
Insurance \$. Lodges	
I hereby authorize the above Funeral, and I hereby represent that I have s	ufficient resources Legally available to(Firm Name of Funeral Directors.) the same withindays from date. Interest to accrue from
maturity at the rate of% per annum.	Signed.
	Dig

RECORD C	F FU	UNERAL	-4
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1000	- Last 10 1043
Total No. 2022 Yearly No. 29	Date
Name of Deceased. Benjiman all	bertus ferome
Dr Warried Single	Widowed Divorced (What Race) Hillushand Wildow Lillian Jerente
Residence Paune, mo	Effusband Wite Widow Lellan Jerome
Charge to Mrs Osin Jerome	0 298 00
Address, Pawul	Complete Funeral
Order given by Mrs Ben Jerons	Casket
(ormiomant)	Burial Vault or Box(State Kind)
How Secured	Embalming Body
Occupation farmer (Social Security Number)	Barber, \$
Name of Employer.	Suit or Dress
Address	Slippers, \$
Date of Death Sept 8 1943 10 PM	Folding Chairs, \$ Tarpaulin, \$
Date of Birth Jan & 9 1893 (Hour)	Candelabrum, \$
Age. 50 7 9	Funeral Car, \$ Ambulance, \$
(Years) (Months) (Days)	Limousines to Cemetery @ \$
Date of Funeral ////43 Sat 2 P. M.	Autos to R. R. Station
Services at Hayesville, Church Linn & M.	Taking Remains to
Clergyman Reo Pollock . Selwan City, 1	Trip to Coroner's Inquest
Religion of the Deceased. M. E(Address)	Delivering Box to Deliver Flowers to
Birthplace Linn Co. Mo	Removal Charges
	Procuring Burial Permit.
Resided in the State. (or U. S. or City or County) (Years) (Months)	Certif.Copiesof Death CertificatesNo
Resided in the State. (or U. S. or City or County (Years) (Months) Place of Death. Hamsin U (Years) (Months)	Procuring Burial Permit. —Certif.Copiesof Death Certificates No. Pall Bearer Service, \$\circ\$. Use of Chapel, \$\circ\$.
Cause of Death. Coronary a celusion	Personal Service.
Contributory Causes	
,	Gross Total for Sales Tax\$
Certifying Physician. 19. M. Contrey	Outlay for Lot. Cremation
His Address Cagleville, Mo	line Death Notices inPapers
Name of Father Newy T Jerony	(Names of Newspapers)
His Birthplace Lum Co. Mo.	Flowers, \$ Raims, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Mancy Mc Coun	Opening of Grave or Tomb.
	Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges A. Lowering Device, \$
Her Birthplace & W. C	Clergyman \$ Singers \$ Organist \$
Motor Remains to Hayesvelle Church.	Clergyman,\$Singers,\$Organist,\$ Railroad \Tickets,\$plane Service,\$
Size of Casket uctayan - Rose Cidan (State Color and Number)	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced. Out of town Undertaker's Charges.
Interment at Hayewill Mo Cemeters	Out of town Undertaker's Charges.
Lot No.	Salar Tlay
	Sales Tax 28 Total Footing of Bill \$
Grave No	Tess O C C C C C S
Section No	Vaid in full (ct 30/43s
Diagram of Let or Vanit Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance S	To Balance Forward
By Payment. \$ \$	By Payment S s
" " s s	
" " S. S.	
4 4 5 5	" " S e
	# # S
# # S S	« « » \$ \$.
Names of Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have so	officient recourses Lecally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay	(Firm Name of Passant Part 1997)
maturity at the rate of% per annum.	Signed
Witness	Address

Total No. 2023	Yearly No.	30	5.7	Date	pt 29.	19 1/9	3
Name of Deceased	ma al	ice /	Moon.	Mus Wellard Maon)	(What Race)	<i>V</i>	
Residence Lamoni	h marrier		□Husl	cand Wife Widow . W.	illard,	Moon.	
Charge to Willard Mo	on			The same of the sa	e	397 00	-
Address. Zamou			Complete Func Casket			٠٠/.٠.	***
Order given by abare	formant)		Burial Vault o	Box Rock o Lite		120 00	
How Secured			Embalming Bo	(Name of Embalm	er)		
Occupation Amseuife.			Barber, \$	Hair Dressing ,\$Underw	z, \$		
Name of Employer		, , , , , , , ,	Suit or Dress		and the second second		
Address			Slippers, \$	(State Kind and Col Hose, \$			
Date of Death . S. e. pt. 27/1	943	S(30 AM)	Folding Chairs	, \$ Tarpaulin, \$ Candles, \$	\$		
Date of Birth July 18/11	897		Door Spray, \$	Gloves, \$.			
Age. Want			Funeral Car, \$ Limousines to	Ambulance, Cemetery @ \$.	\$		
Date of Funeral 9/29/43 W.	lef, 2	130 PM	Autos to R. R.	Station @ \$.			
Services at Collseum		(Mour)	Getting Remain Taking Remain	ns from			
Clergyman Ray Cheville, 1	. Q. Beck =	Flearer	Trip to Corone	r's Inquest			
Religion of the Deceased.	(Address)		Delivering Box Deliver Flower	: to			
Birthplace Nay Spring,	nes		Removel Chan	ros			
Resided in the State	40	100000	Cortif Coni	al Permit(State Number	and District)		
Place of Death. Indiffend	leuce, Mi	(Months)	Pall Bearer Ser	al Permit. (State Number esof Death Certificates (State Physician's cycle, \$ Use of Ch	r Coroner's		
Cause of Death Pericarditis	with Effe	usion	Personal Service	e			
Contributory Causes							
			Gross Total for		\$	517 0	0
Certifying Physician			Outlay for Lot Cremation				
His Address	Coroner)			Notices in Par	ers		
	lthahu			(Names of Newspapers) Palms, \$ Matt			
His Birthplace Berlin,	German	4	Rental of Tent,	\$of Temporary V	Jault. \$		
Maiden Name of Mother	0		Opening of Gra	we or Tomb/	200	12. 00	١.
Her Birthplace Hamberg	German	4	Outlay for Shir	Lowering Devoping Charges	Commence of the		
Motor Remains to Lamani			Clergyman,\$	Singers,\$Orga	nist,\$. ?
Size of Casket State - W	in tone		or Motor Ticket Telegr., Phone.	Singers,\$Orga s, \$Plane Ser Cable or Radio Char	vice,\$		• •
Manufactured by	or and Number)		Cash Advance	1		30 00	
Interment at AMP Hu	ll{	Cemetery Crematory		ndertaker's Charges.			
Lot	No 144	5- 1	Sales Tax	to Undefending T	*: 43	517	
	ve No		Total Footing	of Rill	8	58002	=
			Less Anding		10/10/43 8	8 26 10	
	tion No			Balance		5392	-
	ner		Entered into L	edger, pageor l	estacid in	feel 10/	1
Date	Amount Paid	Balance	Date		Amount Paid	Balance	
To Above Balance	\$			To Balance Forward		\$	
By Payment	\$\$			By Payment	\$	\$	
и и	s				\$	\$	
	\$\$			и и	\$	3	•••
# #	\$\$				\$	\$	
	ss.			и и	\$	\$	
	ss.			и и	s	\$	
Insurance \$ Lod	nes of ges			Insurance Companies			
I hereby authorize the above Funeral, and l	hereby represent th	nat I have suff	ficient resources Le	gally available to(Firm	Name of Funeral Di	rectors.)	
for the payment of aforesaid sum, and I be maturity at the rate of% pe	reby covenant and a	igree to pay t	he same within	days fro	om date. Interes	t to accrue from	n

Witness			Address				

Total No. 2024	· · · Yearly No.	31		Date	Det 1	19 19
Name of Deceased 70	lary Ellen	Car	ley (Sei	upson)	(What Race)	
Residence Meas Las	uorii 🗆 🗆		□н	Divorced mband Wite Widow	Carley	
Charge to News	• • • • • • • • • • • • • • • • • • • •		Complete Fu	0	\$	236.00
Address,	• • • • • • • • • • • • • • • • • • • •		Casket			
Order given by	(or informant)		Burial Vault			
How Secured			Embalming E	Body(Name of Embi		
Occupation . House	vefe nos	۹	Barber, \$		ng, \$	
Name of Employer	(Social Security	Number)	Dressing Bod Suit or Dress	y,\$Under	wear, \$	7 95
Address			Slippers, \$	(State Kind and C	Color)	
Date of Death . O. C.	15 1943 6	AM.	Folding Chair	s, \$ Tarpaulii	1, \$	
Date of Birth. april.	12 186 4	(Hour)	Door Spray	, \$ Candles, \$	\$	
Age79	6 3		Funeral Car.	\$ Ambulance	. \$	
Date of Funeral 10/17/43	(Months) (Days)	PM	Autos to R R	Cemetery @ \$		
Services at Fundal C	(Day of Week) (H	our)	Getting Rema	ins from		
Clergyman Chas Ha	160 and Lan		Taking Rema	ins toer's Inquest		
Religion of the Deceased	(Address)		Delivering Bo	x to		
Birthplace Lieu Con	ute Sud.		Deliver Flowe Removal Char	rs to		
Resided in the State	300		Procuring Bur	ial Permit		
(or U. S	of City or County) (Years)	(Months)	Certif.Cop	ial Permit. (State Number ies of Death Certificat (State Physician's rvice, \$ Use of C	esNo	
	ione near Lan	en.	Pall Bearer Se	rvice, \$ Use of C	hapel, \$	
Cause of Death			Personal Servi	ce		
Contributory Causes						
			Gross Total for Outlay for Lo	r Sales Tax	\$	243 85-
Certifying Physician . K. A.	(or Coroner)		Cremation			
His Address Xamou	٠				pers	
Name of Father. fun. /	urpu		Flowers, \$	(Names of Newspapers) Palms, \$ Mat	ting 9	
His Birthplace	· · · · · · · · · · · · · · · · · · ·		Rental of Tent	,\$of Temporary	Vault,\$	
Maiden Name of Mother.	Partha Certhur		Opening of Gr	ave or Tomb \$Lowering De		
Her Birthplace	Ad		Outlay for Shi	pping Charges		
Motor Ship Remains to			Clergyman,\$. Railroad \Ticker	Singers,\$Org	anist,\$	
Size of Casket	or oney.		Telegr., Phone	Cable or Radio Char	rvice,\$	
Manufactured by Roo	700		Cash Advance	, Cable or Radio Char		
Interment at	elly{c	emetery .	Jess 1	ndertaker's Charges.		24 40
	Lot No.					19.55
	Grave No		Sales Tax Total Footing			7/75
			Less	of Bill	\$	21.75
	Section No		Plus Sext	Balance 23	75 7	
Diagram of Lot or Vault	Owner		Entered into L		below.	ill 19/1/2
Date	Amount Paid	Balance	Date		Amount Paid	Balance
To Above Balance	sss			To Balance Forward		
By Payment	\$			-By Payment	8	\$
# #	\$			e e	\$	s
" "	\$ 8			* "	\$	s
" "	\$\$			u u	\$	\$
	\$			" "	\$	
				# # ·······	\$	3
	Names of		haranan darah	Insurance Companies	18	
Insurance \$ I hereby authorize the above Funera	Lodges	have suffi-	zient resourcee I e-	-W		
I hereby authorise the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of alcrossid sum, and I hereby covenant and agree to pay the same within						
maturity at the rate of	.% per annum.		Signed		and andress	as accrue from
Witness			Address.			
	Compiled h	y F. J. FEIN	IEMAN, St. Louis, M	io.		

Name of Deceased Lenona Fuller	Date
	,
Residence Saints Home, Married A Single L	Widowed
Charge to Ald age amsture	orof
	Complete Funeral \$ 100 00
Address.	Casket
Order given by Mus Qualify	Burial Vault or Box
How Secured . Buil to J. E. Laughlin	
Occupation Bskalossa Ja	Embalming Body (Name of Embalmer) Barber, \$
Name of Employer(Social Security Number)	Dressing Body, \$
Address	Suit or Dress (State Kind and Color) Slippers, \$
Date of Death Oct 21/1943 3 AM	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. (Date) (Hour)	Candelabrum, \$
A ma	Funeral Car, \$Ambulance, \$
	Limousines to Cemetery
Date of Funeral 19143 F.M. A130 P.M. (Hour)	Autos to R. R. Station @ \$
Services at. At. Hour.	Taking Remains to
Clergyman Rescy Houard - Chas Harke	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace Ohio	Removal Charges.
Resided in the State (Months) (Years) (Months)	Contif Continue David Continue and District)
Place of Death (or Mouths) (Years) (Mouths)	Procuring Burial Permit. —Certif.Copiesof Death Certificates No. Pall Bearer Service, \$. Use of Chaptel, \$\$
Cause of Death	Personal Service.
Contributory Causes	Gross Total for Sales Tax.
Certifying Physician L. K. A. Crown	Outlay for Lot.
(or Coroner)	Cremation
	line Death Notices inPapers
Name of Father	Flowers, \$
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother	Opening of Grave or Tomb. Lining Grave, \$ Lowering Device, \$
Her Birthplace	Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$ Rallroad } Tickets, \$plane Service,\$
Size of Casket	Telegr., Phone, Cable or Radio Charges
Manufactured by . Pine (State Color and Number)	Cash Advanced
Interment at Ruse Hw Cemetery	Out of town Undertaker's Charges
Lot No /2 4 8	Sales Tax State Case - Woldy .
Grave No3	Total Footing of Bill
Section No	Polin Full S
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	
By Payment S S	To Balance Forward \$
* *	a a e
a s s s	« « g e
	" " \$ S
" " \$ \$	
<u>,</u>	
Names of Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have su	
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within
maturity at the rate of% per annum.	Signed
Witness	Address
Compiled by F. J. Fl	EINEMAN, St. Louis, Mo.

Total No., 2026	early No	9.	Date 7/.00	1. 15.		1043
Name of Deceased	2. M. ar. 9	Partley				
Residence	ı 🗆 sıngıs 😝		Divorced band Wife Widow	Lester 9	arthe	y.
Charge to Chester Hartley		or,,	ot §	7	, G	1
Address		Complete Fun		M\$	7.1.	0
Order given by		Casket				
How Secured		Embalming Bo	r Box(State Kind	0		
Occupation		Barber, \$	ody(Name of Emb Hair Dressi	ng. S		
Name of Employer	Social Security Number)	Dressing Body	,\$Under	wear,\$		
Address		Suit or Dress.		Color)		
Date of Death 70 8 194	3.	Slippers, \$ Folding Chairs	\$Tarpauli	n, \$		
Date of Birth	(Hour)	Candelabrum,	\$Candles,	\$		
Age. 24		Funeral Car, \$		e, \$		
Date of Funeral 701. 15 Months	(Days) 2 R	Limousines to	Cemetery @ : Station @ :	8		
(Day M Week)	(Hour)	Getting Remai	ins from			
Services at Suaffel:		Taking Remain	ns to			
Clergyman Ay Chrottle	(Address)	Delivering Box	er's Inquest			
Religion of the Deceased		Deliver Flower	s to			
Birthplace		Removal Char Procuring Buri				
Resided in the State)/ (Years), (Months)	Certif.Copi	esof Death Certificat	r and District)		
Place of Death. K. E. Dridg & . ,	Mania.	Pall Bearer Ser	al Permit(State Numbers of Death Certificate (State Physician vice, \$ Use of C	hapel, \$		
Cause of Death. Que Collis	46l ·	Personal Service	œ			
Contributory Causes						
			Sales Tax	\$		
Certifying Physician		Outlay for Lot Cremation				
His Address			Notices in P	apers		
Name of Father. O. lis. Lysu	481		(Names of Newspapers) Palms, \$ Ma			
His Birthplace	//	Flowers, \$ Rental of Tent	Palms, \$ Ma \$ of Temporary	tting, \$		
Maiden Name of Mother. Vila	4 HUTSHAR	Opening of Gra	ve or Tomb			
Her Birthplace		Lining Grave, S	Lowering D pping Charges	evice, \$		
Motor Remains to		Clergyman,\$	Singers,\$Or	ganist,\$		
		or Motor Ticket	Singers,\$Or s, \$ Aero-S plane S	ervice,\$		
Size of Casket	mber)	Telegr., Phone, Cash Advanced	Cable or Radio Cha	urges		
Interment at A De Wil	. S Cemetery	Out of town U	ndertaker's Charges			
	····· (Crematory		·			
Lot No	1.4.4.7	Sales Tax	lervece. Mis.	/my		
Grave No.		Total Footing	of Bill	\$	7.1.	00
Section No	·····	Less	w 3/43 ····	\$		
Diagram of Lot or Vault Owner			Balance	\$		
	t Paid Balance	Date	ougus, pagor r r r ro.	Amount Paie	1 71	
To Above Balance			To Balance Forward		Bala	ince
By Payment. S	s		By Payment		\$	
" " ss	\$		a a		. \$	
\$	s		а а	\$	8	
***************************************			и и		. s	
" "	\$		и и	\$. 8	
······s	\$		« « ······	\$. \$	
" "s	.l \$		и и	s	. 8	
Insurance \$ Names of Lodges			Insurance Companies			
I hereby authorize the above Funeral, and I hereby r				n Name of Funeral I	4222	
for the payment of aforesaid sum, and I hereby cove	nant and agree to pay th	he same within	·····days i	rom date. Inter	st to accru	e from
maturity at the rate of% per annum.		Signed				
Witness	********	Address.				

Name of Deceased Sufant of Marie	Date
☐ Married ☐ Single ☐	Widowed Divorced (What Race)
Residence Solythedall, Ma	of
Charge to Park	Complete Funeral
Address	Casket. 1.5 00
Order given by(or informant)	Burial Vault or Box(State Kind)
How Secured	Embalming Body
Occupation	Darber, \$ Hair Dressing, \$
Name of Employer	Dressing Body, \$
Address	Suit or Dress. (State Kind and Color) Slippers, \$. Hose, \$.
Date of Death (Date) (Hour)	Folding Chairs, \$ Tarpaulin, \$
Date of Birth	Candelabrum, \$
Age. (Years) (Months) (Days)	Funeral Car, \$Ambulance, \$
D. CB. I	Limousines to Cemetery
Date of Funeral. (Date) (Day of Week) (Hour) Services at.	Getting Remains from
	Taking Remains to
Clergyman (Address)	Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace	Procuring Burial Permit.
Resided in the State	Procuring Burial Permit. Certif.Copiesof Death CertificatesNo
Place of Death	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death	Personal Service
Contributory Causes.	
	Gross Total for Sales Tax\$
Certifying Physician.	Outlay for Lot.
His Address	line Death Notices in Papers
Name of Father.	(Names of Names are)
His Birthplace	Flowers, \$(Names of Newspapers). Palms, \$
Maiden Name of Mother.	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb
	Lining Grave, \$ Lowering Device, \$
Her Birthplace	Outlay for Shipping Charges Clergyman, \$ Singers \$ Organist \$
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$
Size of Casket (State Color and Number)	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced. Out of town Undertaker's Charges.
Interment at	
Lot No.	Sales Tax
Grave No	Total Footing of Bill \$ 15 00
Section No.	Less\$
Carlotte Car	Balance\$
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
	To Balance Forward \$
By Payment \$ \$	By Payment \$ \$
" " \$ \$	
, , , , , , , , , , , , , , , , , , ,	
" " \$ \$	# # # · · · · · · · · · · · · · · · · ·
Names of	Insurance
Insurance \$ Names of Lodges.	
I hereby authorize the above Funeral, and I hereby represent that I have st for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereny covenant and agree to pay maturity at the rate of % per annum.	the same withindays from date. Interest to accrue from Signed
	Address
Witness	

Total No. 2028 Yearly No. 3.5	- nov 30 1949.
Name of Deceased. Maurice Sarvin &	e Loup. W.
Residence Rural, south of Lamenu	Widowed Divorced (What Race) Attusband Wife Widow Form Se Long
Charge to Mrs. Hern De Long	or ot
Address, Lamoni, Sa	Complete Funeral
Order given by afme.	Casket. Burial Vault or Box.
How Secured Farmer & full grower)	
Occupation	Embalming Body (Stane of Embalmer) Barber, \$. (Stane of Embalmer) Hair Dressing, \$.
Name of Employer . Self . (Social Security Number)	Dressing Body, \$Underwear, \$
Address .	Suit or Dress
Date of Death 10 28/1943 5,730PA (Bour)	Folding Chairs, \$ Tarpaulin, \$
Date of Birth, May 23. 1884 (Hour)	Candelabrum, \$
Age. 49 0 5	Funeral Car, \$Ambulance, \$
Date of Funeral 1/30/43 Tules. 2 P. M.	Limousines to Cemetery
Services at Courseum (Day of Week) (Hour)	Getting Remains from
Clareman Ray Chevelle	Taking Remains to Trip to Coroner's Inquest
Religion of the Deceased L.D. S. (Address)	Delivering Box to
Birthplace Harrisa Co. Ms	Deliver Flowers to
T	Procuring Burial Permit. (State Number and District)
Place of Death Methody, Wo, Weld Hosp.	Percuring Burial Permit. Certif. Copiesof Death Certificates No. State Physical Computer Service, \$ Use of Chapte, \$ Pall Bearer Service, \$ Use of Chapte, \$
Cause of Death.	Personal Service
Contributory Causes	Gross Total for Sales Tax. \$ 375 00
Certifying Physician Da McCartury	Outlay for Lot. 4000
His Address Cagleville (or Coroner)	Cremation
Name of Father John F. De Long.	Flowers, \$ (Names of Newspapers) Matting, \$
His Birthplace Jones Co. Ja	Rental of Tent & of Temporary Vault &
Maiden Name of Mother Sara E. Harris	Opening of Grave or Tomb
Her Birthplace appleton Wis	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.
Motor Ship Remains to	Clergyman, \$Singers, \$Organist, \$ Railroad Tickets, \$Plane Service, \$
Size of Cocket (Id. End State, Trey ord Clo.	or Motor Tickets, \$
Manufactured by . Sun (State Color and Number)	Cash Advanced
Interment at Rose Hell { Cemetery Crematory	Out of town Undertaker's Charges.
Lot No 14.59.	Sales Tax 3 75
S of d Grave No. 3.	Total Footing of Bill
X	Less Disct on 37500 -17725 8 17 75
Section No.	Paid in full Balance # \$ 41.6.00.
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance	To Balance Forward\$
By Payment \$ \$	By Payment \$ \$
	" " S S S
/ " " " \$	и и \$
" " \$ \$	
" "ssssss	« « » s
Insurance \$ Names of Lodges.	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have su	
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of % per annum.	the same withindays from date. Interest to accrue from Signed
Witness	Address
Withest	

Total No. 2029 Yearly No 36	Date Dec 12 19#3		
Name of Deceased Harriet Gertrue	de Baker w.		
Residence: Lamoni Ja Married Single L	Widowed □ Divorced (What Race) □Husband□Wife Widow }		
Charge to: Mrs Clara Westphal	otof		
Address Lamon, Ja	Complete Funeral \$ 349 00		
Order given by	Casket		
(or informant)	Burial Vault or Box(State Kind)		
How Secured	Embalming Body (State Kind) (Name of Embalmer) Barber, \$		
Occupation Harsewife North	Dressing Body, \$		
Name of Employer.	Suit or Dress (State Kind and Color)		
Address	Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.		
Date of Death 10 1943 10 AM	Candelabrum, \$Candles, \$		
Date of Birth Sept 6 1853	Door Spray, \$		
Age. 90 3 4 (Years), (Months) (Days)	Funeral Car, \$ Ambulance, \$		
Date of Funeral. 19/12/43 Sen. 2 O. M.	Autos to R. R. Station @ \$		
Services at Funeral Chafel	Getting Remains from		
Clergyman Col Glaser Ja Survally	Trip to Coroner's Inquest		
Religion of the Deceased	Delivering Box to		
Birthplace I Was Ifingfuld Jel.	Removal Charges		
Resided in the State	Procuring Burial Permit Certif. Copiesof Death Certificates No. Certif. Copiesof Death Certificates No. Pall Bearer Service, \$\(^{\text{Use of Coponers}}\), Use of Chaple, \$\(^{\text{Use of Chaple, S}}\).		
Place of Death, Louis or City or Collecty) (Years) (Months)	Gisto Physician's or Coroner's;		
Cause of Death. Coultrian	Personal Service.		
Contributory Causes ald age.			
Contributory Gauses, P	Gross Total for Sales Tax. \$ 349 00		
Certifying Physician. 10 \ J. P. R. ed.	Outlay for Lot.		
His Address Davis City	Cremation line Death Notices in		
Name of Father, J. A. Aldun			
	Flowers, \$(Names of Newspapers) Palms, \$Matting, \$		
Maiden Name of Mother Harry abby	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb to.A. Marshelf 10 0.0.		
1. 16	Lining Grave, \$Lowering Device, \$		
**** Disciplination of the contract of the con	Outlay for Shipping Charges.		
Motor Remains to	Clergyman,\$. Singers,\$. Organist,\$. Rallhoad Tickets, \$. dero-plane Service,\$. Telegr., Phone, Cable or Radio Charges		
O (Supplied of the Color of the	Telegr., Phone, Cable or Radio Charges		
Manufactured by . R. 70 P. 10 H. 18 1 Comment	Cash Advanced. Out of town Undertaker's Charges		
Interment at Push All { Crematory			
Lot No 8 . 3 . 4	Sales Tax 3 49		
Grave No	Total Footing of Bill		
Section No.	Less 1490 devel 11 1 8 34 90		
	Balance . 7.3/13 \$ 3.2.7. 5.9.		
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.		
Date Amount Paid Balance	Date Amount Paid Balance		
To Above Balance\$	To Balance Forward		
Cologialis - s			
Carl Ballardyne s			
m.m. Midgorden	······································		
arthus Lane	······································		
H. Al Jol	\$		
Clerence Os ostinan	" * SS		
Names of	Insurance		
Insurance \$			
Insurance 5			
maturity at the rate of% per annum, Signed			
Witness Address			
	EINEMAN, St. Louis Mo.		

		Date W	00.14		19 1/3
Total No. 2030 Yearly No37.		Date	<i></i>		19
Name of Deceased & My. Theresa (Grenny	er			
Married Single	Widowed Ø I	Divorced	Para see al	Bres	in
Residence Miral near Lamoni	DHus	band Wife Widow	anence	77	0
Charge to Clarence Breniger		eral	s	269	00
Address Lamoni De	Complete Fun	Orock-O-LIT	F-Prastic.	120	00
Order given by	Burial Vault o				
How Secured			0		
Occupation Asservice NONE	n 1 0	II-i- Dropp	almer)		
(Social Security Number)	Dressing Body	(State Kind and Hose, \$ Tarnauli	wear, \$		7:20
Name of Employer	Suit or Dress.	Rose dies	Color		
Address	Slippers, \$				
Date of Death & Let 12 /43 8 PM					
Date of Birth. Mar. 10 1872 (Hour)	Door Spray, \$	\$Gloves, \$			
Age. 7/ 9 2	Funeral Car, \$	Ambulanc	e, \$		
Date of Funeral. 114/43 Tues. (Days) 2 PM		Cemetery @ :			
		ins from	φ		
Services at Funeral Chaptel (Hour)	Taking Remai	ns to			
Clergyman Charley Ballautyne		er's Inquest c to			
Religion of the Deceased	Deliver Flower				
Birthplace decater Co.	Removal Char	ges			
Resided in the State. 50 925	Procuring Buri	ial Permit	er and District)		
Place of Death, home near Lamour (Months)	Certif.Copi	ial Permit(State Numb esof Death Certifica (State Physician) rvice, \$ Use of C	s or Coroner's)		
	Pall Bearer Ser Personal Service	rvice, \$ Use of C	Chapel, \$		
Cause of Death	· · · · · · · · · · · · · · · · · · ·				
Contributory Causes				.402	.6.5
	Gross Total for Outlay for Lot	r Sales Tax	\$	NO	00
Certifying Physician 11. R. Brown	Cremation				
His Address	line Death	Notices in P	apers		
Name of Father, John B. Evans		(Names of Newspapers) Palms, \$ Ma			
Name of Father John B. Evans His Birthplace. Penn.	Rental of Tent.	.Paims, \$ Ma , \$ of Temporary	Vault \$		
Maiden Name of Mother Elizabeth Lemma	Opening of Gra	ave or Tomb			00
Her Birthplace. Not known :	Lining Grave,	\$Lowering D pping Charges	evice, \$		
Motor) Danies to	Clergyman,\$	Singers,\$Or	ganist.\$		
a la la la Coulch Villa.	Railroad Ticket	Singers,\$Or	ervice,\$		
Manufactured by Ref. Wishard Colff and Number)	Telegr., Phone,	, Cable or Radio Cha	arges		
Manufactured by 1995 Hell Cemeters Interment at Rose Hell Cemeters		d ndertaker's Charges			• • • • • •
Interment at Rose Hell { Cemeters Cremators					
Lot No. 1476 7	Sales Tax			4	43.
Grave No	Total Footing	of Bill		458	1.0
	Less . 5. /2		27		/3
Section No	2 1/4	full story	144	438	<u> </u>
Diagram of Lot or Vault Owner	Entered into L	edger, page oi	helow	.7.9.0.	
Date Amount Paid Balance	Date	A CONTRACTOR OF THE PARTY OF TH	Amount Paid		
To Above Balance. \$		m n		Bala	ance
By Payment. \$ \$	***	To Balance Forward		. \$	
" " S S		a a		. \$	
* * s s		и п		\$	
# # \$ S		ж и		\$	
		и и		\$	
		и и	s.		
\$		а «			
Names of Lodges.		Insurance .Companies			direct.
Insurance 5 I hereby authorize the above Funeral, and I hereby represent that I have so	ufficient resources Le		*******************************		
for the payment of aforesaid sum, and I hereby covenant and agree to pay		(Fir	m Name of Funeral D from date. Intere	irectors.)	
maturity at the rate of% per annum.	Signed.		uate. Intere	st to accru	e from
Witness.	Address			*******	

Total No 2031 Yearly No3	8	Date Dec	- 19	1	19#5
Name of Deceased. Bertha Luciu	da Wei	germann			
Residence: Mar Lamoni	☐ Widowed ☐ Hus	Divorced band Wife Widow ! On a	what Race)	earm	an
Charge to arrald Weyermann	or	of)	-		10
Address Lamoni or Idalla Coloraa		eral	<u>.</u> \$	295	
Order given by Celeve	Casket Burial Vault o				
How Secured	Embalming Bo	(State Kind)			
Occupation housewell nearly (Social Security Number)	Barber, \$	Hair Dressing	, \$		
Name of Employer(Social Security Number)	Dressing Body Suit or Dress	,\$Underwe			
Address		(State Kind and Colo	r)		
Date of Death. Dec 16/43 12/10 PM	Folding Chairs	Hose, \$	B		
Date of Birth. Aug 19 189 3 (House)	Door Spray, \$				
Age. 50 3 97	Funeral Car, \$	Cemetery @ \$.	\$		
Date of Funeral ! 19/43 . Sun, 2. P. M	Autos to R. R.	Station @ \$.			
Date of Funeral. (7/1/73 Settle) Services at Charles (Day of Wook) (Hour)	Getting Remai				
Clergyman Acting	Trip to Corone	er's Inquest			
Religion of the Deceased . L. D. L. (Address)	Delivering Box Deliver Flower	tos to			
Birthplace Clearwater, Neb.	Removal Char	mag .			
Resided in the State 3 months	Procuring Burn	al Permit(State Number a	nd District)		
Place of Death Wineger have hear Lamour	Pall Bearer Ser	al Permit. (State Number a esof Death Certificates (State Physician's or vice, \$ Use of Cha	Coroner's;		
Cause of Death Cancer of both breath.	Personal Service	e	μα, φ		
Contributory Causes.					
,	Gross Total for	Sales Tax		295	00
Certifying Physician, 1 M. Hills	Outlay for Lot Cremation	No /2. of 4.14.32		2.0.	00-
His Address Lauren (or Coroner)	line Death	Notices in Pape	ers		
Name of Father. W. C. R. ester					
His Birthplace.	Flowers, \$ Rental of Tent.	(Names of Newspapers) Palms, \$ Matti \$ of Temporary V	ng, \$		
Passis 1 Juil	Opening of Gra	ve or Tomb. T.A. H	larshall,	9	00
Her Birthplace.	Lining Grave, S	Lowering Devi oping Charges	ce, \$		
Motor) Daniel L	Clergyman,\$	Singers,\$Orga	nist,\$		
Sing of Cooler (Kex #2> Or X. Couch Cleder.	or Motor Ticket	Singers,\$Orga:	rice,\$		
Manufactured by Rex Wilacla Number)	Cash Advanced	Cable or Radio Charg	es		
Interment at Rose Hell { Cemeter Cremator	Out of town U	ndertaker's Charges			
Lot No. 143 2					*****
一	Sales Tax		=	326	9 =
Grave No	Less 5/1 %	0.11-00 mm	\$	14	-1-
Section No.	Less	Balange)		3 / 2	20
Diagram of Lot or Vault Owner	Entered into	Balance)	Now 4 3		
Date Amount Paid Balance	Date		Amount Paid	Bala	ince
To Above Balance \$		To Balance Forward	2000	8	
By Payment \$ \$		By Payment	\$	8	
······ssss		« «	3	\$	
ss	1.4	" "	\$	\$	
······ ss		и и	S	\$	
* " \$ \$		* *	i	\$	
* * \$		a *		\$	
Names of Lodges.		Insurance		10	<u>l</u> .
I hereby authorize the above Funeral, and I hereby represent that I have s for the payment of aforessid sum, and I hereby revenuest and agree to see	ufficient resources Les	. Companies			
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within	(Firm N	ame of Funeral Di	t to access	e from
maturity at the rate of% per annum,				o mcru	avent
Witness	Address				

Total No. 2032	. Yearly No.	3.9.	,	Date	ec. 23	19	¥ 3
Name of Deceased. Phy	quette a L	lagg.	et	,,	(What Race)		
Residence L. D. J. H.	Form .	ingle //		Divorced band Wife Widow			
Charge to . L. D. S.	Hame					1000	0
Address. Lam	em			eral	φ		
Order given by . Reske	& Landson		Casket Burial Vault o				
How Secured	(orinformant)		Embalming Bo	dy	almer)		
Occupation Housew	fe nov	4 1	Rorbor S	Hair Dressi	ng, \$		
Name of Employer	(Social Security	y Number)	Dressing Body Suit or Dress	,\$Under	wear, φ		
Address			Slippers, \$				
Date of Death. Mec &!	/ 4 3 4.	V.M.	Folding Chairs	, \$Tarpauli \$Candles,	n, \$		
Date of Birth . Nec 15	1879		Door Spray, \$				
Age(Years)	(Months) (Days)		Funeral Car, \$ Limousines to	Ambulanc	e, \$ \$		
Date of Funeral. 12/23/9 3.	Thurs, 1	O. A.M.	Autos to R. R.	Station @	\$		
Services at . Houle	(Day of Week) (Getting Remai Taking Remair	ins from			
Clergyman Col Slea	zer		Trip to Corone	r's Inquest			
Religion of the Deceased	L. D.S. (Address)		Delivering Box Deliver Flower	s to			
Birthplace . Looking	geass, on	6	Removal Char	mos			
Resided in the State	days'	(Months)	Procuring Buri	al Permit(State Numb	er and District)		••••
Place of Death.	or City or County) (Years)	(Months)	Poll Rearer Ser	al Permit. (State Numb esof Death Certificat (State Physician vice, \$ Use of C	s or Coroner's;		••••
Cause of Death. Lean	t Oslock.		Personal Service	ze			
Contributory Causes							• • • •
			Gross Total for	Sales Tax	s	100 0	0
Certifying Physician . N. ?	4. Hill		Outlay for Lot Cremation				
His Address Lacun	M.		line Death	Notices in P			
Name of Father Orsa	N. Buell.			(Names of Newspapers) Palms, \$ Ma			
His Birthplace. Oki	9		Flowers, \$ Rental of Tent	.Palms, \$ Ma \$ of Temporary	tting, \$		• • • •
Maiden Name of Mother.	phelia Soll	8. (Opening of Gra	eve or Tomb			
Her Birthplace	kunn.		Lining Grave, Soutlay for Shir	\$Lowering D oping Charges	evice, \$		• • • •
Motor Remains to			Clergyman,\$	Singers,\$Or s, \$ Aero- plane S	ganist,\$		
Size of Casket Q. A. P.			Tologo Phone	s, \$ plane S Cable or Radio Cha	ervice,\$		
Manufactured by Rive	Osluff.		Cash Advanced	i	arges		
Interment at Poz	e Hill .	Cemetery Crematory	Out of town U	ndertaker's Charges			
	Lot No 12.48						
			Sales Tax				0
	Grave No		Total Footing			101.0	
	Section No		Parc	Balance	8.14.4.4.		• • • •
Diagram of Lot or Vault	Owner		Entered into L	edger, pageor	below.		••••
Date	Amount Paid	Balance	Date	No. Service	Amount Paid	Balan	ne ne
To Above Balance	\$.			To Balance Forward.		, ,	
By Payment	ss.			By Payment	\$. \$	
	ss.		······	« п	\$. \$	
* *	\$\$.			« « ······	\$. \$	
a a					\$. \$	
	\$ 8.			и и	\$. \$	
	8			и и		. \$	
Insurance \$	Names of Lodges			Insurance .Companies		×)Ψ	
Insurance \$ I hereby authorize the above Funeral for the payment of aforesaid sum, an	, and I hereby represent th	at I have suffi	cient resources Le	gally available to		**********	
		gree to pay th	ne same within	days	m Name of Funeral D from date. Intere	est to accrue	from
maturity at the rate of	.% per annum.		Signed.				
Witness			Address				

Total No. 2033 Yearly No 40	3 Data Dec 26 1943
Name of Deceased William Sterns	n.
. 0	Widowed Divorced (What Race) Effectionand Wife Widow Mr. Francis Alternus
Residence: Lamen. Charge to: Mrs. Francis, Llemm	DHusband Wile Wildow Mrs Francis Stemm
0	Complete Funeral \$ 397 00
Address, Zamoni -	Casket
Order given by. Cubru. (or informant)	Burial Vault or Box
How Secured.	Embalming Body(Name of Embalmer)
Occupation farmer Nam (Social Security Number)	Barber, \$
Name of Employer. All.	
Address	Stit or Dress (State Kind and Color) Slippers, \$. Hose, \$.
Date of Death Wee 23 1943 H. AM. Date of Birth, Man y (Date) 1564	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth, Max 9 1869	Door Spray, \$
Age. 79 9 19 (Bays)	Funeral Car, \$Ambulance, \$Limousines to Cemetery@\$
Date of Funeral. 12/26/43 Jun. 2 P.M.	Autos to R. R. Station @ \$
Services at Stemm Vesice (Hour)	Getting Remains from
Clergyman Perthur Lave.	Trip to Coroner's Inquest
Religion of the Deceased 2 10 1 (Address)	Delivering Box to
Birthplace Penn,	Removal Charges
Recided in the State 23 40.	Procuring Burial Permit(State Number and District)
(or U.S. or City or County) (Years), (Months) Place of Death Assessed in Xamem	Procuring Burial Permit. (State Number and District) —Certif.Copiesof Death Certificates No (State Psycholous or Corone's, Pall Bearer Service, \$ Use of Chaptel \$\$, Lived Company \$\$
Cause of Death Cerebral Thrombosis	Pall Bearer Service, \$ Use of Chapel, \$
Contributory Causes.	G mile gi m
	Gross Total for Sales Tax. Some Hill \$ 397 00 00 00 00 00
Certifying Physician(or Coroner)	Cremation
His Address.	line Death Notices inPapers
Name of Father Jra Stemm	Flowers, \$
His Birthplace not know	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother, not known	Opening of Grave or Tomb
Her Birthplace	Outlay for Shipping Charges
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$ Rallroad \ Tickets, \$plane Service,\$
Size of Casket (State Color and Number)	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced Out of town Undertaker's Charges
Interment at	Out of town Undertaker's Charges.
Lot No 149.2	Sales Tax 3 95
Grave No/	Total Footing of Bill \$ 45095
	Less 5 % catived on 397 - 19 55 by June \$ 19 85
Section No.	Pol-in Full falance 27, 43 \$ 4.3.1.10.
Diagram of Lot or Vault Owner	Entered into Ledger, page of below.
Date Amount Paid Balance	Date Amount Paid Balance
	To Balance Forward \$
By Payment \$ \$	
\$ \$ \$	" " " " " " " " " " " " " " " " " " " "
* * \$, , , , , , , , , , , , , , , , , , ,
88	" " S S
Names of Lodges	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have s	ufficient recourses I orally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay	
maturity at the rate of% per annum.	Signed
Witness	Address
Compiled by F. J. I	FEINEMAN, St. Louis- Mo.

Total No. 2034 Yearly No	Date
Name of Deceased Otis Hohn	Widowed □ Divorced (What Race)
Residence Slythelal Married Single	□Husband□Wife□Widow }
Charge to:	Complete Runeral Ship in \$ 3500
Address.	Complete Funeral
Order given by	Casket
(or informant)	Burial Vault or Box (State Kied) Embalming Body (Name of Embalmer)
Occumation	Rarber \$ Hair Dressing, \$
Name of Employer. (Social Security Number)	Dressing Body, \$Underwear, \$
Address	Suit or Dress (State Kind and Color) Slippers, \$
D	Folding Chairs, S Tarpaulin, S
Date of Birth. (Date) (Hour)	Candelabrum, \$
Amo	Funeral Car, \$ Ambulance, \$
(Years) / (Months) (Days)	Limousines to Cemetery
Date (Day of Work) (Work)	Getting Remains from
Services at Butters Church Blythedal.	Taking Remains to
Clergyman (Address)	Delivering Box to
Religion of the Deceased . Austria (Address)	Deliver Flowers to
Birthplace	Removal Charges
Resided in the State (or U. S. or City or County) (Years) (Months)	Pall Bearer Service, \$. Use of Chapel, \$.
Place of Death	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death	Personal Service
Contributory Causes	
***************************************	Gross Total for Sales Tax\$
Certifying Physician. (or Coroner)	Outlay for Lot.
His Address	line Death Notices in Papers
Name of Father	Flowers, \$
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother	Opening of Grave or Tomb.
Her Birthplace	Outlay for Shipping Charges
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$Railroad \Tickets,\$Aero-for Motor \text{Motor} Tickets,\$
Size of Casket(State Color and Number)	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced
Interment at MI Pleasant Genetery Grematory	Out of town Undertaker's Charges
Lot No. 2110.	Sales Tax
Grave No.	Total Footing of Bill . O. way 4
	Less Od in full 1/2/19 \$
Section No.	Balance\$
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date . Amount Paid Balance
To Above Balance	To Balance Forward \$
\$	
" " \$ \$	······································
\$	······································
" " \$ S	а в С
* *ssssss	a a\$
Names of Lodges Lodges	Insurance
Insurance \$	ufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay	y the same within
maturity at the rate of % per annum.	Signed
Witness	Address

	RECO	RD C	F FU	JNE	RAL	7		1
Total No. 2.0.3/	Yearly				Date	lan !	1	19.4.
Name of Deceased	au fr	Single A	Ton	☐ Divorced				
Residence adollers Hoe	tfield n	NO.		Husband V	Tite Widow Mac	yaun /	hus	ten
Charge to: Jan Joh	uston			or)		905	00
Address. Hatfuld	mo:		Casket	THE REAL PROPERTY.	THE RESERVE THE PERSON NAMED IN	<u></u>	A.Q.Y.	
Order given by Janu. y. La	we July	uston	Burial Vau	lt or Box				
How Secured,			Embalmin	g Body	(State Kind) (Name of Embalm			
Occupation farmer	9X	one.	Barber, \$.		Hair Dressing	. \$		
Name of Employer	(000181 9600	nty Number)	Dressing B Suit or Dre		Plack Si	ar, s	10	99.
Address			Slippers, \$		(State Kind and Cole Hose, \$	d)		
Date of Death. Jun 8 19	9.4.4		Folding Ch	airs, \$	Tarpaulin,	\$		
Date of Birth. Llug &2	846	(11041)	Door Spra	у, \$	Candles, \$ Gloves, \$			
Age 97	16		Funeral Ca	ır, \$	Ambulance,	\$		
Date of Funeral. 1.11/43	ulo, (Days)	2 PM	Autos to R	. R. Stati	tery @ \$. on @ \$.			
Services at Lane Rock	church	(Hour)	Getting Re	emains fro	m			
Clergyman Maroni T	raxler.		Taking Re		quest			
Religion of the Deceased	(Address)		Delivering	Box to				
Birthplace Canada	0		Deliver Flo Removal C	harase				
Destarate the street	7/ 1	us.	Procuring 1	Burial Per	mit.			
Resided in the State	or County) (Years	(Months)	Certif.C	Copiesof D	mit (State Number a eath Certificates (State Physician's or) Use of Cha	No		
Place of Death. Mual Mea	PLAPIGNE	A Course	Pall Bearer Personal Se	Service,	Use of Cha	pel,\$		
Cause of Death			rersonat 50	ervice				
Contributory Causes								
	D		Gross Tota		Tax	\$	2.9.5	
Certifying Physician. Cecu.	r Coroner)		Cremation					
His Address Bethany	/ Mo :				ces inPap			
Name of Father Autert	onusto	и	Flowers \$	(Names Palm	of Newspapers) 18, \$ Matt	ing &		
His Birthplace	heland	٠,	Rental of T	ent, \$	of Temporary V	ault,\$		
Maiden Name of Mother//@	Ma Hos	tu	Opening of	Grave or	Tomb	ion 9		
Her Birthplace	Rugum	T	Outlay for	Shipping	Charges			,
Motor Remains to	17	1.77	Clergyman Railroad \rm	,\$Si	ngers,\$Orga Aero- Ser	nist,\$		
Size of Casket		hyray,	or Motor 5 11	ckets, \$ one. Cable	or Radio Charg	vice,\$		
Manufactured by R o State G	plor and Number)		Cash Adva	nced				
Interment at	yne.	{ Cemetery Crematory	Out of tow	n Underta	iker's Charges			
· Io	t No							. 9.1 =
			Sales Tax				70 1	13
	ave No	•••••	Total Foot	ing of Bil	5 / 2 Con Jan.	\$ 0	9.7.	95
Sec	ction No		Pa	id in	full four	11/44 3	83	00
Diagram of Lot or Vault Ow	vner		Entered int	o Ledger,	pageor b	elow.	4	
Date	Amount Paid	Balance	Date			Amount Paid	Bala	ance
To Above Balance		s		To B	alance Forward		s	
By Payment	. \$	\$		100	ayment	\$	\$	
	. \$	\$		4	a	\$	\$	
	. \$	\$		"	· #	\$	\$	
	. \$	\$		"	"	\$	\$	
	\$	\$		"		\$	\$	
	8	•				\$	\$	
Na	mes of	********	···	Insura	nce	•l	8	1
Insurance\$Lod	Name of Insurance Insurance Companies Companies Insurance Companies Insurance Insura							
for the payment of aforesaid sum, and I he					(Firm 2	Name of Funeral Dir	ectors.)	
	wremant and	outen to hay	and sittle withi		uays iro	m date. Interes	to accru	e from

RECO	RD	OF	FII	NER	AL
NECO	ND	OI.	10	TATTE OF	

Total No. 2032 Yearly No.	2		Date	pour	197.7
Name of Deceased Frank Lasle	4			(What Race)	
Residence Lamoni Married Single	J A.	idowed Di-	nd Wife Widow (
Charge to: Al Lasley			o.A.f.	\$	100 00
Address Lamert		Complete Funer	al	-	
Order given by al Lasley		Burial Vault or	Box (State Kind)		
How Secured.	- 100	Embalming Boo	ly Yang of Embels		
a Rich nasan		Barber, \$	Hair Dressing	ζ, \$	
Name of Employer. (Social Security No		Dressing Body, Suit or Dress			
Address	100	Slippers, \$	(State Kind and Col Hose, \$	or)	
Date of Death Jaw 13 /44 11.50	AMI	folding Chairs.	S Tarpaulin,	\$	
Date of Birth July 12 /1821	Hour) (Candelabrum, \$	Candles, \$Gloves, \$		
1 1 1 .	1	Funeral Car, \$.	Ambulance,	\$	
Age. (Yearp) (Months) (Days)	1	impusines to (Cemetery @ \$.		
Date of Funeral (Date) (Day of Week) (Hou	M. A	Autos to K. K.	Station @ \$ is from	ida	7.50
Services at . Chapel:	7	Caking Remain	s to		
Clergyman Chas Harpe.	Ş	Trip to Coroner	's Inquest		******
Religion of the Deceased]	Deliver Flowers	to		
Birthplace Mavis City - Ja	1	Removal Charg	PS		
Resided in the State		Procuring Buris	(State Number	and District)	
Place of Death (launda State For	donths) _	Certii.Copie	l Permit. (State Number sof Death Certificates (State Physician's crice, \$ Use of Ch	r Coroner's;	
Cause of Death Chronic alcoholis	un I	Personal Service	лее, ф Ове от Оп Э	apeι, ψ	
Contributory Causes		Gross Total for	Color Tow		
Warran a Daniela		Outlay for Lot			
Certifying Physician Norman M. Meneur		Cremation			
His Address Claruda			Notices in Par		
Name of Father Luclies y a aste	7 1	Flowers, \$	(Names of Newspapers) Palms, \$ Matt \$ of Temporary.)	ting, \$	
His Birthplace	I	Rental of Tent,	\$ of Temporary	Vault, \$	7 00
Maiden Name of Mother Julia Cortru	C	pening of Grave. \$	ve or Tomb. 5.4. M. Lowering Dev	rich S	/.
Her Birthplace. Of eur.	(Outlay for Ship	ping Charges		
Motor Ship Remains to		Clergyman,\$	Singers,\$Org	anist,\$	
Size of Casket		r Motor / Phone.	Singers,\$Org: ,\$Plane Sei Cable or Radio Char	rvice,\$	
Manufactured by Oung (State (S		Cash Advanced			
Interment at Of one Hell	emetery	Out of town Ur	dertaker's Charges.		
Lot No. 36.44					
19. Lot No. 26.4		Sales Tax			100
Grave No		Total Footing	F Bill - 1001/19	/ii v :\$	115 50
Section No		Less		.1./\$	
Diagram of Lot or Yault Owner		Entered into La	Balance edger, pageor	\$	
	Balance	Date	ragor) pago:	Amount Paid	Balance
To Above Balance \$			To Balance Forward	Tanount Tano	Daiance
By Payment S. S.			By Payment		. \$
ss.			# #	8	
				8	8
" " \$ \$			и и	s	3
			u u	. \$	s
* * *			и и	. \$. \$
			# #	. \$. \$
Insurance \$			Insurance Companies		
I hereby authorize the above Funeral, and I hereby represent that		icient resources Le	gally available to	Name of Funeral I	,
for the payment of aforesaid sum, and I hereby covenant and agree	ee to pay t	ne same within	days fr	om date. Intere	rectors.) st to accrue fron
maturity at the rate of% per annum.		Signed.			************
Witness,		Address	·····		

Total No. 2.033	. Yearly N	9,3		/ Date	ek	eu:	2./	1	9.4.5
Name of Deceased	muna	lane	Man	lly					
Residence Davis Ci	ty Ja	Single (A		Divoted uband Wife	Widow } . L.	What R	St	and	ey
Charge to . Mount	* St		Complete Fur				.slo	184	00
Address Davis C	-47		Casket		A 6	0:			
Order given by	(or informant)		Burial Vault		(State Kind)	·u-		1.2.0	00
How Secured			Embalming E	(Name of Embalm	r)_			
Occupation Aucen	(Social Secu	rity Number)	Barber, \$ Dressing Bod	y,\$H	air Dressing	, \$ ar.\$			
Name of Employer			Dressing Bod Suit or Dress	(8)	ate Kind and Colo	- n		!!	2.5.
Address	16/44 2'	45 A NI	Slippers, \$ Folding Chair		. Hose, \$				
//10	(Date) 865	(Hour)	Candelabrum	, \$. Candles, \$.				
Date of Birth. 78	, , , , ,		Door Spray, Funeral Car,	\$. Gloves, \$ Ambulance				
Age(Years)	(Months) (Days)		Limousines to	Cemetery	@\$.				
Date of Funeral. 1/21/44.	(Day of Week)	(Hour)	Autos to R. I Getting Rem						
Services at Chapil	Cantyne - Car	Lewis	Taking Rema	ins to					
Clergyman Chas Da	(Address)	Lewis	Trip to Coror Delivering Bo	er's inque	st				
Religion of the Deceased			Deliver Flower	ers to					
Birthplace . Hause	n Co, Mu		Removal Cha Procuring Bu	rges rial Permit					
Resided in the State	or City-or County) (Year	(Months)	Procuring Bu —Certif.Cop Pall Bearer S Personal Serv	oiesof Deatl	(State Number h Certificates	No			
Place of Death . Dave			Pall Bearer S	ervice, \$. Use of Ch	apel, \$			
Cause of Death Brenchie	I Juemon	<u>.a</u>	Personal Serv	ice					
Contributory Causes									
	P. P. ud		Gross Total f		x		\$	4.15	7.5.
Certifying Physician.	Of Coroner)		Cremation						
His Address Dewe	, city		line Deat						
Name of Father Heury	e ousk		Flowers, \$	(Names of N. Palms, \$	ewspapers) Matt	ing, \$			
His Birthplace	mary		Rental of Ten Opening of G	t,\$of	Temporary V	ault,\$		/2	00
Maiden Name of Mother	Pauline Ca	non.	Lining Grave	, \$L	owering Dev	ice, \$			
Her Birthplace	Jennay		Outlay for Sh	ipping Cha	arges				
Motor Ship Remains to	Vicaral . Mia	Aa	Clergyman,\$ Railroad or Motor Ticke	ets, \$	Aero- Ser	vice,\$			
Size of Casket	Stage Color and Number)		Telegr., Phon	e, Cable or	Radio Charg	es			
Manufactured by Reg. W	udun.	(Cemetery	Cash Advanc						
Interment at		{ Cemetery Crematory							
	Lot No		Sales Tax					4	15-
	Grave No		Total Footing				\$.:	1.3.1	9.0.
	Section No		Less 5 / ou	1115	30170		\$.20	9.0
Diagram of Lot or Vault	Owner		Entered into		Balance		.\$ /	7.1.1.	0
Date Date	Amount Paid	Balance	Date	Leuger, par	50	Amount	Poid	Bala	nno
			٥	m. p.1	e Forward				Ī
To Above Balance	830000	\$ 111 0	1.1	By Payme		2		\$s	
Feb 29 " "	\$ 111 00	s.				\$		\$	
	Policie ful	8l				\$		\$	
" "	s	\$		и и		\$		\$	
	\$	\$				\$		\$	
" "	\$	\$			**********	\$		\$	
" "	Names of	 		Insurance		0		3	1
Insurance \$	Lodges			Insurance Companies	ila ta				
I hereby authorize the above Funers for the payment of aforesaid sum, a						Name of Fun m date. I	eral Dir	ectors.)	e from
for the payment of aloresaid sum, a maturity at the rate of		a agree to pay	Signed					Lo acero	- Hold
Witness			Addre						
Witness	Cor	npiled by F. J. F	EINEMAN, St. Louis						

Total No. 2034. Yearly No.	4 Date Jan 22 1944
Name of Deceased Marly June Bar	(Sufaut) Widowed Divorced (What Race)
Residence	Husband Wife Widow /
Charge to Irving le Chathe	or of §
Address,	Complete Funeral
Order given by above	Casket 12 50
How Secured (or informant)	Burial Vault or Box (Sign King) kq ,
	Embalming Body (Name of Embalmer) Barber, \$
Occupation (Social Security Number) Name of Employer.	
Address	Suit or Dress
4 4	
	Folding Chairs, \$. Tarpaulin, \$. Candelabrum, \$. Candles, \$.
	. Door Spray \$ Cloves \$
Age. (Years) (Months) (Days)	Funeral Car, \$ Ambulance, \$ Limousines to Cemetery. @ \$1.00 Cly
Date of Funeral. (Nearth) (Months) (Days) (Date) (Day of Week) (Hour)	Autos to R. R. Station @ \$ Getting Remains from Alon
a grave	
Clergyman Louis Landsburg	Taking Remains to Trip to Coroner's Inquest
Religion of the Deceased	Delivering Box to
Birthplace Lew Hospital	Deliver Flowers to
D. 11.11 (1.00)	Procuring Burial Permit.
Place of Death Len Yas, or City or Country (Years) (Months)	Procuring Burial Permit Certif. Copiesof Death Certificates No. Pall Bearer Service, (State Number and District) Pall Bearer Service, (State Number of Corporate), Use of Chaptel, \$
Place of Death	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death. Survature birth	Personal Service
Contributory Causes	
	Gross Total for Sales Tax \$. 20 00
Certifying Physician. N. R. Brown'	Outlay for Lot.
Tr: Add	line Death Notices in Papers
Name of Father Irvin Lee Gathe	
money Werater Co. La	Flowers, \$
Maiden Name of Mother Lillian Jiene Woods.	Rental of Tent, \$ of Temporary Yault, \$ Opening of Grave or Tomb to A. Manuell. 4 0 0
Her Birthplace. Decatus County	Lining Grave, \$Lowering Device, \$
Motor) -	Outlay for Shipping Charges.
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$Aero-Service,\$
Size of Casket 2/ P	Telegr., Phone, Cable or Radio Charges
Manufactured by (State Palor and Number)	Cash Advanced
Interment at Lillie Cemeters	7
Lot No.	Sales Tax 200 190 25
Grave No	Total Footing of Bill 9 24 do
Section No	Raid in full 1/25/44
Diagram of Lot or Vault Owner	Less Paul in Sull 1/25/44 \$ Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance, g	Amount I aid Balance
By Payment S s	To Balance Forward \$
" " S &	By Fayment\$\$
ssssss	« « • • • • • • • • • • • • • • • • • •
" " \$ \$	я я у , , , , , , , , , , , , , , , , ,
* *\$	a a s
	ж н \$
	я и \$ \$
Names of Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have su	afficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay	(Firm Name of Funeral Directors.) the same within
maturity at the rate of% per annum.	Signed
Witness	Address

RECORD	OF	FUNERAL
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Total No. 20.35 Yearly No	5 Date
Name of Deceased	Widowed Divorced (What Race)
Residence Lamorii Ja	#Husband Wife Widow }
Charge to G.A.O.	Complete Funeral to QA.P. \$ 100 00
Address	Casket
Order given by(or informant)	Burial Vault or Box
How Secured	Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$
Occupation farming (Social Security Number)	Barber, \$ Hair Dressing, \$. Dressing Body, \$ Underwear, \$
Name of Employer, retered	Dressing Body, \$ Underwear, \$ Suit or Dress Blue AR Suit 10 00
Address	Slippers, \$
Date of Death 1/2 4/44 //3°AM	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth. 4/. 4./. 1868	Door Spray, \$
Age. 75 9 20	Funeral Car, \$ Ambulance, \$
Date of Funeral 1/2 6/44 Week. 2. P. M.	Autos to R. R. Station
Services at Chefel (Day of Week) (Hour)	Getting Remains from
Clergyman arthur Lane	Trip to Coroner's Inquest
Religion of the Deceased(Address)	Delivering Box to Deliver Flowers to
Birthplace Fayette County, Da	Removal Charges
Resided in the State lefetime	Procuring Burial Permit. (State Number and District)
Place of Death. Low Hospital (Months)	Procuring Burial Permit. Certif. Copiesof Death Certificates No. Cartif. Copiesof Death Certificates No. Pall Bearer Service, \$. Use of Chaptel, \$.
Cause of Death Least trouble	Personal Service.
Contributory Causes.	Gross Total for Sales Tax
Certifying Physician In Barman	Outlay for Lot 40 1/2 Lot # 5 3 3 20 00
His Address	Cremation
(
Name of Father John Smith	Flowers, \$. (Names of Newspapers) Matting, \$
His Birthplace Scotland	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb. A NA RShall 800.
Maiden Name of Mother. Synthia Cofelland Her Birthplace Rugue	Lining Grave, \$ Lowering Device, \$
Motor Remains to	Outlay for Shipping Charges. Clergyman.\$. Singers.\$ Organist.\$
1 11 /13	Clergyman,\$. Singers,\$. Organist,\$. Railroad Tickets,\$. Aero- or Motor Tickets,\$. plane Service,\$.
Size of Casket	Telegr., Phone, Cable or Radio Charges
Lot No. 533-	Sales Tax
Grave No/	Total Footing of Bill \$ 1.3.8.00
Section No	Less pd by ellatives 125/44 \$ 38 00
Diagram of Lot or Vault Owner.	1/3/1/43 Polisanofoll, 3/17/44. \$ 100.00
	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
	To Balance Forward \$
By Payment \$	By Payment \$ \$
и и е е	* "
* * s s	" " g g
\$\$	
* *	" " ss.
Names of Lodges	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have s	m
for the payment of aforesaid sum, and I hereby covenant and agree to pay	unicient resources Legally available to (Firm Name of Funeral Directors.) the same within
maturity at the rate of % per annum.	Signed
Witness	Address
Compiled by F. J. F	FEINEMAN, St. Louis, Mo.

Total No. 2036			la	m 28	1944
0	Yearly No	Po	Date	///	
Name of Deceased	ade J. Africa	Willwed	Divorced	(What Race)	
	Lauri	Пни	band Wife Widow of		
Charge to		· Complete Form	eral	s	100 00
Address	.,,	Casket	eral		
Order given by Fred Bet	lleutyw	· · · Burial Vault o	n Dou		
How Secured	or informant)	Embalming Be	(State Kind)		
Occupation farm labo	rer none	Barbar &	(Name of Embala Hair Dressing	or S	
	(Social Security Number	Dressing Body	. \$ Underw	ear,\$	
Name of Employer	***************************************	· · Suit or Dress .	(State Kind and Col		
Address	10.44	·· Slippers, \$			
Date of Death. Jaw. 26	1944 10 PM	Candelabrum	s, \$Tarpaulin, \$Candles, \$	\$	
Date of Birth. Jou 8	1866	Door Spray, \$			
Age	B 18	Funeral Car, §	Ambulance,	\$	
Date of Funeral. 1/28/99	Months) (Days)	Autos to R R	Cemetery @ \$. Station @ \$.		
(Date) o (I	Day of Week) (Hour)	Getting Rema	ins from		
Services at . Chapu.	1 B	·· Taking Remai	ns to		
Clergyman. Art. Lane.	(Address)	Delivering Ro	er's Inquest		
Religion of the Deceased		· Deliver Flower	rs to		
Birthplace a goley U	tali	Removal Char	ges		
Resided in the State		Procuring Bur	(State Number	and District)	
Place of Death Audl, W	City or County) (Years) (Month	D. II D G	ial Permit. (State Number tes of Death Certificate: (State Physician's crvice, \$ Use of Ch	or Coroner's;	
Cause of Death		Personal Servi	ce	арег, ф	
Contributory Causes		G			
V D D	Brown.	Gross Total fo Outlay for Lo	r Sales Taxt	\$	10 00
0 000 0	(oz,Coroner)	· · Cremation			
His Address Lauri	Ja.	The state of the s	n Notices in Par		
Name of Father. John Ha	way	·· Flowers, \$	(Names of Newspapers) Palms, \$ Mati	ting, \$	
His Birthplace	Ø:	Rental of Tent	\$of Temporary ave or Tomb	Vault, S	7 00
Maiden Name of Mother Ay	wid Johnson	Upening of Gr	\$ Lowering Dev	rice. \$	/.
Her Birthplace	not known	Outlay for Shi	pping Charges		
Motor Remains to		Clergyman,\$.	Singers,\$Orga	anist,\$	
Size of Casket O. D.	.,	or Motor STICKE	Singers,\$Orgats, \$Aero-Sen plane Sen , Cable or Radio Char	rvice,\$	
Manufactured by . Reine (Sta)	(Coltrary (umber)	Cash Advance	d		
Interment at	Ne Hell Cemet	Out of town U	Indertaker's Charges.		
	Lot No. 6. 4. 9 single		· · · · · · · · · · · · · · · · · · ·		
		Marion Rain 111		=	A.D
	Grave No	Total Footing	of Bill		11.7. 00
4	Section No	Less A.O.	7,0000.	\$	17 00
Diagram of Lot or Vault	Owner	Claim feled	1/31/43 Balance). (Z/	1.0.0. 0.0.
Date Date			leuger, page (. j. zour)	POLOW 43	
	Amount Paid Balan	ce Date		Amount Paid	Balance
To Above Balance	\$		To Balance Forward		\$
By Payment	\$		By Payment	\$	\$
	\$		a	\$	\$
	\\$\\$		* *	\$	\$
			* * ***********************************	\$	\$
	\$			\$	\$
я в			и «		\$
	Names of		Insurance	10	<u>s</u> .
	Names of Lodges		Insurance		
I hereby authorize the above Funeral, a for the payment of aforesaid sum, and				Name of Funeral Dire	ectors.)
maturity at the rate of			······	om date. Interest	to accrue from
		Signed.			
Witness	Compiled by F.	Address , PEINEMAN, St. Louis,			

Total No. 2037 Yearly No	Date Feb 2 1944
Name of Deceased. Sara aun Ho	sigas) w
Residence, Hasting, Sa Married Single	Wishwed Divorced (What Race)
Charge to	orof)
Address	Complete Funeral Sup Cu
Order given by	Casket Burial Vault or Box
How Secured (or informant)	(State Kind)
Occupation	Barber, \$
Name of Employer. (Social Security Number)	Dressing Body, \$
Address	Slippers, \$
Date of Death	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. (Date) (Hour)	Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$.
Age	Funeral Car, \$Ambulance, \$
	Limousines to Cemetery
Date of Funeral 1/2/44 Weld 2, 300 M Services at Charlel (Day of Week) (Hour)	Getting Remains from
Ciergyman Col Gleager, art Lane	Taking Remains to. Trip to Coroner's Inquest
Ciergyman Ca Sague, Col	Delivering Box to
Religion of the Deceased . L. 19 . (Address)	Deliver Flowers to
Birthplace	Removal Charges
Resided in the State	Certif. Copies of Death Certificates No
Place of Death Hastings, Ja	Procuring Burial Permit. —Certif.Copiesof Death CertificatesNo. Pall Bearer Service, \$ "Use of Chaple," \$ "
Cause of Death.	Personal Service.
Contributory Causes.	
	Gross Total for Sales Tax\$
Certifying Physician.	Outlay for Lot.
His Address	line Death Notices in Papers
Name of Father.	(Names of Newspapers)
His Birthplace	Flowers, \$. (Names of Newspapers) Matting, \$ Rental of Tent, \$Co. Tetrylected Wedit, \$. 500 Opening of Grave or Tomb.
Maiden Name of Mother	Opening of Grave or Tomb. 9.00
Her Birthplace	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.
Motor Remains to	Outlay for Shipping Charges 20 Clergyman, \$ Singers, \$ Corganist, \$ 6 0 0 Railroad Tickets, \$ Aero-Service, \$ plane Service, \$
Size of Casket	or Motor / Tickets, \$ plane Service, \$ Telegr. Phone Cable or Radio Charges
Manufactured by	Telegr., Phone, Cable or Radio Charges. Gash Advanced Wit of Chapil 500
Interment at Rose Will Cemetery	Out of town Undertaker's Charges
Lot No 820	Profferend Serves 1200
Grave No	Total Footing of Bill \$ 4850
	Tage of Lilli.
Section No.	by M manifild malorin \$
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward \$
* * * * * * * * * * * * * * * * * * * *	\$ \$
	······································
	" " \$ \$ \$
* * \$ \$	* * * \$
Insurance \$ Names of Lodges.	Insurance Companies
Insurance \$Lodges I hereby authorize the above Funeral, and I hereby represent that I have st	Malant annual Towns 1999 1999
for the payment of aforesaid sum, and I hereby covenant and agree to pay	
maturity at the rate of % per annum.	Signed
Witness	Address
Compiled by F. J. F	EINEMAN, St. Louis, Mo.

RECORD OF FUNERAL	RECORD	OF	FUNER	AL
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Total No. 20 38		9			- 83	19 4.9.
	Yearly No	60		Date	iv	
Name of Deceased	Married Sing	the B	1/ -	ivorced	(What Race)	
Residence				and Wife Widow		
Charge to:			A STATE OF THE STA	111	Su. 8	
Address	,		Casket	7		
Order given by Clate Ba	iti		Casket Burial Vault of	. Roy		
How Secured	informant)		Embalming Bo	(State Kind		
Occupation			Barber, \$		ng, \$	
Name of Employer	(Social Security		Dressing Body	\$Under	wear, \$	
Address			Suit or Dress	(State Kind and C	iolor)	
	944		Slippers, \$ Folding Chairs		. S	
Date of Death.		(Hour)	Candelabrum,	\$Candles,	\$	
Date of Birth. Www a 18			Door Spray, \$	Gloves, \$		
Age	aths) (Days) hus		Limousines to	Cemetery @ §	ξ, Φ	
Date of Funeral. 7.3/9.4	huis		Autos to R. R.	Station @ \$		
Services at andone	church		Taking Remai	ns from		
Clergyman aut Lane			Trip to Corone	r's Inquest		
Religion of the Deceased	(Address)		Deliver Flores	tos to		
Birthplace Kewanee	. IPV.		Removal Chan	700		
Resided in the State	1		Procuring Buri	al Permit	e and District	
(or U. S. or Ci	y gar County) (Ygars)	(Months)	Certif.Copi	al Permit. (State Numbers of Death Certificat (State Physician) vice, \$ Use of C	esNo	
Place of Death. Maukal	O hand		Pall Bearer Ser Personal Service	vice, \$ Use of C	hapel, \$	
	Thromba		rersonal Servic			
Contributory Causes. Pull	mana				<u></u>	
			Gross Total for		\$	
Certifying Physician . B. A.	rey		Outlay for Lot Cremation			
His Address . Marsha	Ulinu		line Death	Notices in Pa		
Name of Father				(Names of Newspapers) Palms, \$ Ma		
His Birthplace			Flowers, \$ Rental of Tent	.Palms, \$ Ma \$ of Temporary	tting, \$	
Maiden Name of Mother			Opening of Gra	ve or Tomb		
			Lining Grave,	Lowering D	evice, \$	
Her Birthplace			Clergyman, \$	pping Charges Singers,\$Or	ganist.\$	
Motor Ship Remains to			Railroad or Motor Ticket	Singers,\$Or s,\$Pane S	ervice,\$	
Size of Casket (State	Color and Number)		Telegr., Phone,	Cable or Radio Cha	rges	
Manufactured by			Cash Advance	ndertaker's Charges		
Interment at	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Cemetery Crematory	Profession	ndertaker's Charges yet service Equefuen	and	
L	ot No		Sales Toy	Eguquen		.2000
	rave No		Total Footing	of Bill 4 4 / /	\$	20 00
			Less	1 En full 73/9	'Ys	
s	ection No			Balance		
Diagram of Lot or Vault O	wner		Entered into L	edger, pageor	below.	
Date	Amount Paid	Balance	Date	leselland in	Amount Paid	Balance
To Above Balance	s			To Balance Forward.		
By Payment	\$			By Payment		
и и	\$			и и		
	\$\$			и и		
# #	\$			и и	\$	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				и «	\$	
	\$			и «	\$	
	ss			# # sssssss	\$	
	ames of odges			Insurance .Companies		
I hereby authorize the above Funeral, and					m Name of Funeral Dire	three)
for the payment of aforesaid sum, and I		ree to pay t	he same within	days	rom date. Interest	to accrue from
maturity at the rate of%	per annum.		Signed.			
Witness		d but the waren	Address INEMAN, St. Louis, I			
	Compile	by F.J. FE	HADWAY, OF TORIS'			

Total No. 2039 Yearly No 9		Date. Fe	610		1044
Name of Deceased Dora Minth	orn	Date	w	******	101.1.
Residence. Willerton & Married Single		Divorced	(What Race)		,
Charge to Maynard Mutham	Or.	sband Wife Widow Ma	yuard K	unti	hor
Address Belleton, La	Complete Fun	eral	\$	28.5	00
Order given by above	Casket				
How Secured(orinformant)	Burial Vault				
Occupation Housewife une	Embalming B	(Name of Embala	ner)		
Name of Employer (Social Security Number)	Barber, \$ Dressing Body	Hair Dressin 7,\$Underw	g, \$ year. \$		
Address	Suit or Dress.	(State Kind and Co			
	Slippers, \$				
Date of Death Feb 6 1944 955 PM Date of Birth. Llc. 3 (Date) 1896 (Hour)	Candelabrum,	s, \$Tarpaulin, \$Candles, \$	\$		
Date of Birth. C.C. 3 /8 7	Door Spray, \$	Gloves, \$.			
Age. 17. Grandy Charles Charge Charge Services at M. C.	Limousines to	Cemetery @ \$	\$		
Date of Funeral. 7/10/44 Thus I P M	Autos to R. R.	Station @ \$.			
Services at M. E. Church, Kellerton	Taking Remai	ins from			
Clergyman, Court	Trip to Corone	er's Inquest			
Religion of the Deceased	Deliver Flower	to			
Religion of the Deceased. (Address) Birthplace Decatus County , Jan	Removal Char	ges			
Resided in the State Ufiture	Procuring Bur	ial Permit	and District)		
Place of Death Ja, Mith Horn Wey Mounts)	Certif.Copi	ial Permit. (State Number esof Death Certificate (State Physician's crvice, \$ Use of Ch	SNO		
Cause of Death. Myrcardial failure	Personal Servi	rvice, \$ Use of Ch	apel, \$		
Contributory Causes					
Community Causes	Gross Total for	r Sales Tay	· · · · · · · · · · · · · · · · · · ·	285	00
Certifying Physician, CB, Luguibull	Outlay for Lot				
His Address Des Morney da	Cremation	Notices in Par	ers		
Name of Father N. S. B ortlot					
His Birthplace. Jel:	Flowers, \$	(Names of Newspapers) Palms, \$ Mati	ing, \$		
Maiden Name of Mother Raches Wouvell	Opening of Gra	\$of Temporary Vive or Tomb & A.M.	auskall	10	00
Her Birthplace. Jel	Lining Grave,	\$ Lowering Dev	rice, \$		
Motor)	Clergyman,\$	pping Charges	nist.\$		
Ship Remains to & acceptance Size of Casket & Mile X 232 N. (State Color and Number)	Railroad or Motor Ticket	Singers,\$Orga s, \$Plane Ser	vice,\$		
Manufactured by R. C. O. T. (State Color and Number)	Telegr., Phone,	Cable or Radio Char	ges		
Interment at Roll Hill (Cemetery Crematory		ndertaker's Charges			
Crematory					
Lot No /46 0	Sales Tax			å	85
Grave No	Total Footing	of Bill		2.7.7.	85
Section No	Less Des		\$. 1.4. 9	10
Diagram of Lot or Vault Owner	Patenad into T	Balance edger, pageor b	\$.8.3.	
Date Amount Paid Balance	Date Date	euger, pageor i			
To Above Balance 283 45	Date		Amount Paid	Bala	nce
7/19/ 4 By Payment A . \$173 45 \$1/0 4.	5-	To Balance Forward		\$	
2/14/94 " " cash \$ 10 00 \$100 00		By Payment	\$	\$	
3/18/44 " eh \$ 100 00 5	-	и и	\$	\$	
" " Pof sin full; 3/18/44		" "	\$	\$	
ss		« «	\$	\$	
" " \$ \$		« «	\$	s	
		к и	s	\$	
Insurance \$ Names of Lodges.		Insurance Companies	***********		
I hereby authorize the above Funeral, and I hereby represent that I have su for the payment of aforesaid sum, and I hereby covenant and screen to new	fficient resources Leg	rally available to (Firm 1	Name of Funeral Dir	ectors.)	****
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of% per annum.	ene mane wienni		m date. Interes	to accrue	from
Witness	Signed				
Withten the second seco	Address.				

184	RECO	RD O	F FU	NERAL			
Total No. 2040	Yearly N	0 10	<u> </u>	Date	eb 13	1	9.4.4.
	ary a. 1	Wader	_				
2	Married	Single 📈	Widowed	Divorced	col Mad	er.	
Residence. Lamoru			or	asband Wife Widow de Ja	79.7		
Charge to				neral	<u></u> \$.	317	00
Address	This	M c. O.	Casket				
(0	reder Spia	<i>y</i>	Burial Vault	or Box (State Kind)			
How Secured			Embalming I	(Name of Empara	ner)		
Occupation Housewife	(Social Secu	rity Number)	Barber, \$	y,\$Underv	ear,\$		
Name of Employer			Suit or Dress	(State Kind and Co	tor)		
Address	1944	1115	Slippers, \$	Hose, \$			
Date of Death Feb 8	9)	(Hour)	Candelabrum	rs, \$Tarpaulin, , \$Candles, \$			
Date of Birth, Alland	20 /83/		Door Spray.	SGloves, D.			
Age(Years) (Mc	o /8		Limousines to	\$Ambulance, Cemetery@\$			
Date of Funeral. 7/19/4.4.	un.	130 P.M.	Autos to R. I	R. Station @ \$			• • • • • • • • • • • • • • • • • • • •
Services at Chapel	· San	(11001)	Taking Rema	ains from			
Clergyman . J. A. Sunsa	lley, J. O.	an.	Trip to Coron	er's Inquest			
Religion of the Deceased.	O.S. (Address)		Delivering Bo	ers to			
Birthplace . Switzerla	ud		Removal Cha	rges			
Resided in the State			Procuring Bu	rial Permit	and District)		
Place of Death. Lamoru	ity or County) (Year) (Months)	Dell Person C	rial Permit(State Number oles of Death Certificate (State Physician's ervice, \$ Use of Ch	or Coroner's;		
Cause of Death. Cardiac	asthru	a	Personal Serv	ice	ιαροί, ψ		
Cause of Death	,						
Contributory Causes		• • • • • • • • • • • • • • • • • • • •	Cross Total f	or Sales Tax	9	317	00
v Q. (Brown.		Outlay for L	ot			
Certifying Physician . K. Ch	(or Coroner)		Cremation	h Notices in Pa			
His Address . Lamori	Za - 0.						
Name of Father John M	tuelend		Flowers, \$	Palms, \$ Mat	ting, \$		
His Birthplace.	zenano.		Rental of Ten	t,\$of Temporary rave or Tomb AM	Vault \$	10	00.
Maiden Name of Mother John	rua 18, Win	uscopers	Lining Grave	\$Lowering De	vice, \$		
Her Birthplace	ngerlan		Outlay for Sh	ipping Charges			
Motor Remains to	··· 07- 4		Railroad Tick	Singers,\$Orgets, \$Singers,\$Sets, \$Sets, \$Sets, \$Sets, \$Sets, \$\frac{Aero-plane}{plane}\$ Sets, \$\	rvice \$		
Size of Casket Tile Velou	Color and Number)	10	Telegr., Phon	e, Cable or Radio Char	ges		
	son Cashe	7.00					
Interment at	e Hill	{ Cemetery Crematory	Sextor	Undertaker's Charges.	moving		
I	Lot No7.7.	3	Sales Tax			3	77
	Grave No3		Total Footing			330	17
The second secon			LessPo	fin full Feb	21/44	7.9.5.	
	Section No			Balance			
Diagram of Lot or Vault	Owner		Entered into	Ledger, page or	below.		
Date	Amount Paid	Balance	Date		Amount Paid	Bali	
To Above Balance		s	No see 1	To Balance Forward		Dan	1
By Payment	\$	\$		By Payment.		\$	
# #	\$	\$		и и	8	\$	
" "	\$	\$. и и		6	
и и и	\$	\$		и и	\$	\$	
	\$	\$		и и	. \$	\$	
		\$		· # 4 ······	. \$	\$	
Name of the same o	[ames of	la		T	. \$	\$	l
Insurance \$	lames of odges			Insurance Companies			100
I hereby authorize the above Funeral, an	d I hereby represent	that I have su	Miclent resources I	egally available to	Marris Marris		
for the payment of aforesaid sum, and I maturity at the rate of%		d agree to pay			Name of Funeral Dis om date. Interes	t to accru	e from
			Signed				

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Total No., 2.0.4%	Yearly No//		DateF.e	6 13	1944
Name of Deceased Kather		a Bier	lein	(What Pena)	
Residence: Lamon, S	3	Hust	and Wife Widow } . La	muel se	clein
Charge to: _estatu					397 00
Address		Casket	ral		
Order given by Jule Wierle		Burial Vault or	Box Ruck o. Li	to vault	20 80
How Secured		Embalming Bo	dy(State Kind)	er)	
Occupation Harsewife	(Social Security Number)	Barber, \$	Hair Dressing	, \$	
Name of Employer	· · · · · · · · · · · · · · · · · · ·	Dressing Body			
Address		Slippers, \$	(State Kind and Col. Hose, \$	#)	
Date of Death. Feb 9,1944	L' 40 8M	Folding Chairs	\$Tarpaulin, BCandles, \$.	\$	
Date of Birth. Man 12 Date 9		Door Spray, \$			
Age(Years) (Months)	2.7	Funeral Car, \$ Limousines to	Ambulance, Cemetery @ \$.	\$	
Date of Funeral. 2/13/44	3. Р.м.	Autos to R. R.	Station @ \$.		
Services at Charles	(mour)		ns froms to		
Clergyman Fred De Long		Trip to Corone	r's Inquest		
Religion of the Deceased d.d	(Address)	Delivering Box Deliver Flowers	to		
Birthplace . Sermany		Removal Chare	PR		
Resided in the State. 27	nty) (Years) (Months)	Cortif Conic	Al Permit(State Number	and District)	
Place of Death. Lamon.	La (xears) (atouths)	Pall Bearer Ser	al Permit. (State Number esof Death Certificates (State Physician's evice, \$ Use of Ch.	Coroner's;	
Cause of Death. Cause of Death.	- MA	Personal Service	e		
Contributory Causes	ina .				*****
		Gross Total for		\$ 5	1.7. 0.0.
Certifying Physician		Cremation			
His Address		line Death	Notices in Pap	ers	
Name of Father. Jacob Hau	ber	Flowers \$	(Names of Newspapers) Palms, \$ Matt	ing \$	
His Birthplace Serve		Rental of Tent,	\$of Temporary \	ault, \$	
Maiden Name of Mother No. *	ordin	Opening of Gra Lining Grave, 9	ve or Tomb Lowering Dev	rice \$	
Her Birthplace Ser	many.	Outlay for Shir	ping Charges		
Motor Ship Remains to	,,	Clergyman, \$ Railroad \ Ticket	Singers,\$Orga s,\$Plane Ser	nist,\$	
Size of Casket . Rud Cud Star	Number)	Telegr., Phone,	Cable or Radio Charg	ges	
Manufactured by		Cash Advanced	dertaker's Charges.		
Interment at	Cemetery Crematory	· · · · · · · · · · · · · · · · · · ·	idertaker's Charges		
Lot No.		Sales Tax			577
Grave N	Jo	Total Footing	of Bill	s 5	2217
			in full 2/28/	y. y \$	
Section			Balance. 47.6		
Disgram of Lot or Vault Owner .		Entered into L	edger, pageor b	elow.	
Date Am	ount Paid Balance	Date		Amount Paid	Balance
To Above Balance	\$		To Balance Forward		
	\$		By Payment	\$	
				2	
" " S	s		4 4	\$	
4 4 \$	ş		и и	\$	3
	\$		« «	\$	B
	ss			s	<u></u> .
Insurance \$ Names of Lodges			Insurance Companies		
I hereby authorize the above Funeral, and I here	by represent that I have suf	licient resources Le	gally available to (Firm	Name of Funeral Dire	ctors.)
for the payment of aforesaid sum, and I hereby	ovenant and agree to pay	the same within	days fro	m date. Interest	to accrue from
maturity at the rate of % per annual	un.	Signed.	****************	************	
Witness	Compiled by F. J. FE	Address INEMAN, St. Louis, A	fo.		

Total No. 2042 Yearly No	Date March 1944
Nome of De a Sulant Dayatty of W	Layne M. Farland. w
☐ Married ☐ Single ☐	Widowed Divorced (What Race)
Residence. Charge to: Wayne M! Farland	orof
Address.	Complete Funeral \$ /2 50
Order given by	Casket
How Secured (or informant)	Burial Vault or Box(State Kind)
0	Embalming Body
Name of Employer. (Social Security Number)	Dressing Body, \$
Address	
Date of Death Feb 29/44 5- PM.	Suit or Dress
Date of Birth. Stell (35 on. (Hour)	Candelabrum, \$ Candles, \$
Age.	Door Spray, \$ Gloves, \$
Date of Funeral Man / 44 Wash Date of Funeral (Date) (Date) (Date) (Date) (Day of Week) (Hour)	Limousines to Cemetery @ \$
Date of Funeral. (Date) (Day of Week) (Hour) Services at .: (Hour)	Autos to R. R. Station @ \$
Services at	Taking Remains to
Clergyman . art Love . (Address)	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace	Removal Charges. Procuring Burial Permit.
Resided in the State (or U.S. or Cippor County) (Yours) (Months)	Procuring Burial Permit. —Certif.Copiesof Death CertificatesNo. Pall Bearer Service, \$. Use of Chapel, \$.
Place of Death. I catu Co. Harfy (Months)	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death	Personal Service.
Contributory Causes	
Continue De Reed.	Gross Total for Sales Tax\$ Outlay for Lot
Certifying Physician. Of Coroner)	Cremation
His Address	line Death Notices inPapers
Name of Father Wayne Metarland	Flowers, \$. (Names of Newspapers) Matting, \$
His Birthplace Hamson Co, Mo	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Allela Smith	Opening of Grave or Tomb
Her Birthplace Namion Co. Mo.	Outlay for Shinning Charges
Motor Ship Remains to	Clergyman,\$Singers,\$. Organist,\$. Railroad Tickets,\$plane Service,\$. Telegr., Phone, Cable or Radio Charges.
Size of Casket / O (Spate Color and Number)	Telegr., Phone, Cable or Radio Charges
	Cash Advanced. Out of town Undertaker's Charges
Interment at Rose Hell (Cemetery	
Lot No. /34	Sales Tax // 3
Grave No. 1 # 2	Total Footing of Bill A
Section No.	Less Jan full s
	() acc Balance 4/2 1/9 4
Distram of Pot of Amost	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
	To Balance Forward\$
By Payment \$ \$	\$ \$ \$
# # e e	***************************************
a a 8 8	" " \$ \$ \$
Names of Lodges	Insurance
Insurance \$. Lodges. I hereby authorize the above Funeral, and I hereby represent that I have st for the payment of aforesaid sum, and I hereby covenant and agree to pay	efficient resources Legally available to
	atteress to accrue from
maturity at the rate of % per annum.	Signed
Witness	Address

Total No. 2.0.7.4	. Yearly N	0	3	Date.		naic	k		194.4.
Name of Deceased	rank C	Coch	rau						
Residence Horfolk	10 Married	Single K		Divorced		(What F	tace)		
	·		□Husl	band Wife Wi	of }				
Charge to:	•••••		Complete Fun	CHARLES AND ADDRESS OF THE PARTY OF THE PART	Mi	6 Ju	18		
Address			Casket	ciai,	7				
Order given by	(or informant)		Burial Vault o	r Box	State Kind)				
How Secured			Embalming Bo						
Occupation Lieen House	Chop.		Barber, \$	Ha	me of Embalm r Dressing	, \$			
Name of Employer	(Social Secu	nty Number)	Dressing Body Suit or Dress.		Underwe				
Address			Slippers, \$	(Stat	Kind and Cole lose, \$	t)			
Date of Death. May 3 0		19:15AM.	Folding Chairs	, \$	arpaulin,	\$			
Date of Birth, May 30	(Date) 8 6 7	(Hour)	Candelabrum, Door Spray, \$	\$	Candles, \$.				
Age about 77 (7	6 420 9 M. 40	lays.	Funeral Car, \$	Aı	nbulance,	\$			
Date of Funeral. 3/8/44	(Months) (Days)	2/30 M	Limousines to Autos to R. R.						
Services at Collision	(Day of Week)	(Hour)	Getting Remai	ins from					<i></i>
	~ <u>``</u> `````		Taking Remain						
Clergyman . T. G. Beg	/0 (Address)		Trip to Corone Delivering Box						
Religion of the Deceased		. K	Deliver Flower	s to					
Birthplace Mics	regan (M)	seus)	Removal Charge Procuring Buri						
Resided in the State	or City or County) (Years	(Months)	Certif Coni	esof Death (tate Number	nd District)			
Resided in the State	Hes) (atonias)	Pall Bearer Ser	vice \$	e Physician's or	Coroner's;			
Cause of Death . Brouch		a					,		00
Contributory Causes			heave, or	u can a	ud ege	upmeng		2.5	
Containation Causes			Gross Total for	Sales Toy			· ·		***
Certifying Physician	lahuson		Outlay for Lot						
His Address . Norfal	(or Corongt)		Cremation	NT-street in			.		
His Address			Coli	Notices in	Rent	zil		3	00
Name of Father. Asa	v (Murion)		Flowers, \$.Palms, \$.	Matt	ing, \$			
His Birthplace	110 021		Rental of Tent, Opening of Gra	\$of Te	mporary V	ault,\$.	.	10	00
Maiden Name of Mother	asu C Cocu	2000)	Lining Grave.	8Tov	ering Dev	ice. S		/9.	
Her Birthplace O. lii	N. (Marriago Vic	440/	Outlay for Shir Clergyman,\$ Railroad or Motor}Ticket	pping Charg	es		.	2	
Motor Ship Remains to			Railroad Ticket	Singers,	Aero- Sor	nist,\$			7.7
Size of Casket	State Color and Number)		Telegr., Phone,	Cable or R	adio Charg	es			
Manufactured by			Cash Advanced	d					
Interment at Ro	se Hill	{ Cemetery Crematory	Out of town U	ndertaker's	Charges				
	Lot No. 195	200		. 20	176 1 1 1 1 1 1 1	w			
			Sales Tax		با مبدر بی	ay		411	
	Grave No	•••••	Total Footing	of Bill	00	• • • • • • •	\$	77.	
	Section No		Less / by	infa	1-Ma	1.8/4	-		
Diagram of Lot or Vault	Owner		Entered into L		ance	elow.			
Date	Amount Paid	Balance	Date	1		Amount	Data	Bal	
		Datatice	Date			Amount	raid	Date	ance
To Above Balance		\$		To Balance				\$	
By Payment	\$	\$		By Payment		\$		\$	
4 4	8	•				\$		\$	
	8	s				9		•	
	ss.	\$		и и		s		3	
	s	\$		и и		\$		3	
	s	\$		и и		\$		s	
Insurance \$	Names of Lodges			Insurance	Acres -				-110
I hereby authorize the above Funera		that I have su	flicient resources Le	. Companies gally available	to				*****
for the payment of aforesaid sum, at						Name of Fun m date.	eral Dir	t to accri	e from
maturity at the rate of			Signed.					meri	- Holl
Witness			Address						
	Con	orded by P. T. P.	DIMPMAN OF Lonis 2	Ma					

Total No. 20.44	Yearly N	io	·····	Date		erch 1.2	.	19 %.
Name of Deceased	yary Elle	eu M	CElin	1.:		(What Race)		
Residence Lamoni	Married	Single I	ПВин	Divorced band Wife Wido	1. John	H. M.C.	Cray.	
Charge to:					1/-		284	00
Address			Complete Fun					
Order given by. W. N.	McClry.		Casket Burial Vault o		ato Kind)			
How Secured	(or informarity		Embalming Bo		ate Kind)			
Occupation House	ife no		Barber, S	Hair	Dressing	ф		
Name of Employer.	(Social Secu	rity Number)	Dressing Body Suit or Dress					
Address	, ,		Slippers, \$	(State I	Cind and Color se, \$			
Date of Death March	(Date) 19.44	2,30 AM	Folding Chairs	, \$Ta	rpaulin, 🤄	3		
Date of Birth. Jan .	4. 1854	(Hour)	Candelabrum, Door Spray, \$		oves, \$			
Age90	2 5		Funeral Car, \$ Limousines to	Am	bulance, 🤄	B		
Date of Funeral.3/12/4.4.	· jan	2. P.M.	Autos to R. R.	Station	@ \$			
Services at Coliseu	(Day of Week)	(Hour)	Getting Remain Taking Remain					
Clergyman			Trip to Corone	r's Inquest .				
Religion of the Deceased	lethodist (Address)		Delivering Box Deliver Flower					
Birthplace Marion Con	cuty, Ohis.		Removal Char	res				
Resided in the State	3 6 920 . S. or City or County (Years		Procuring Buri	al Permit	to Number a	nd District)		
Place of Death. Laure	M' La (Years	(Months)	Procuring Buri —Certif.Copic Pall Bearer Ser	State S II	Physician's or se of Cha	Coroner's;		
Cause of Death			Personal Service	e		μω, φ		
Contributory Causes								
			Gross Total for			\$	284	00
Certifying Physician	S. P. Reed,		Outlay for Lot Cremation					
His Address Davis	City Ja		line Death	Notices in .	Pape	ers		
Name of Father. Harris	24 Bonham		Flowers, \$	(Names of Newspo	enta	<i>A</i>	5	00
His Birthplace Ou	iu.		Rental of Tent,	. Palms, \$	Matti	ng, \$		
Maiden Name of Mother.	Cornelia Boy	nton	Opening of Gra	ve or Tomb			/9.	00
Her Birthplace. Con	ii.		Lining Grave, a Outlay for Ship	ming Charge	the marks the	A Comment of the last		
Motor Remains to	,,		Clergyman,\$ Railroad low-last	Singers,\$	Organ	nist,\$		
Size of Casket /2 Cor	uh-Cedar.		Clergyman,\$ Railroad or Motor Ticket Telegr., Phone,	S, \$ Cable or Rac	plane Serv	rice,\$		
Manufactured by . Res	Wetallie		Cash Advanced	1				
Interment at	Rose Hill	{ Cemetery Crematory	Out of town U	ndertaker's C	harges			
	Lot No 5.2.5		Sales Tax					.6.4
	Grave No 3		Total Footing	of Bill	• • • • • • • •		300	84
	Section No				39	\$	14	39
	-		by mgig	in Bala	nce 4/5/4	1 \$	28.7	50
Diagram of Lot or Vault	Owner		Entered into L	edger, page	or be	elow.		
Date	Amount Paid	Balance	Date			Amount Paid	Bal	lance
To Above Bala		\$		To Balance Fo	rward		. \$	
By Payment		s		By Payment.		\$. \$	
	\$	\$				\$. \$	
	3	ss		ж и	*******		. \$	
	\$	\$		и и			. \$	
и и	\$	\$		и и		š	. \$	
	ls	\$		и, и		3	. \$	1
Insurance \$	Names ofLodges		***********	Insurance Companies			- 6	
I hereby authorize the above Func- for the payment of aforesaid sum,	eral, and I hereby represent	that I have su	fficient resources Le	gally available to				
		agree to pay			days from	nme of Funeral D n date. Intere	st to acer	ue from
maturity at the rate of	76 per annum.		Signed.					
Witness	Con	piled by F. J. FI	Address INEMAN, St. Louis, 1	do.				

Total No2 0.45	yearly No		5	Date	Ma	erch.	20	1944
Name of Deceased	hu Mauric	<u>N</u>	ill			W		
Residence: Lamoni	la single		□Hus	Divorced band Wife W		len N	ill	
Charge to:							1 207	100
Address			Complete Fun	eral			3.1.2.	
Order given by			Casket Burial Vault o	r Box				
How Secured	(orintormant)		Embalming Bo	20	(State Kind)			
Occupation Retail Harde	vay dealy.		Barber, \$	Ha	ame of Embalm	er) (, \$		
Name of Employer self	(Social Security Nu	nber)	Dressing Body Suit or Dress	,\$	Underw	ear,\$		
Address			Slippers, \$	(Sta	te Kind and Col Hose, \$	or)		
Date of Death Mouch 17	- 1944 6120	AM our)	Folding Chairs	, \$	Tarpaulin,	\$		
Date of Birth. May 6.	Date) 1906 (H		Candelabrum, Door Spray, \$	\$	Candles, \$.			
Age			Funeral Car, \$		mbulance,	\$		
(Years)	(Months) (Days)		Limousines to Autos to R. R.	Cemetery .	@\$.			
(Date)	Day of Week) (Hour	M.	Getting Remai	ins from				
Services at			Taking Remain	ns to				
Clergyman J. Vincent &	(Address)		Trip to Corone Delivering Box	to				
Religion of the Deceased			Deliver Flower	s to				
Birthplace . Albany , . No	W.:		Removal Charge	ges				
Resided in the State	r City or County) (Years) (M)	ouths)	Procuring Buri —Certif.Copie Pall Bearer Ser	esof Death	State Number Certificates	nd District)		
Place of Death Merry Has	p, des Moines		Pall Bearer Ser	vice, \$	Use of Ch	coroner's;		
Cause of Death Wemarrhay	e of lungs.		Personal Service	e				
Contributory Causes	/							
			Gross Total for				397	00 -
Certifying Physician	flower		Outlay for Lot Cremation					
His Address Des Moin	(or Coreper)		line Death	Notices in	Par	ers		
Name of Father Thomas	1. Hill.			(Names of New	spapers)			
His Birthplace Calwell	Po. Mo.		Flowers, \$.Palms, \$.	Matt	ing, \$		
Maiden Name of Mother, N.	ll ages		Rental of Tent, Opening of Gra	ve or Ton	b	auit, ø		
Her Birthplace. Albau	y Neo.		Opening of Gra Lining Grave, S	BLov	vering Dev	ice, \$		
Motor Remains to . Alba	w. Mr.		Outlay for Ship Clergyman,\$	Singers	gesOrga	nist.\$		
Size of Casket . Rud end.	state- Wine Ton	0	Clergyman,\$ Railroad or Motor}Ticket	s, \$. Aero- Ser	vice,\$		
Manufactured by R.O.O.	ate Color and Number)		Telegr., Phone, Cash Advanced	Cable or R	adio Charg	es		
Interment at Alba	Luu · (Ce		Out of town U:					
Interment at	{ Crer	netery natory						
	Lot No		Sales Tax				3	97.
	Grave No		Total Footing	of Bill		\$	400	97
	Section No		Lessd	iscon	M	,\$	20	0.5.
				y in the			380	92
Diagram of Lot or Vault	Owner		Entered into L	edger, page	or b	elow.		
Date	Amount Paid Ba	lance	Date			Amount Pa	id Bal	ance
To Above Balance.	\$			To Balance	Forward		\$	
By Payment	\$ \$			By Paymen	t	\$	\$	
" " "	\$			41 44		\$	\$	
	\$\$		· · · · · · · · · · · · · · · · · · ·	и и		\$	\$	
					********	\$	\$	
	8 8					s	\$	
	8 8					8		
	Names of Lodges			Insurance		TAXABLE S		
Insurance \$		have suff	icient resources To	. Companies	to.		*******	
for the payment of aforesaid sum, and					(Firm)	Name of Funeral m date. Inte	Directors.)	na from
maturity at the rate of			Signed.			Zince	so acer	ac mond
Witness			Address					*****
	Compiled by	F. J. FEI	INEMAN, St. Louis. N	do.				

RECORE	OF FUNE	RAL
Yearly No		pate March > 2 19:

Total No. 2046 Yearly No. 16 Date 10 auch 22 1944								
Name of Deceased Joseph Ether Leeper W.								
Residence Lauron Married Single Widowed Divorcet What Kare) Residence Lauron Margaret Leeper Married Married					er.			
Charge to Q. A. Q.					of \$227.54	9	100	00
Address					ral	•		
Order given by			Casket Burial Vau		Dov			
How Secured	formant)				(State Kind) (Name of Embalme			
Occupation Larming	Ho	ue	Barber, \$		Hair Dressing	· D		
Name of Employer self	(Social Secu	rity Number)	Dressing B	ody,	\$Underwe			
Address			Suit or Dre		(State Kind and Color)		
Date of Death March 20	1944	5:30 AK	Slippers, \$. Folding Ch	airs.	\$ Tarpaulin,			
Date of Birth. January 2	9. 1857	(Hour)	Candelabru	ım. \$				
Age. 087 1	21		Funeral Ca	r. \$.	Ambulance,	3		
Date of Funeral. 3/22/44 W.	hs) (Days)	. P	Limousines	to (Cemetery @ \$ Station @ \$			
/(Date) / (Day of	f Week)	(Hour)	Getting Re	mair	ns from			
Services at Chapel			Taking Rea	nain	s to			
Clergyman	(Address)				's Inquestto			
Religion of the Deceased			Deliver Flo	wers	to			
Birthplace Heury Count	y		Removal C	harg Buria	es Il Permit			
Resided in the State	or County) (Years	(Months)	Certif.C	opie	sof Death Certificates	nd District) No		
Place of Death. A amou.	Ja_		Pall Bearer	Serv	of Death Certificates (State Physician's or vice, \$ Use of Cha	pel, \$		
Cause of Death			Personal Se	ervice	9			
Contributory Causes								
	,,,,,,				Sales Tax	\$		
Certifying Physician D. N. M.	Hills		Outlay for Cremation					
His Address Lamoni (or Coroner)					Notices in Pape	ers		
Name of Father. Mma Leefer				• • • •	(Names of Newspapers) Palms, \$ Matti			
His Birthplace Pittsburg, Pa.			Rental of T	ent.	Palms, \$ Matti \$ of Temporary V	ng, \$ ault \$		
Maiden Name of Mother Susan Bunt			Opening of	Gra	ve or Tomb			
Her Birthplace Kentucky			Outlay for	ve, \$ Shim	Lowering Devi ping Charges	ce, \$		
Motor Remains to Lew			Clergyman	\$	Singers,\$Organ	nist,\$		
Size of Casket Q. A. 9			or Motor Tie	kets	, \$ Aero-Serv	rice,\$		
Manufactured by R (Spe-Color and Number)		Cash Adva	one, nced	Cable or Radio Charg	es			
Interment at Len	~'	Cemetery	Out of tow	n Un	dertaker's Charges			
		Crematory						
Lot	No				tale sale no ti	if		
Grave No			Total Foot				1.00	00
Sect	tion No		LessU.C.	·41:	in full afer.	1.7/19\$		
Diagram of Lot or Vault Own	ner		Entered int	n Te	Balance dger, pageor be	\$		
Date	Amount Paid	Balance	Date		-8, p-8	Amount Pa	id Pol	ance
To Above Balance					To Balance Forward	1	. Da	I
By Payment.	\$	8			By Payment		\$	
	\$	s			ии	\$	ę	1
a a	\$	\$			и и	\$	\$	
* *	\$	s			и и	\$	\$	
* *	\$	\$			и и	\$	\$	
* *	\$	\$			# # ·······	S	\$	
Mon	es of				**********	S	\$	<u></u> .
Insurance \$Lodg	ges				Insurance Companies			
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to								

n.....days from date. Interest to accrue from maturity at the rate of % per annum. Signed.....

Address ...
Compiled by F. J. FEINEMAN, St. Louis, Mo.

Total No. 2.0.4.7. Yearly No.	17 Dote april	2 1044				
Name of Deceased. Arthur Moftsger w						
Residence Lamon.	☐ Widowed ☐ Divorced (What Race)					
Charge to Estate of With adm.	orof }	1 000 00				
Address	Complete Funeral	285 00				
Order given by Brothers	Casket. Burial Vault or Box					
How Secured	Embalming Body(State Kind) (Name of Embalmer)					
Occupation	Barber, \$					
Name of Employer(Social Security Number)	Dressing Body, \$					
Address	(State Kind and Color)					
Date of Death Afril 9 1944 8 CM (Hour)	Slippers, \$					
Date of Birth. Feb 27 (Date) 880 (Hour)	Candelabrum, \$					
Age64 / //	Funeral Car, \$ Ambulance, \$					
Date of Funeral 4/1 >/44 Weel: (Days) 2 P. M	Limousines to Cemetery @ \$					
(Date) O (Day of World) (Found)	Autos to R. R. Station @ \$					
Services at. Chapel	Taking Remains to					
Clergyman Unt Lave 9.8 Williams	Trip to Coroner's Inquest Delivering Box to					
Religion of the Deceased	Deliver Flowers to					
Birthplace Yankton, S. Dak.	Removal Charges					
Resided in the State. (or U.S. or City or County) (Yearn) (Months)	Procuring Burial Permit. (State Number and District) — Certif. Copies of Death Certificates No. (State Physician's or Ceroscres) Pall Bearer Service, \$ Use of Chapel, \$					
Place of Death Vel, Hosp. Wes Mounes	Pall Bearer Service, \$ Use of Chapel. \$					
Cause of Death acute Cararay Occlusion	Personal Service.					
Contributory Causes						
	Gross Total for Sales Tax\$	285 00				
Certifying Physician. M. J. Wolleman	Outlay for Lot					
His Address dle Morney, Vets Haspital	Cremation					
Name of Father Joseph S. Noftsger						
His Birthplace Jawa	Flowers, \$Palms, \$Matting, \$					
Maiden Name of Mother Margeret Dotton	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb	1000				
Her Birthplace Judiana	Lining Grave, \$ Lowering Device, \$					
Motor Remains to Rose HW	Outlay for Shipping Charges					
Size of Casket . 232: 1/2 couch gray	Clergyman,\$. Singers,\$. Organist,\$. Railroad Tickets,\$. Aero- or Motor Tickets,\$. plane Service,\$. Telegr., Phone, Cable or Radio Charges					
Manufactured by . A State Color and Number	Telegr., Phone, Cable or Radio Charges					
Interment at Rose Hul Cemeters						
(-64e8259T)	, ju					
Lot No	Sales Tax On 1819	285				
Grave No 3.	Total Footing of Bill	29785				
Section No.	Less Chain filld with Regulary \$	100 00				
	Pd 48/9 # Balance Od 5/3/4 4 . \$	1.9.7. 8.5.				
	Entered into Ledger, page or below.					
Date Amount Paid Balance	Date Amount Pai	i Balance				
	To Balance Forward					
By Payment \$ \$	\$ Sy Payment	\$				
\$		\$				
		s				
* * S		\$				
* * s s.	и и с					
a a	" " s	S				
Names of Lodges.	Insurance					
I hereby authorize the above Funeral, and I hereby represent that I have s		***************************************				
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within	Arectors.)				
maturity at the rate of % per annum.	Signed					
Witness						

RECORD	OF	FUNERAL
	OI.	I CIAMA ST TO

	Date april 1:	3			
Total No.2.0.4.8. Yearly No	Date Uguu		1944		
Name of Deceased Estella Stace	Pidgeon w				
Married □ Single □	Widowed Divorced (What Race)	ilan			
Residence		age	···		
Charge to Lelbert Pedgeon		325	IDA		
Address	Complete Funeral				
Order given by above	Burial Vault or Box				
(or informant)			· · · · · ·		
How Secured	Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$		*****		
Occupation Housewife noul (Social Security Number)	Dressing Body, \$		*****		
Name of Employer. aum Monte (Social Security Number)	Suit or Dress(State Kind and Color)				
Address	Slippers \$ Hose, \$				
Date of Death. april 10 1944 4 PM	Folding Chairs, S Tarpaulin, D				
Date of Birth. Sept. 27 1898 (Hour)	Candelabrum, \$Candles, \$ Door Spray, \$Gloves, \$				
Age45 6 /3	Funeral Car, \$ Ambulance, \$				
(Years) (Months) (Days)	Limousines to Cemetery @ \$				
Date of Funeral 4/13/44. Thurs. 9 A. M.	Autos to R. R. Station @ \$				
Services at Chapel Lee and Stockfort, La	Taking Remains to				
Clergyman	Trip to Coroner's Inquest				
Religion of the Deceased	Delivering Box to				
Birthplace Stockfort, Jona	Removal Charges				
Resided in the State. 45 years 6	Procuring Burial Permit.				
Place of Death Il Cotus Co, Hosp. Years)	Procuring Burial Permit. Certif.Copiesof Death Certificates No. Call Bearer Service, \$ Use of Chapel, \$				
	Pall Bearer Service, \$ Use of Chapel, \$				
Cause of Death	Personal Service				
Contributory Causes					
***************************************	Gross Total for Sales Tax\$	325	00		
Certifying Physician K. Q. Brown	Outlay for Lot.				
His Address Lamoni (or Coroner)	line Death Notices inPapers				
Name of Father Joseph a Schoer	(Names of Newtonney)				
His Birthplace Joua	Flowers, \$				
Maiden Name of Mother Augeline Leward	Rental of Tent, \$of Temporary Vault, \$ Opening of Grave or Tomb				
Her Birthplace. Warren, Jowa	Lining Grave, \$ Lowering Device, \$				
area Distributed	Outlay for Shipping Charges.				
Motor Remains to Stockfort	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$Aero- plane Service,\$				
Size of Casket State Color rayou.	Telegr., Phone, Caple or Radio Charges				
Manufactured by Eul Aus Care and Ny Ger)	Cash Advanced				
Interment at Salem Ja Cemetery	Out of town Undertaker's Charges				
Lot No.					
	Sales Tax	3	25		
.Grave No	Total Footing of Bill\$	328	۷.		
Section No	Less Sola Paid in fall 1/2 / 44 &	1.6.	71		
Diagram of Lot or Vault Owner	Balance. 12.4.4.1.	3//	8.9		
	Entered into Ledger, page or below.				
Date Amount Paid Balance	Date Amount Paid	Bal	lance		
To Above Balance \$	To Balance Forward	s	T		
By Payment	By Payment \$	s			
	······································	. s			
* * * * * * * * * * * * * * * * * * * *	" "	. s			
		. \$			
***************************************		. \$			
	* · · · · · · · \$ · · · · · · · · · · ·	. \$			
		. \$			
Names of Lodges	Insurance Companies				
I hereby authorize the above Funeral, and I hereby represent that I have su	Calcut				
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within	st to acert	ue from		
maturity at the rate of % per annum.	Signed				
Witness					

Total No. 2049 Yearly No	Date april 18		1944
Name of Deceased. Charles Lyle	W	· · · · · · · · ·	
Residence. Lamon, Journa Charge to. Estate of Charge Lyle	MI Divorces Makilda Ly	le	
111	Complete Funeral	425	00
Order given by Raymond Janay (or informant)	Casket		
How Secured (or informant)	Burial Vault or Box(State Kind)		
Occupation Farming would	Embalming Body		
(Social Security Number)	Dressing Body. \$	7.	149
Name of Employer. self.	Suit or Des . 9224	/.6.	0.0
Address	Slippers, \$		3.5.
Date of Death April 15 1944 130 Ph	Folding Chairs, \$Tarpaulin, \$ Candelabrum, \$Candles, \$		
Date of Birth. July 14 1866 (Hour)	Door Spray, \$ Gloves, \$		
Age. (Yours) (Months) (Days)	Funeral Car, \$ Ambulance, \$ Limousines to Cemetery@ \$		
Date of Funeral 4/18/44 Tues, 2 P. M	Autos to R. R. Station @ \$		
Services at Chapel, (Day of Week) (Hour)	Getting Remains from		
Clergyman Arthur Lane.	Taking Remains to		
Religion of the Deceased. (Address)	Delivering Box to		
Birthplace Illurois	Deliver Flowers to		
Resided in the State 68 years			
or U. S. or Gity or County) (Years) (Months)	Procuring Burial Permit. (State Number and District) —Certif.Copiesof Death Certificates No. (State Paylaine's or Coroner's Pall Bearer Service, \$ Use of Chapel, \$		
Place of Death Decatur County Hospital	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.		
Cause of Death Myacarditis			
Contributory Causes. Juantin		442	8.4
	Gross Total for Sales Tax\$		
Certifying Physician S	Outlay for Lot.		
His Address Davis City, la.	line Death Notices in Papers		
Name of Father Robert Light.	(Names of Newspapers)		
His Birthplace Illurois	Flowers, \$		
Maiden Name of Mother	Opening of Grave or Tomb & A. Machael	/0	00
Her Birthplace	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.		
Motor Remains to	Clergyman,\$Singers,\$Organist,\$		
Size of Casket 6/3 Caks	Clergyman, \$Singers, \$Organist, \$ Railroad or Motor } Tickets, \$Plane Service, \$		
Manufactured by Eule (State Colorand Nichber)	Telegr., Phone, Cable or Radio Charges		
Interment at Rose Hell (Cemeters	Out of town Undertaker's Charges.		
Lot No /3.2	Sales Tax	4	4.3.
Grave No3		4.5.7.	27
Section No	Less 5/0 m 447 27 10da , 22136 s		
	Paidin full Balance 49		
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.		
Date Amount Paid Balance	Date Amount Paid	Bala	ince
To Above Balance	To Balance Forward	. s	
By Payment\$\$		\$	
* " \$ \$		\$	
***************************************		\$	
		\$	
		\$	
# # S e	× 41	ę	
Names of	Insurance	14	Ireas.
Insurance \$Lodges I hereby authorize the above Funeral, and I hereby represent that I have st			
I nereby authorize the above runeral, and I hereby represent that I have st for the payment of aforesaid sum, and I hereby covenant and agree to pay		rectors.)	e from
maturity at the rate of% per annum.	Signed.	- IO MUTU	- Hour

7.470		-		0	pril a	0	
Total No. 2.0.50	Yearly No	20.	772	Date	perior a	1	1944.
Name of Deceased		ia a			w:		
Residence, Lamoni,	Married Singl	• 🗆	Willowed O D	ivorced and Wife Widow }	(What Race)		
Charge to	·Ti · · · · · · · · · · · · · · · · · ·		от	}			
			Complete Fune	ral	\$	285	00
Address			Casket		erens		
Order given by	(or informant)		Burial Vault or	Box			
How Secured			Embalming Bo	dy(State Kind) (Name of Embale			
Occupation	Kore		Darber, \$		g, φ		
Name of Employer	(Social Security N	(umber)	Dressing Body, Suit or Dress	.\$Underv			
Address			Slippers, \$	(State Kind and Co	dor)		
Date of Death April	17 1944 5	(Hour)	Folding Chairs	\$Tarpaulin,	\$		
	Date) 1866	(Hour)	Candelabrum,	\$ Candles, \$			
Age	7 16		Funeral Car. \$	Gloves, \$. Ambulance	\$		
	(Months) (Days)		Limousines to	Cemetery @ \$			
Date of Funeral 4.4.	Thurs, 2 (Day of Week) (Ho	ur) M.	Autos to R. R.	Station@\$			
Services at.			Taking Remain	s to			
Clergyman Roy Cher	n (Address)		Trip to Corone	r's Inquest			
Keligion of the Deceased 2			Deliver Flowers	toto			
Birthplace . Mah. Co.	Utah		Removal Chare	700			
Resided in the State			Procuring Buri	al Permit(State Number	and District)		
Place of Death. Kausa	or City County (Years) (Months)	Certif.Copie	al Permit. (State Number esof Death Certificate (State Physician's vice, \$ Use of Ch	sNo		
	y Occhino	n	Pan Bearer Ser Personal Service	vice, \$ Use of Cr	napel, \$		
Contributory Causes						0.00	
	141 60		Gross Total for	Sales Tax	\$	285	
Certifying Physician	Miller		Cremation				
His Address Neuro	, City Ran.		line Death	Notices in Pa	pers		
Name of Father. Flauc	is D young		Flowers &	(Names of Newspapers) Palms, \$ Mat	ting e		
His Birthplace No. Da	ta		Rental of Tent,	\$of Temporary	Vault, \$,		
Maiden Name of Mother.	race Il Denn	is	Opening of Gra	\$of Temporary ve or Tomb A. 9 W	auran	10.	00
Her Birthplace	Oata		Outlay for Ship	Lowering Deping Charges			
Motor Remains to			Clergyman,\$	Singers,\$Org	anist,\$		
Size of Casket . 23 2 A. Cour	h gray.		or Motor Tickets	Singers,\$Org s, \$Plane Se Cable or Radio Char	rvice,\$		
Manufactured by Poots	tate Color and Number)		Cash Advanced	Cable or Radio Char	ges		
Interment at	se Hill so	emetery ematory	Out of town Un	ndertaker's Charges.			
Interment at		ematory .			()		
	Lot No4.2.		Sales Tax	NA.	www.	3	8.2-
	Grave No/		Total Footing	of Bill		29.7	8.5
	Section No		Less 5. 70 21 2.8			2.0.0.	۵۵
			- mg	eash glance by	checks	8.3	46
Diagram of Lot or Vault	Owner		Entered into Le	edger, pagebr	below.	28.31	96
Date	Amount Paid	Balance	Date		Amount Paid	Bala	nce
To Above Balance	s	.,		To Balance Forward		\$	
By Payment	\$ \$			By Payment		\$	
" "	\$ \$			и и	. s	\$	
	\$ \$			и и	\$	\$	
" "	\$\$			и и	\$	\$	
" "	\$			и и	\$	\$	
" "	\$			и и	\$	\$	
manufactured " " manufactured " ma	\$ S		.J	« « ·······	\$	\$	
Insurance \$	Names of Lodges			Insurance Companies			
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to							
for the payment of aforesaid sum, and		e to pay t		days ir	om date. Interes	t to accru	e from
maturity at the rate of	maturity at the rate of% per annum. Signed						
Witness	Compiled 1	y F. J. pro	Address . NEMAN, St. Louis, M	· · · · · · · · · · · · · · · · · · ·			

Total No. 205/ Yearly No2/	Date april 23 1944			
Name of Deceased. Martha Ceculia Rabidon Williams Of Diversel What Race				
Residence Lamini In Single	[Husband Wile Wildow] Joseph Rabidon			
Charge to Lellian South	or of \$ 9			
Address Lamoni	Complete Funeral			
Order given by about	Casket. Burial Vault or Box			
How Secured	Burial Vault or Box (State Kind) Embalming Body (Name of Embalmer)			
Occupation housewife woul	Barber, \$ Hair Dressing, \$			
Name of Employer and Lame (Social Security Number)	Dressing Body, \$Underwear, \$			
Address	Suit or Dress (State Kind and Color) Slippers, \$. Hose, \$.			
Date of Death Oful 20 1944 6145 PM	Folding Chairs, \$ Tarpaulin, \$			
Date of Death . 4. (Date) (Hour)	Candelabrum, \$Candles, \$			
Date of Birth. May 31 1861	Door Spray, \$			
Age. (Years) (Months) (Days)	Limousines to Cemetery @ \$			
Date of Funeral 1/2 3/44 Sun. 2:30 P.M.	Autos to R. R. Station @ \$			
Services at Charles (Day of Week) (Hour)	Taking Remains to			
Clergyman Carl Wallarym	Trip to Coroner's Inquest Delivering Box to			
Religion of the Deceased.	Deliver Flowers to			
Birthplace Brooklyn, N. Y.	Removal Charges. Procuring Burial Permit.			
Resided in the State 62 yrs	Cartif Conject Death Certificates No.			
Place of Death. Lawar Ja (Months)	Procuring Burial Permit. (State Number and District) —Certif. Copiesof Death Certificates No. (State Physician's or Coreser's. Pall Bearer Service, \$ Use of Chapel, \$			
Cause of Death	Personal Service			
Contributory Causes	Gross Total for Sales Tax			
2 W. Wills	Outlay for Lot			
Certifying Physician . W. M. Hull	Cremation			
His Address. Lamon Ja				
Name of Father W. N. Curum	Flowers, \$Palms, \$Matting, \$			
His Birthplace England	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb Test Marchall 12 00.			
Maiden Name of Mother Martha Pitt	Lining Grave, \$ Lowering Device, \$			
Her Birthplace Cuglous	Outlay for Shipping Charges.			
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets,\$plane Service,\$			
Size of Casket / - Couch, Mongy	Telegr., Phone, Cable or Radio Charges			
Manufactured by . State Color and Number)	Cash Advanced			
Interment at Rose Hill (Commeter	y			
Lot No. 266-2	Sales Tax 3 68			
Grave No2	Total Footing of Bill \$ #03 68			
	Less direct of 19,40 by May 3/44. \$ - 19,40			
Section No.	4/25/44 Balances feell \$ 38.4. 28.			
Diagram of Let or Vault Owner	Entered into Ledger, pageor below.			
Date Amount Paid Balance	e Date Amount Paid Balance			
To Above Balance \$	To Balance Forward \$			
	\$ \$ \$			
	s s			
* * \$ \$	\$ \$ \$			
s s s s s s s s s s s s s s s s	Insurance			
Insurance \$ Lodges	Companies			
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to [Fern Name of Funeral Directors.] for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from				
for the payment of aforesaid sum, and I hereby covenant and agree to p maturity at the rate of % per annum.				
	Signed			
Witness	Witness . Address			

Y. (Co.				21:0	. ,	
Total No. J.O. 5.2 Yearly	No2.?		Date	april -	6	1944.
Name of Deceased Alermy	an 111	Un	ruch			
Residence Lamoni Ja Married	☐ Single ☐	Widowed	☐ Divorced	(What Race)		,
Charge to A		×	Husband Wife Widow	Mca	unen	
	• • • • • • • • • • • • • • • • • • • •	Complete 1	Funeral	8	100	00
Address		Cooler				
Order given by(orinformant)		Burial Vau	lt or Box			
How Secured		Embalming	Body(State King Body(Name of Em	d)		
Occupation farming	Vare					
Name of Employer and farm (Social S	ecurity Number)	Dressing B Suit or Dre	ody, \$Unde			
Address			(State Kind and	Color)		
Date of Death Afrie 24/ 1944	IAM	Slippers, \$. Folding Ch	airs, \$ Tarpaul	in. \$		
Date of Birth. Oful. 18/ 1868	(Hour)	Candelabru	ım, \$ Candles,	\$		
	••••••	Door Spray	r, \$ Gloves, r, \$ Ambulan	\$		
	(80)	Limousines	to Cemetery @	\$		
Date of Funeral //24/49 West	2 P M.	Autos to R	. R. Station @	\$		
Services at Charles (Day of Week)			mains from			
Clergyman Ed Bleaser (Addres		Trip to Con	oner's Inquest			
Religion of the Deceased, a	120111000000000000000000000000000000000	Delivering	Box to wers to			
Birthplace Ringold County,	Ja.	Ramoval C	horaca			
Recided in the State Welling	COMPANY TO THE	Procuring I	Burial Permit	LL LLI BLULL		
Place of Death Lamon, Ja	enrs) (Months)	Certif.C	Burial Permit. Opiesof Death Certifica (State Physician Service, \$ Use of (tesNo		
		Pall Bearer	Service, \$ Use of	Chapel, \$		
Cause of Death		Personal Se	rvice			
Contributory Causes						
***************************************			for Sales Tax	\$		
Certifying Physician. K. R. Brown		Outlay for	Lot			
His Address . Lamen (or Coroner)		line De	ath Notices in F	apers		• • • • • •
Name of Father Joseph M. Qui	uch					
His Birthplace not know		Flowers, \$.	(Names of Newspapers) Palms, \$	atting, \$		
	40		ent, \$ of Temporar Grave or Tomb			
Maiden Name of Mother. Lest know		Lining Grav	e, \$Lowering D	evice. \$		
Her Birthplace Wot Rugue		Outlay for S	Shipping Charges			
Motor Ship Remains to		Railroad \Tig	\$Singers,\$Or kets, \$Plane S	ganist,\$		
Size of Casket		Telegr., Pho	one, Cable or Radio Ch	arges		
Manufactured by . O Voj		Cash Advar	nced			
Interment at Koze Hell	· { Cemetery Crematory	Out of town	Undertaker's Charges			
Lot No 10.	100		· M. · T. · · · · · · · · · · · · · · · · ·			
	, , , , , , ,		lo Tax Stale -	rale:		
Grave No		Total Footi	11 00051 21		100	00.
Section No		LessV.G	in fell 1/20/3	2.9\$		
Distram of Leter Vault Owner.			Balance	\$		
		Entered into	Ledger, pageor	r below.		
Date Amount Paid	Balance	Date		Amount Paid	Bala	nce
To Above Balance	. \$		To Balance Forward.		s	
By Payment\$. \$		By Payment		\$	
\$. \$		и и	\$	8	
\$. \$		" "		s	
\$. \$			\$	\$	
\$. \$		и и	\$	\$	
* "	. \$		" "	\$	\$	
summer a summer summer	. s		а а	s	\$	
Insurance \$ Names of Lodges.			Insurance Companies		13.73	
I hereby authorize the above Funeral, and I hereby represent for the payment of aforesaid sum, and I hereby cayment or	t that I have suff	ficient resources	Legally available to			
	nd agree to pay t	he same within	(Fir	m Name of Funeral Dir from date. Interes	t to accres	from
maturity at the rate of % per annum.		Signe			accrde	Trom
Witness		Addr			*******	
Ce	mpiled by F. J. FEI					

Total No. Jo 5 3 Yearly No	Date. April 30	1944.
Name of Deceased. Carrie Lucinda	Weld	
Residence Stations - Lamon La	Widowed	weld
Charge to	or of)	
Address	Complete Funeral	150 00
Order given by	Casket. Burial Vault or Box	
How Secured (or informant)	Embalming Body (State Kind) (Name of Embalmer)	
Occupation	Barber, \$	
Name of Employer. (Social Security Number)	Dressing Body, \$	
Address	Suit or Dress (State Kind and Color) Slippers, \$	
Date of Death April 27 1944 4AM Date of Death April 27 1944 (Hour)	Folding Chairs, \$ Tarpaulin, \$	
Date of Birth. Left (Sate) 1861 (Hour)	Candelabrum, \$	
Age 9.2 7	Funeral Car, \$Ambulance, \$	
	Limousines to Cemetery @ \$	
Date of Funeral	Getting Remains from	
Clergyman	Taking Remains to	
(Address)	Delivering Box to	
Birthplace	Deliver Flowers to	
	Procuring Burial Permit. Certif. Copiesof Death Certificates No. Certif. Sopress Death Certificates No. Pall Bearer Service, \$ Use of Chapel, \$	
Resided in the State	Certif. Copiesof Death Certificates No.	
	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.	
Cause of Death	1 disonal pervice.	
Contributory Causes		/50 00
	Gross Total for Sales Tax. \$ // Outlay for Lot.	3.0.10.0
Certifying Physician. (or Coroner)	Cremation	
His Address	line Death Notices inPapers	
Name of Father	Flowers, \$ (Names of Newspapers) Palms, \$ Matting, \$	
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb	
Maiden Name of Mother	Lining Grave, \$ Lowering Device, \$	
Her Birthplace	Outlay for Shipping Charges	
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad or Motor}Tickets,\$plane Service,\$	
Size of Casket	Telegr., Phone, Cable or Radio Charges	
Manufactured by	Cash Advanced	
Interment at		
Lot No.	Sales Tax	150
Grave No	Total Footing of Bill	15150
Section No.	Less Pal May 4/98	
	Balance\$	
	Entered into Ledger, pageor below.	146
January Land Datance	Date Amount Paid	Balance
	To Balance Forward	3
a a e e	By Payment \$	3
" " s s	a a e	\$
	" " s	s
	ss	s
" "		s
		<u></u> .
Insurance \$ Names of Lodges	Insurance	
I hereby authorize the above Funeral, and I hereby represent that I have su	fficient resources Legally available to(Firm Name of Funeral Dire	etors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of % per annum.	the same within	to accrue from
	Signed	
Witness	Address,	

Total No. 20.54 Yearly No	Date May 2 1944
Name of Deceased Robert W. Mitch	ell I w
Residence R. R. S Marshallturn, Ja,	Widowed Divorced (What Race) Husband Widow O. Rah Victian Milchell
Charge to Mer Robt Mitchell	or
Address Marshalton, Ja	Complete Funeral SMI W. 8 24 00
Order given by Ted McClell	CasketBurial Vault or Box
How Secured (or informant)	(State Kind)
Occupation La fores.	Barber, \$
Name of Employer (Social Security Number)	Dressing Body, \$ Underwear, \$
Address	Slippers, \$
Date of Death April 28 1944 (Hour)	Folding Chairs, \$ Tarpaulin, \$
Date of Birth	Candelabrum, \$
Age. 37 7 /2 (Years) (Months) (Days)	Funeral Car, \$Ambulance, \$
Date of Funeral 17.44.4 Months) (Days) (Days) (Day of Week) (Hour)	Limousines to Cemetery@ \$
	Getting Remains from
Clergyman All Land, L. Landsberg (Address)	Taking Remains to. Trip to Coroner's Inquest
Religion of the Deceased(Address)	Delivering Box to
Birthplace Oklakoma_	Deliver Flowers to Removal Charges.
	Procuring Burial Permit.
Resided in the State. 1 Style or County) (Years) (Months) Place of Death Masshall Town. 5-9. Cause of Death Sessial Sessia	Procuring Burial Permit. Certif. Copiesof Death Certificates No. Pall Bearer Service, (State Physicians or Comments) Page 2019 Page 2019 Page 2019 Page 2019 Page 3019 P
Cause of Death Leveral Sepsis	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
Contributory Causes Fractured vertela &	*
reverance of cord. New 27/43	Gross Total for Sales Tax.
Certifying Physician A. S. Grossman	Outlay for Lot
His Address. Marshallton	Cremationline Death Notices inPapers
Name of Father Estward Mitchell	
His Birthplace. Jova	Flowers, \$ (Names of Newspapers) Matting, \$
Maiden Name of Mother Myattle West	Rental of Tent, \$of Temporary Vault, \$Opening of Grave or Tomb.
Her Birthplace. Java	Lining Grave, \$Lowering Device, \$
Motor Remains to	Outlay for Shipping Charges. Clergyman,\$Singers,\$Organist,\$.
	Clergyman,\$. Singers,\$. Organist,\$. Railroad Tickets, \$. plane Service,\$. Telegr., Phone, Cable or Radio Charges
Size of Casket. (State Color and Number) Manufactured by.	Telegr., Phone, Cable or Radio Charges
Interment at Rose Hill { Cemeter Cremator	
Cremator	
Lot No	Sales Tax All service no tax
Grave No9	Total Footing of Bill od 5 7 44 8
Section No	
Diagram of Lot or Vault Owner	Balance\$
Date Amount Paid Balance	
To Above Balance S	Amount Find Balance
By Payment S S	To Balance Forward \$ By Payment \$ \$
	a a s
	я яs
······ " " ····· \$ \$	
······ * * ····· \$ \$	
* * * \$ \$	···········
Names of	Transpare.
Insurance \$	Insurance Companies.
I hereby authorize the above Funeral, and I hereby represent that I have s for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within (Firm Name of Funeral Directors.)
maturity at the rate of% per annum.	the same within
Witness	Address
	PEINEMAN, St. Louis, Mo.

Total No. 2055 Ye	arly No, 2.5.		Date	ey . 7	1	9.44
Name of Deceased. Blanch	u Single	Widowed D.	vorced	(What Rage)		
Residence Lamoni		□Husb or	and Wife Widow } . L.	FSi	ltz	
Charge to all fleet Address Lamon		Complete Fune	ral	\$	3.75	00
60.4		Casket				
Order given by Cluttlet (or informant)		Casket Burial Vault or	Box . (State Kind)		7	
How Secured		Embalming Bo	(Name of Embalmo	ar)		
Occupation Housewife		Barber, \$ Dressing Body,		ar,\$		
Name of Employer, our home		Suit or Dress	(State Kind and Colo			
Address	11 P W	Slippers, \$	Hose, \$ \$Tarpaulin,			
2// // (Date)	(Hour)	Candelabrum,	Candles, \$.	•		
Date of Birth March 5 186		Door Spray, \$				
Age. (Years) (Months)	(Days)	Limousines to	Ambulance, : Cemetery @ \$.			
Date of Funeral 7/49. (Months) (Day of Week)	2 P.M.	Autos to R. R.	Station @ \$.			
Services at Cucy		Getting Remain Taking Remain				
Clergyman Art Lane, Jay C	Barr	Trip to Corone	's Inquest			
Religion of the Deceased		Delivering Box Deliver Flowers				
Birthplace Pleasanton , Ja		Removal Charg	es			
Resided in the State lefe Tune		Procuring Buris	l Permit	and District)		
Place of Death Lou Sa	(Yearn) (Months)	Certif.Copie	of Permit (State Number a sof Death Certificates (State Physician's or vice, \$ Use of Cha	No		
Cause of Death Chronic Myocar	ditio	Personal Servic	B	трег, ф		
Contributory Causes	************	Gross Total for	Sales Tay	······································	465	00
Certifying Physician & P. Rud		Outlay for Lot				
(or Coroner)		Cremation	Notices in Pap			
Tils Address	. 4					
0 1 1	97	Flowers, \$	(Names of Newspapers) Palms, \$ Matti \$ of Temporary V	ing, \$		
His Birthplace Olico	0.14	Rental of Tent, Opening of Gra	\$of Temporary V ve or Tomb . Co.A : W	ault, \$ larshall	14	00
Maidell Ivalie of Mother.		Lining Grave, \$	Lowering Dev	ice, \$		
Her Birthplace	`	Outlay for Ship Clergyman \$	ping Charges	nist \$		
Motor Remains to Size of Casket Gray Oswardcloth	Otati	Railroad Tickets	Singers,\$Orga s, \$Pare Ser Cable or Radio Charg	vice,\$		
Size of Casket . (State Color and Nur	nber)	Telegr., Phone,	Cable or Radio Charg	es		
Manufactured by . Sem (State Color and Nur		Cash Advanced Out of town Un	idertaker's Charges			
	Crematory .					
Lot No	1.508	Sales Tax			4	65
Grave No.		Total Footing	of Bill	\$	483	65
Section No		Less .5/0.04.		\$		
			Pol Balance 100			
Diagram of Lot or Vault Owner		Entered into Le	edger, page / or b	elow/ 3/4	/	
Date Amoun	t Paid Balance	Date		Amount Paid	l Bala	ince
To Above Balance	\$		To Balance Forward		. \$	
By Payment \$	\$		By Payment	\$. \$	
и и е	\$			\$	\$	
# # s	\$		и и	e	\$	
* *	\$			s	\$	
\$			« «	\$		
	s	l	и и	\$. s	
Insurance \$ Names of Lodges	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Insurance Companies		THE STATE OF	
I hereby authorize the above Funeral, and I hereby r	epresent that I have suff	ficient resources Leg	ally available to	\$2.111.2 W 1 1 1 1 1		
for the payment of aloresaid sum, and I hereny cove	nant and agree to pay t	he same within	days from	Mame of Funeral I m date. Inter	Prectors.) Est to accru	e from
maturity at the rate of% per annum.		Signed				
Witness		Address				
	Compiled by F. J. FE	INEMAN, St. Louis, h	0.			

Total No. 2056	Yearly No	26	,	Date 711.	ay 18		1944.
Name of Deceased?!!		ide No			W		
Residence Month of Bly	thedale, Ms.	Single 🔲 V		Pivorced sand Wife Widow of	(What Race)		
Charge to Estate			5 7 7 7 7 7 6 6 6 7	,		22.5	00
Address			Casket	eral	\$		
Order given by.	per		Burial Vault o	Box(State Kind)			
How Secured	· y. · · · · · · · · · · · · · · · · · ·		Embalming Bo	(State Kind) (Name of Embaln			
Occupation Housewi	he un		Darber, p		Z. D		
Name of Employer	(Social Securi	ty Number)	Dressing Body Suit or Dress	* Kosewood Pref	ear Siess	12	75
Address				(State Kind and Col Hose, \$			
Date of Death . May . 1.7	19.4.4	9 AMI	Folding Chairs	, \$Tarpaulin, \$Candles, \$	\$		
Date of Birth June	10.18/6		Door Spray, \$				
Age	(Months) (Days)		Funeral Car, \$	Ambulance, Cemetery @ \$.	\$		
Date of Funeral. 5/19/4.4.	Fri. 2	130 P.M.	Autos to R. R.	Station @ \$.			
Services at Christian C	hurch, Blett	idale !	Getting Remai Faking Remai	ns from			
Clergyman			Trip to Corone	r's Inquest			
Religion of the Deceased	(Address)		Delivering Box Deliver Flower	to		.,	
Birthplace Harrism		1	Removal Chan	TOP			
Della I to the Character Per	letine		Procuring Buri	al Permit (State Number esof Death Certificate (State Physician's c vice, \$ Use of Ch	and District)		
Place of Death. Havin	or City or County (Years)	(Months)	Certif.Copi	esof Death Certificate	SNO or Coroner's;		
Cause of Death		i	Personal Service	e	арег, ф		
Contributory Causes							
Contributory Causes			Gross Total for	Sales Tax	s	337	75
Certifying Physician. Pa. A	1ª Cartney	(Outlay for Lot				
His Address Engle			Cremation	Notices in Pap	ners		
Name of Father. Willi	B. Harper			(Names of Names or Names of Na			
His Birthplace K	tere ley	I	Flowers, \$	(Names of Newspapers) Palms, \$ Mati	ting, \$		
Maiden Name of Mother.	Mauce Bridg	es C	Opening of Gra	ve or Tomb	ναιιι, φ		
Her BirthplaceJel	,	1	Lining Grave,	Lowering Devoping Charges	rice, \$		
Motor Remains to			Clergyman,\$	Singers,\$Orga	anist,\$		
Size of Casket . State / 1	South	0	r Motor Ticket	Singers,\$Orga s, \$Plane Ser Cable or Radio Char	rvice,\$		
Manufactured by Cul.	(State Color and Number)		Cash Advance	. Cable or Radio Char	ges		
Interment at Phly	Hedale Mo.						
		Orematory .	Out of town U	LER 20145			
	Lot No		Sales Tax			21/1	3/
	Grave No	2010/09/2000/09/2009	Fotal Footing	of Bill	\$	9.7.!.	1.t.
	Section No		Less		\$		·····
Disgram of Lot or Vault	Owner		Entered into L	Balance edger, pageor l	below.		
Date	Amount Paid	Balance	Date		Amount Paic	Rel	nnce
To Above Balance				To Balance Forward			Ī
By Payment	s s			By Payment	s	\$	
" "	\$			а и	\$		
4 4	\$\$			# #	\$. \$	
« «	\$\$			и и	\$. \$	
* *	\$\$			и и	\$. \$	
	\$ s			и и	\$. \$	
*	Names of		h		18	.18	
Insurance \$	Names ofLodges			Insurance Companies			
I hereby authorize the above Funer					Name of Funeral I	directors.)	
for the payment of aforesaid sum, a maturity at the rate of		agree to pay th	e same within Signed		om date. Intere	st to accri	e from
Witness			Address			********	
HARAMATA AND AND AND AND AND AND AND AND AND AN	Comp	fled by F. J. FEII			************	*******	*****

Total No 2.057	Yearly No	2.7.		Date	7º	1 ay	18	19	44
Name of Deceased. La	rell R-	hode	Widowed 🗆 D	ivarced		(What R	U		
Residence: Graculau	d College	۹		and Wife W					
Charge to:			Complete Fune	1 Rode		Pres	ell	I	
Address			Casket	seves F	uneras A	une 9	19		****
Order given by A. Meal D	(or informant)		Burial Vault or	Box Co	00,000				
How Secured	(oriniormant)		Embalming Bo	dy	(State Kind)			.25	0.0.
Occupation Stude	(Socjal Securi		Barber, \$	H	ur Dressing,	\$			
Name of Employer	(oocial occur)	······	Dressing Body, Suit or Dress						
Address	,		Slippers, \$	(Sta	te Kind and Color Hose, \$				
Date of Death. May. /	7. f. 4. 4	10 PM .	Folding Chairs, Candelabrum,	, \$	Tarpaulin, \$				
Date of Birth, and 2	1926		Door Spray, \$		Gloves, \$				
Age			Funeral Car, \$ Limousines to	A	mbulance, §				
Date of Funeral. 5/2//44	La (Days)	м.	Autos to R. R.	Station	@\$				
Services at Tato	Day of Week)	(Hour)	Getting Remair Taking Remair						
Clergyman			Trip to Corone	r's Inques	t				
Religion of the Deceased	(Address)		Delivering Box Deliver Flowers						
Birthplace			Removal Charg	zes					
			Procuring Buri- Certif.Copie Pall Bearer Ser	al Permit.	(State Number a	nd District)		,,,,,	
Place of Death Home On	City or County) (Years)	, (Months)	Certif.Copie	esof Death	Certificates,	Coroner's;	- -		
Cause of Death & roun			Personal Service	e	. Ose of Cha	рег, ф			
Contributory Causes			Gross Total for	Sales Tox			8		
a Bona	rman, Cor	me	Outlay for Lot						
2.	(or Coroner)		Cremation line Death	Notices is	Pane	ore			
His Address				200000000000000000000000000000000000000					
Name of Father			Flowers, \$ Rental of Tent,	.Palms, \$	Matti	ng, \$			
His Birthplace		•••••	Opening of Gra	\$of Tor	'emporary V nb	ault, \$			
Maiden Name of Mother			Lining Grave, S	\$Lo	wering Devi	ce, \$			
Her Birthplace			Outlay for Ship Clergyman,\$	Singer	rgesOrga	nist,\$			
Motor Ship Remains to			Clergyman,\$ Railroad or Motor Ticket	s, \$	Aero- Ser	rice,\$			
Size of Casket	ate Color and Number)		Telegr., Phone, Cash Advanced	Cable or I	Radio Charg	es			• • • • •
Interment at		ſ Cemetery	Out of town U						
Interment at		Crematory							
	Lot No		Sales Tax						
	Grave No		Total Footing	of Bill	dien of	alf	\$	25	00
	Section No		Less		3/18/44	·	\$		
Diagram of Lot or Vault	Owner	1	Entered into L		alance	olom	\$		• • • • •
Date Diagram of Lot or value	Amount Paid	Balance	Date Date	euger, pag	eor D	Amount.	7 11		
		Balance	Date			Amount	Paid	Bals	ince
To Above Balance		\$		To Balance By Payme	Forward			\$	
by Fayment		e		" "	nt	e		ş	
	s	s				s		s	
	\$	\$		и и		s		\$	
* *	\$	\$		ж и		ş		\$	
H H	\$	\$		a a	*********	\$		\$	
handled " " non	s	s	<u>lli</u>	ж и		\$		\$	
Insurance \$	Names of Lodges			Insurance . Companies					
I hereby authorize the above Funeral					(Firm)	Name of Fur	eral Dir	petoni.)	
for the payment of aforesaid sum, an maturity at the rate of		l agree to pay			days fro	m date.	Enteres	t to accru	e from
	70 J		Signed.					*******	
Witness	Con	 piled by F. J. F	Address EINEMAN, St. Louis						

	Data June 5 1944
Total No. 2058 Yearly No 38.	Date
Name of Deceased Laura Sablile	Widowed □ Divorced (What Race)
Residence L. D. S. Horne	
Charge to Q A P	0 111 00
Address	Complete Funeral
Order given by Bushop Landsburg	Casket. Burial Vault or Box (Siate Kind)
How Secured	Embalming Body
a a mesewike none	Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$
Occupation (Social Security Number) Name of Employer.	Dressing Body, \$. Underwear, \$. Suit or Dress. (State Kind and Color)
Address	Slippers, \$
Date of Death June 3 1944 6 AM	Folding Chairs, \$ Tarpaulin, \$
Date of Birth Sept (Bate) 1876 (Hour)	Candelabrum, \$
Age 67 8 15	Funeral Car, \$
Date of Funeral 6/5/44 Man, (Days) 2.30 AM.	Autos to R. R. Station @ \$
Services at At Home (Day of Week) (Hour)	Getting Remains from
	Trip to Coroner's Inquest
Religion of the Deceased (Address)	Delivering Box to
Birthplace Calonia, Mich	Removal Charges
Pacidad in the State 7 40 '	Procuring Burial Permit
Resided in the State. 7 - YM Gr U.S. or City or County) (Years) (Months) Place of Death. 2 - Y - Y - Y - Y - Y - Y - Y - Y - Y -	Procuring Burial Permit. Certif. Copies of Death Certificates No. Certif. Copies of Death Certificates No. Pall Bearer Service, \$ Use of Chapel, \$
	Personal Service.
Cause of Death	
Contributory Causes	Gross Total for Sales Tax.
	Outlay for Lot
Certifying Physician. (or Coroner)	Cremation
His Address A facts 111 O fames	
Name of Father abus W Strong His Birthplace not known	(Names of Newspapers) Flowers, \$. Palms, \$. Matting, \$. Rental of Tent, \$. of Temporary Vault, \$
	Opening of Grave or Tomb.
Maiden Name of Mother. Martha Walker	Lining Grave, \$ Lowering Device, \$
Her Birthplace	Clergyman,\$Singers,\$Organist,\$
Motor Remains to . Include Lenelling . Size of Casket	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$plane Service,\$
Manufactured by Sary Color and Number)	Telegr., Phone, Cable or Radio Charges
Lot No	Sales Tax No / OC
Grave No	
Section No	Less Od in full June \$9/44 8
Owner	Balance\$
Disgram of Doctor vacate	
Date Amount Paid Balance	
To Above Balance \$	To Balance Forward \$
	By Payment \$ \$
4 # \$ \$	и в 3 е
u u ş	" " \$ S
\$\$	я и \$ \$ \$
, «	\$ \$
\$	я и \$ \$
Insurance \$ Names of Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have	sufficient resources Legally available to. (Firm Name of Funeral Directors)
for the payment of aforesaid sum, and I hereby covenant and agree to pa	ay the same water. Interest to accrue from
maturity at the rate of% per annum.	Signed
Witness	Address

Total No. 2.9.5.9	Yearly No.	,29.,.		Date	me. 1.8.	19	.4.4
Name of Deceased//oww	Married S	ngle 🗆 W	verson		(What Race)		
Residence Ft Sheridan	Jel		Husbi	and Wile Widow Lion	ra K. Lev	erson	
Charge to Leona K. Leverso	··········		Complete Fune		\$		
Address		THE PARTY OF THE P	lasket				
Order given by(orinfo	rmant)		Burial Vault or	(State Kind)			
How Secured			lmbalming Boo	dy(Name of Embalme	r)		
Occupation Soldier	(Social Securit		Barber, \$ Dressing Body,		, \$		
Name of Employer. U.S. arm	4		uit or Dress		1000		
	, del	s	lippers, \$				
Date of Death . June . 1.4		(Hour) C	olding Chairs, landelabrum, S				
Date of Birth		I	Door Spray, \$			10 0	
Age	(Dava)	I	imousines to	Cemetery @ \$	\$7		
Date of Funeral 4/8/44	u Hi.	30 P.M. A	utos to R. R.	Station@\$1	Jane .	5	0
Services at Collisium (Day of		/	etting Remail	ns from			
Clergyman Ed Aleager M	(Address)	r	rip to Corone	r's Inquest			
Religion of the Deceased	(Address)		Delivering Box Deliver Flowers				
Birthplace		B	Removal Chare	res			
Resided in the State		P	rocuring Buris	al Permit. (State Number a esof Death Certificates) (State Physician's or	nd District)		• • • • •
Place of Death. F. Sherid	an (Years)				Coroner's;		
Cause of Death Suy Shot W	round	P	ersonal Servic	e	ιραί, φ		0.0
Contributory Causes			coulin	^			0
	,		cross Total for		\$		
Certifying Physician Cerry W.	agley		Jutlay for Lot Fremation				
Certifying Physician Jerry W His Address . It Shendar	2. Sel:		line Death	Notices in Pap	ers		
Name of Father			N #	(Names of Newspapers) Palms, \$ Matti			
His Birthplace		F	Rental of Tent,	\$of Temporary V	ault, \$		
Maiden Name of Mother		Ç	pening of Gra	\$of Temporary V ve or Tomb	audall		00
Her Birthplace			Outlay for Ship	ping Charges.	ice, \$		
Motor) Remains to		C	Clergyman,\$	Lowering Dev pping Charges. Singers,\$6. Orga s, \$Orga	nist,\$	6	
Size of Casket 44 tra long State Cole	4- Saute	saul 0	r Motor Ticket	s, \$ plane Ser Cable or Radio Charg	vice,\$		
Manufactured by	Charles on a Consession		Cash Advanced	1			
Interment at Rose M	ll i	Cemetery Crematory	Out of town U	ndertaker's Charges			
	No. 1336	4					
	.1		Sales Tax		=	63	0
Gra	ve No		Potal Footing	of Bill Levers	\$		
Sect	ion No		biette and		/ 200		0 D
Diagram of Lot or Vault Owr	ner			edger, page or b	elow.	.0.0.	
Date	Amount Paid	Balance	Date		Amount Paid	Bala	nce
To Above Balance				To Balance Forward			
By Payment	9			By Payment	s	9	
* *	\$			4 4	\$	\$	
	\$			a* a	\$	\$	
	\$			я я	s	\$	
	\$				\$	\$	
annon a transcription	\$				s	\$	
	[8]	B	deren eredene	* *	8	\$	<u></u> .
Insurance \$ Lodg	es of es			Insurance .Companies			
I hereby authorize the above Funeral, and I	hereby represent t	that I have suffi	icient resources Le	gally available to (Firm	Name of Funeral Di	rectora.)	
for the payment of aforesaid sum, and I her maturity at the rate of % per	eby covenant and	agree to pay th	ne same within	days fro	om date. Interes	st to accru	e from
			Signed.				
Witness			Address	h		******	

RECORD	OF	FUNER	AL
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Total No. 2065	Yearly No	0	Date	une 22		1944
Name of Deceased	Ruby aun	Hall				
Residence Lamor	. □ Offarried □ Single		Divorced	u H , HAL	-	
Charge to Roscol, Ro			widow Wildow Willow			
Address.	y. 		neral		150	0.0
Order given by about	*************************	Casket	or Box . Coucset		90	.99
How Secured	(or informant)	Embalming B	Sody (State Kind)			
Occupation Aousein	fe	Barber, \$	Body(Name of Embal Hair Dressin	ig, \$		
Name of Employer. au	Marke (Social Security Number	Dressing Bod	y, \$ Underv Hose word Cul (State Kind and Co Hose, \$	vear, \$	12	75
Address		Slippers \$	(State Kind and Co Hose, \$	lor)		
Date of Death . June	20 1944 11AM	1 Folding Chair	s, \$ Tarpaulin	. S		
Date of Birth. Feb	2 186 × (Hour	Candelabrum, Door Spray, 8	, \$ Candles, \$ Gloves, \$.			
Age82	4 18	Funeral Car,	\$Ambulance	\$		
Date of Funeral 6/22/94	Thurs. (Days)	Autos to R. R	Cemetery @ \$ L.Station @ \$			
Services at . M. C. Ch	(Day of Week) (Hour)	Getting Rema	ains from			
Clergyman Rev al	exauder	Taking Remai	er's Inquest			
Religion of the Deceased	Methodist (Adgress)	Delivering Bo	x to			
Birthplace des Moin	es Co. Ja	Deliver Flowe Removal Char	rmer			
Resided in the State		Procuring Bur	rial Permit	and District)		
Place of Death Law	or City or County) (Years) (Month	Certif.Cop	rial Permit. (State Number ies of Death Certificate (State Physician's ervice, \$ Use of Ch	sNo		
Cause of Death Brown	heal Premaria	Pall Bearer Se Personal Servi	ervice, \$ Use of Ch	napel, \$		
Contributory Causes		Gross Total fo	u Colos Tau		940	20e)
Certifying Physician.	P. Reel	Outlay for Lo	t		252	75
His Address Davis C	(or Coroner)	··· Cremation	h Notices in Pa			
Name of Father Joseph	n Dieline	· · · · · · · · · · · · · · · · · · ·	n Notices inFa	pers		
His Birthplace	e land	Flowers, \$	(Names of Newspapers) Palms, \$ Mat	ting, \$		
Maiden Name of Mother.	Kate Leuris		ave or Tomb. O.M.			66
Her Birthplace not h	Lunga	" Lining Grave,	\$ Lowering De-	vice, \$		
Motor Remains to		Clergyman.\$.	pping Charges	aniet S		
Size of Casket Hinge	can walter gray,	Railroad or Motor Ticket	ts, \$ Aero- plane Se	rvice,\$		
Manufactured by Roo		Telegr., Phone	e, Cable or Radio Char	ges		
Interment at RV	79 Hill { Cemet	out of town U	Indertaker's Charges.			
Interment at	(Cremat	ory				
	Lot No. 15.75-3	·· Sales Tax			à	83
	Grave No	Total Footing		\$	269	28
	Section No	Less cleses.	V-11 1/11 1/1 X	\$		
Diagram of Lot or Vault	Owner	6 28 44 Entered 44	Balanceor	\$	2.56.	52
Date	Amount Paid Balan		leager, page./or			
To Above Balano		Ce Date		Amount Paid	Bala	ince
By Payment	es	*****	To Balance Forward		\$,
* *	s s		. By Payment	\$	\$	
* *	\$		и и	e	\$	
	\$			8	9	*****
" "	\$		и и	8	s	
	\$		и и	\$	\$	
······································	Names of		Τ	\$	s	<u></u> .
Insurance \$	Names of Lodges		Insurance .Companies			
I hereby authorize the above Funera for the payment of aforesaid sum, as	d, and I hereby represent that I have	sufficient resources Le	egally available to (Firm	Name of Pupar	22227	
maturity at the rate of			·····days fro	Name of Funeral Dir om date. Interes	t to accru	e from
Witness		Signed. Address				
**************************************		Address				

Total No. 206 / Yearly No.	.3.1.		Date	Jus	y. 23	1	9.4.4.
Name of Deceased A war Married Single	ora	Widowed Di		<i></i>	(What Race)		
Residence: Lamoni, Ja		Husbr	nd Wife Widow	R.y	Morter	nori	
Charge to: Ox oy Monthson	••••••	Complete Funer		STATE OF	s	387	a u
Address Launu							
Order given by		Burial Vault or	Box Alex	e Kind)	ciel.	9.0	00
How Secured.		Embalming Boo	(Name	f Embalmer)			
Occupation 7.1		Barber, \$ Dressing Body,	Hair I	Dressing, l Inderwea	r,\$		
Name of Employer. and heret		Suit or Dress		nd and Color)			
Address Date of Death July 20 1944 6	PHI	Slippers, \$ Folding Chairs,	Hos	e, \$			
(Date)	(Hour)	Candelabrum, \$		dles, \$			
Date of Birth. Jan. 8 1843		Door Spray, \$. Funeral Car, \$.	Amb	res, \$ ılance, \$.			
Age (Years) (Months) (Days)		Limousines to	Cemetery	.@\$			
Date of Funeral. 7/3/44. Suu	our)	Autos to R. R. Getting Remain	as from				
Services at. Collseum		Taking Remain Trip to Coroner	s to				
Clergyman.:(Address)		Delivering Box	to				
Religion of the Deceased. Birthplace WhatChler, Ja	CONTRACT.	Deliver Flowers Removal Charg	oe .				
13 week.		Procuring Buris Certif.Copie Pall Bearer Serv	l Permit	Number on	Districts		
	(Months)	Certif.Copie	sof Death Cer	tificatesN	O		
Place of Death. & amount Sa		Pall Bearer Service Personal Service	zice, \$ Us	e of Chap	el,\$		
Cause of Death Cancer of Breast						72.54	
Contributory Causes		Gross Total for	Sales Tay		8	4.1.1.	<u> </u>
Certifying Physician K! A. Ohronn		Outlay for Lot					
His Address Laum Ger Coronset		Cremation line Death	Notices in	Paper	S		
Name of Father Rast Maxwell		Flowers, \$					
His Birthplace Scotland		Flowers, \$ Rental of Tent,	Palms, \$	Mattin	g, \$		
Maiden Name of Mother Mary Forsyth		Opening of Gra	ve or Tomb.			17.	00
Her Birthplace		Lining Grave, \$ Outlay for Ship	ning Charges	ing Devic	e, \$		
Motor Remains to		Clergyman,\$ Railroad or Motor Tickets	Singers,\$.	Organ	ist,\$		
Size of Casket Cedar ramelend S	tale	or Motor Tickets Telegr., Phone,	Coble or Pod	olane Servi	ce,\$		
Manufactured by Roof (State Color and Number)		Cash Advanced					
	Cemetery	Out of town Un	ndertaker's Cl	arges			
Lot No 144 2	100					4	7.7
		Sales Tax Total Footing of				49.5	77
Grave No3	•••••	Less) DIII		. sc . s	.//. ·Y.	. VZ
Section No	• • • • • • •	Polin se	Warg Balan	19 47	100		
Diagram of Lot or Vault Owner		Entered into La	edger, page	or be	low.		
Date Amount Paid	Balance	Date			Amount Paid	l Bal	ance
To Above Balance \$			To Balance For	ward			
By Payment \$ \$			By Payment	\$		\$	
			* *	s			
* * · · · · · · · · · · · · · · · · · ·		1	# # ··	\$			
* * \$ S			a a	\$		\$	
* *				s			
ssss			a a	s			
Names of Lodges			Insurance Companies				
I hereby authorize the above Funeral, and I hereby represent tha	it I have su	flicient resources Le	gally available to	(Firm N	ame of Funeral l	Directors, 1	
for the payment of aforesaid sum, and I hereby covenant and ag maturity at the rate of % per annum.	ree to pay	the same within		days fron	date. Inter	est to accr	ue from
		20,830,000					
Witness		Address					

maturity at the rate of % per annum.

RECORD (OF FUNERAL
Total No. 2062 Yearly No. 32	
Name of Deceased Chris W Pete	Widowed ☐ Divorced (What Race)
Residence. Lamem Ja	□tfusband□wife□widow)
Charge to: Estate of Chris W Petersun	or ot }
Address,	Complete Funeral
Order given by Mes West Lane,	Casket Burial Vault or Box (State Kind)
How Secured	Embalming Body(Name of Embalmer)
Occupation Returned farmer Bounds Number	Barber, \$Hair Dressing, \$ Dressing Body, \$Underwear, \$
Name of Employer	Suit or Dress
Address	Slippers, \$
Date of Death. July 2/ /9.49 (Hour)	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Death July 21 1949 (Hour) Date of Birth. May 27 1871 (Hour)	. Door Spray, \$
Age. 73 / >4	Funeral Car, \$
Date of Funeral July 23/44 - Sun . 3 P.M	Autos to R. R. Station @\$
Services at Washel (Day of Week) (Hour)	Autos to R. R. Station (S)
Clergyman	Trip to Coroner's Inquest
Religion of the Deceased(Address)	Delivering Box to
Birthplace Alemana.	Democrat Channe
Resided in the State	Procuring Burial Permit(State Number and District)
Place of Death. Quality or County) (Wans) (Months)	Certif. Copies of Death Certificates No. (State Physician's or Coroner's) Pall Bearer Service. \$ Use of Chapel. \$
	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Pyclonephints Contributory Causes Prostatilis	Personal Service, S. Use of Chapel, \$ 500 Personal Service, S. Use of Chapel, \$ 500 Cattle Service, S. Use of Chapel, \$ 500 Ca
Contributory Causes. V. 200-21000000	Gross Total for Sales Tax
Certifying Physician G. E. Bennett	Outlay for Lot.
His Address Omalia (or Coroner)	Cremationline Death Notices inPapers
Name of Pather.	Flowers, \$ Palms, \$ Matting Rental of Tent, \$ of Temporary Vault, \$ 00
His Birthplace.	
Maiden Name of Mother Asakuau	Lining Grave, \$Lowering Device, \$
Her Birthplace a Quanarh Motor Ship Remainsto Quala	Outlay for Shipping Charges Clergyman, \$ Singers, \$4.00
Ship Remains to	Railroad Tickets, \$ Aero-Service.\$
Size of Casket	Lining Grave, \$. Lowering Device, \$ Outlay for Shipping Charges, Organist, \$. Clergyman, \$. Singers, \$\footnote{\sigma}\text{Organist}, \$\$ Palicod Tickets, \$. Pales Pervice, \$. Telegr., Phone, Cable or Radio Charges.
Manufactured by	Cash Advanced
Interment at	Cardo 23
Lot No 3.7.5	Sales Tax 45 2 6
Grave No3	Total Footing of Bill
Section No	Less\$
Diagram of Lot or Vault Owner	Balance\$ Entered into Ledger, pageor below.
Date Amount Paid Balance	
To Above Balance \$	To Balance Forward.
By Payment. \$ \$	By Payment S e
* * \$ \$	и и s
	* " \$ \$
* * \$ \$	
* * \$ \$	
\$	······································
Names of	
Insurance \$	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have s	(Firm Name of Funeral Directors)
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within

Signed.....

Address.

Compiled by P. J. FEINEMAN, St. Louis, Mo.

Total No. 2063 Yearly No. 33	Date duy 5 1944
Name of Deceased Neman Haus	Midowed □ Divorced (What Race)
Residence: Lamani, Ja	THusband Wile Wildow Christine Waushelr
Charge to: O.d.:	Complete Funeral
Address	Casket
Order given by Chushio Wausher	Burial Vault or Box
How Secured	Embalming Body(Name of Embalmer)
Occupation Teacher 484-01-878	7 Barber, \$ Hair Dressing, \$ Dressing Body, \$ Underwear, \$
Name of Employer. Not suplayed	Suit or Dress
Address	Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$
Date of Death Aug. 3 /944 7. AM.	Candelabrum, \$Candles, \$
Date of Birth. Aug 13 189!	Door Spray, \$
Age. (Yearp) -/ (Months) (Days)	Limousines to Cemetery @ \$
Date of Funeral 8/5/49 Sa. 2/30.0 M	I. Autos to R. R. Station @ \$
Services at Chaful	Taking Remains to
Clergyman	Delivering Box to
Religion of the Deceased	- Deliver Flowers to
Birthplace turtierland	Procuring Burial Permit
Resided in the State (or U. S. or City optounty) (Years) (Months)	Procuring Burial Permit. Certif.Copiesof Death CertificatesNo. (State Number and District) Pall Bearer Service, \$\(\sigma\) Use of Chapel, \$\(\sigma\).
Place of Death. & amou Se	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
Cause of Death	299 00
Contributory Causes	Gross Total for Sales Tax. \$ 2.36 5.5
Certifying Physician.	Outlay for Lot.
(or Coroner)	Cremation
His Address Name of Father Charles Haushee	
His Birthplace Lwitzerland	Flowers, \$
Maiden Name of Mother Fredrika Du Bor	Opening of Grave or Tomb
Her Birthplace France	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges
Motor Remains to	Clergyman,\$Singers,\$Organist,\$
Size of Casket Tray Is Couch Deroadeloth	or Motor Tickets, \$
Manufactured by State Color and Number)	Cash Advanced
Interment at Rose Hill { Cemete Cremato	Out of town Undertaker's Charges
Lot No. 1461	
	Sales Tax 3 2 48 9 2
Grave No	Less Ph in full \$/2/44. \$
Section No	Balance S
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balan	Date Amount Paid Balance
To Above Balance \$	\$
" "	sss
" " S. S.	* " S S
sssssss	
sssss	
Names of Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have	sufficient resources Legally available to. (Firm Name of Funeral Directors)
for the payment of aforesaid sum, and I hereby covenant and agree to p	ay the same within
maturity at the rate of% per annum.	Signed
Witness	Address

Total No. 2.0.64	Yearly, 1	No3.4.		Date		ug. 6		194.5
Name of Deceased,	Mevada		Wood	eu.		U W		
Residence. Lamon	i Married [Single 5	Widowed	Divorced seband Wife	Widow ! 1	Lyron o	Wood	den
Charge to:							345	00
Address			Complete Fur				.9.7.9.	
Order given by	(or informant)		Casket Burial Vault	or Box	nicieté	Vault	90	00
How Secured	(or informant)		Embalming B		(State Kind)			
Occupation housew	ife pu	ne	Barber, \$					
Name of Employer.	1 home. (Social Sec	urity Number)	Dressing Bod Suit or Dress	y,\$ /6/1	Rosewo	rear, \$	12	25
Address			Slippers, \$	(St.	Hose, \$	lor)		
Date of Death. Aug.	3. 1944	3 P/4	Folding Chair Candelabrum,	s, \$	Tarpaulin,	\$		
Date of Birth. aftel	26 1883		Door Spray, \$	B	Gloves, \$.			
Age			Funeral Car, Limousines to	\$	imbulance,	\$		
Date of Funeral. 8/6/4.4.	Lun	20 M.	Autos to R. R	. Station	@\$.			
Services at Low Ro	ch Church	(Hour)	Getting Rema	ins from ins to				
Clergyman Marou	Traxler		Trip to Coron	er's Inques	t			
Religion of the Deceased.	L. D. S. (Address)		Delivering Bo Deliver Flowe	x to rs to				
Birthplace Hauss	n Co. Mu	.:	Removal Char	POTO				
Resided in the State	A or Cita or Country (Vone		Certif Con	ian Permit.	(State Number	and District)		
Place of Death & ecat	u Co Hors.	Leon	Procuring Bur Certif.Cop Pall Bearer Se	rvice. \$	te Physician's o	r Coroner's;		
Cause of Death			Personal Servi	ce				
Contributory Causes							447	75
			Gross Total fo			\$		
Certifying Physician	7. Read		Outlay for Lo Cremation					
His Address Davis			line Death	Notices in	Pap	ers		
Name of Father falls	Sandage		Flowers, \$	(Names of New	spapers)			
His Birthplace. J.	eliana							
Maiden Name of Mother	Parriet Cros	men	Opening of Grave,	ave or Ton	ıb			
Her BirthplaceQ			Outlay for Shir	pping Char	geg	1000		
Motor Remains to Zo	ue Clock.		Clergyman,\$ Railroad or Motor Ticket	Singers	\$Orga	nist,\$		
Size of Casket	(State Color and Number)		relegr., Phone	. Cable or R	adio (haro	es		
Manufactured by	P - 0 01	(Compt	Cash Advance Out of town U	d				
Interment at. U/	oxf Moca).	{ Cemetery Commandery		·····	········			
	Lot No		Sales Tax				4	18.
	Grave No		Total Footing	of Bill o	alx.Y.			
	Section No		Less . O	il fel	X of	\$\$		
Diagram of Lot or Vault	Owner		Jara		lance	\$		
Date	Amount Paid		Entered into L	eager, page	or b			
		Balance	Date		A A	Amount Paid	Bala	nce
To Above Balan	e e	\$		To Balance			\$	
4 4	ss	\$		By Payment		\$	\$	
и и	\$	\$		и и		\$	\$	
	\$	\$		и и		\$	\$	
* *	\$	8		и п		\$	\$	
и и	\$	\$ e		и и		\$	\$	
	Names of Lodges		deserve deser	Insurance		s	8	
Insurance \$ I hereby authorize the above Funer	Lodges	that I have suf	icient resources T	Insurance Companies				
I hereby authorize the above Funes for the payment of aforesaid sum,	and I hereby covenant and	agree to pay t	he same within	www.	(Firm N	ame of Funeral Dir n date. Interes	ectors.)	
maturity at the rate of			Signed		ways Iror	uate. Interes	t to accrue	from
Witness			Address					****
	Com	piled by F. J. FEI	NEMAN, St. Louis, h	fo.				0.000

Total No. 2.0 6.5 Yearly No. 3.	5. Date Aug. 29 1944
Name of Deceased Mina Fla	LQ. Widowed □ Divorced (What Race)
Residence Churago, Il	Benshand Wille Widow Verue Teale.
Charge to Vira Hali	Complete Funeral \$
Address Chicago Order given by Verne Flale	Casket Burial Vault or Box Concent Vault 90 08
How Secured . (or informant)	
Occupation	Embalming Body (Name of Embalmer) Barber, \$
Name of Employer. (Social Security Number)	Dressing Body, \$Underwear, \$
Address	Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$
Date of Death Aug 27 1944 Date of Birth Nov 26 1896 (Hour)	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. Nov 26 1896 (Hour)	Candelabrum, \$
Age. 47 4 2	Funeral Car, \$ Ambulance, \$
Date of Funeral aug 29 Tules 2,30	M. Autos to R. R. Station @ \$ Getting Remains from Ascella. 1000
Services at Chaple	Taking Remains to.
Clergyman. Juny Runkle (Address)	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace	Removal Charges Procuring Burial Permit
Resided in the State (or U. Sor City or County) (Xegra) (Months	
Place of Death Chronix Enclocarditis	Certif. Copiesof Death Certificates No. Ball Bearer Service, S. Uge of Chapels S. Pall Bearer Service, M. 42 of Chapels S. Personal Service, M. 42 of Chapels S. And Certification Services
Cituse of Death, Day, warrange, and the city of the ci	and Cemetary equipment,
Contributory Causes.	Gross Total for Sales Tax. 8 1/3 5 0.0
2 10 Yamen	Outlay for Lot.
Certifying Physician A. A Jamey	Cremation
His Address Chicago Let	
Name of Father. His Birthplace.	Flowers, \$. Palms, \$. Matting, \$
Maiden Name of Mother.	Opening of Grave or Tomb. To a Miller 1.1900.
Her Birthplace	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges
Motor Remains to Shirt Jy,	Clergyman \$ Singers \$ Organist \$
Size of Casket (State Color and Number)	Railroad Tickets, \$ Aero Service, \$ Or Moor Tickets, \$ plane Service, \$ Or Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced
Interment at Rose Hell { Cemete	ry Out of town Undertaker's Charges.
Lot No 1.4.4.3	Sales Tax / 335
Grave No2	Total Footing of Bill \$ 150 35
Section No.	Less . Policy full Sept 12744 \$
	Balance\$
Diagram of Lot or Vault Owner. Date Amount Paid Balan	Entered into Ledger, page or below. Date Amount Paid Balance
	To Balance Forward.
To Above Balance \$	By Payment \$ \$
	# « \$ \$
" "	
\$ \$ \$ \$	и и \$
" " s s	# # :ssssss
Names of Lodges.	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have	sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to p	ay the same within
maturity at the rate of % per annum.	Signed

Address....
Compiled by F. J. FEINEMAN, St. Louis, Mo.

Total No. 2066	· Yearly N	3.6	×***********	Date Les	St. 15		19 4.4.
Name of Deceased	alice Phy	Single	Vancer Widowed	······································	(What Race)		
Residence J. S. J. Ch Charge to S. D. S. Ch	Louie.		□Huel	oand Wife Widow			
				eral	s	100	00
Address. Laman Order given by Dishop	Landsberg		Casket				
How Secured	(or informant)		Burial Vault or	(State Kind)			
	le non	0	Embalming Bo	dy(Name of Embalm Hair Dressing	er)		
Occupation Kausewy	(Social Secus	ity Number)	Dressing Body	,\$Underw	ear.\$		
Name of Employer			Suit or Dress	(State Kind and Cole			
Address		~/ 44	Slippers, \$				
Date of Death	(Date)	7,'30 AM	Folding Chairs Candelabrum	, \$ Tarpaulin, \$ Candles, \$.	\$		
Date of Birth. Mar.	3 1854		Door Spray, \$				
Age89	(Months) (Days)		Funeral Car, \$	Ambulance, Cemetery @ \$.	\$		
Date of Funeral . 9/1. 5/4.4	Sat (Days)	P. M.	Autos to R. R.	Station @ \$.			
Services at . Mo service	Le La	(Hour)	Getting Remai	ns from			
Clergyman . Laue			Taking Remain	r's Inquest			
Religion of the Deceased	(Address)		Delivering Box	to			
Birthplace . Wilton . 1 .	Jel		Deliver Flower Removal Char	s to			
	yes		Procuring Buri	al Permit			
Resided in the State	of City or County) (Years	(Months)	Certif.Copie	al Permit(State Number esof Death Certificates (State Physician's evice, \$ Use of Ch.	No		
	House	,	Pall Bearer Ser	vice, \$ Use of Ch	apel, \$		
	my acclu	nou	Taking New	iam to K. C. for he	metar	80	00
Contributory Causes			Gross Total for	Sales Tax	\$		
Certifying Physician. K. R.	Brown -		Outlay for Lot	12 by Michol Do	Kall		f.
His Address Lama	(or Coroner)		line Death	Od by Meshof Do Notices in Pap	ers)
Name of Father. Sleage	Dancer	11 70 20 1		(Names of Newspapers) Palms, \$ Matt			
His Birthplace Hew	York stal	e e	Flowers, \$ Rental of Tent.	Palms, \$ Matt \$ of Temporary V	ault. S		
Maiden Name of Mother A		F 19.3	Opening of Gra	ve or Tomb. by A.	AKSHALL.	1	00
Her Birthplace		7.	Lining Grave, S	Lowering Dev	ice, \$		
Motor Remains to Naus	es ale Mo		Clergyman,\$	Singers,\$Orga	nist,\$		
210			or Motor Ticket	Singers,\$Orga s,\$Aero-Ser	vice,\$		
Manufactured by Root	State Color and Number)		Telegr., Phone, Cash Advanced	Cable or Radio Charg	es		
Interment at	ose Hell.	Cemetery Crematory	Out of town U	ndertaker's Charges.			
		(Crematory .					
askes in un furied of	Lot No 7.0.3.		Sales Tax				20
grave space.	Grave No		Total Footing	full Oct 6/44	\$	122.	2 0
	Section No			Balance			
Diagram of Let or Vault	Owner		Entered into L	edger, pageor l	elow.		
Date	Amount Paid	Balance	Date		Amount Paid	Ba	lance
To Above Balance				To Balance Forward		. s	
By Payment	\$	3		By Payment	\$. \$	
" "	\$			# # ·······	\$. \$	
	\$			# # ·······	\$. \$	
			1		S	. \$	
	s			# #	s	\$	
	8			# #	\$	\$	
	Names of Lodges.	7 2 2 2		Insurance Companies	· · · · · · · · · · · · · · · · · · ·	. \$	
Insurance \$ I hereby authorize the above Funera for the payment of aforesaid sum, ar maturity at the rate of	Louges	hat I have enff	icient resources I ac	Companies			
for the payment of aforesaid sum, ar	nd I hereby covenant and	agree to pay th	ne same within	(Firm	Name of Funeral D	irectors.)	
maturity at the rate of	.% per annum.		Signed	uays Irc	m date. Intere	st to acer	ue from
Witness		1000	Address				
		71 7 1 W W WOOD	**************************************	*******************			

Total No. 2067. Yearly No. 3	Date Sept. 28 1945
Name of Deceased. Mary & 9	homas
Residence Lamoni Ja	Widowed Divorced (What Race) Husband Wildow Online B Thomas
Charge to . Estato	or,ot \$
Address,	Complete Funeral
Order given by James Phomas (or informant)	Casket
How Secured (or informant)	(State Kind)
Occupation Houseurf usue	Embalming Body (Name of Embalmer) Barber, \$Hair Dressing, \$
Name of Employer our home (Social Security Number	Dressing Body, \$Underwear, \$
Address	Suit or Dress
Date of Death Sept 14 1944 7AA	Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.
Date of Birth. March 7 1853 (Hour)	Candelabrum, \$ Candles, \$
Age. 9/ 6 /2 (Years) (Months) (Days)	Door Spray, \$
Date of Funeral. 129/49 (Months) (Days)	Limousines to Cemetery @ \$
Date of Funeral 9/10/49 W.F.d. 2 P. Services at Coll Se U h1	M. Autos to R. R. Station @ \$
	· Taking Remains to
Clergyman T. A. Beck: Ed Sleau aut:	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased. Z. D.	· Deliver Flowers to
Birthplace Pleasanton, Su	Removal Charges
Resided in the State Life Time (Years) (Months	Procuring Burial Permit. (State Number and District) — Certif. Copiesof Death Certificates No. Pall Bearer Service. (State Symptoms of Communication Communication). Pall Bearer Service. Use of Chapel, \$.
Place of Death & amount da	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Myocarditis	Personal Service.
Contributory Causes.	
,	Gross Total for Sales Tax. 3 249 00 Outlay for Lot.
Certifying Physician K. A. Brown	Cremation
His Address. Lamoni (or Coroner)	line Death Notices inPapers
Name of Father alfred W. Moffet	Flowers, \$. (Names of Newspapers) Palms, \$. Matting, \$.
His Birthplace. not known.	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Lydia and Wright	Opening of Grave or Tomb. To. A Mould 10 00 Lining Grave, \$ Lowering Device, \$
Her Birthplace New York state	Outlay for Shipping Charges
Motort	Clergyman, \$Singers, \$Organist, \$Rallroad } Tickets, \$Aero-grades Pickets, \$Pane Service, \$
Size of Casket. 6-3 /2 Couch ceelar	or Motor / Tickets, \$
Manufactured by (State Color and Number)	Cash Advanced
Interment at Rose HILL Cemete	Out of town Undertaker's Charges
Lot No / 7.5	
Grave No 3	Sales Tax 249 Total Footing of Bill 261,49 \$ 269 49
	Less. Polin J. J. Och 4-47 . 42 . 8
Section No.	Balance \$
Diagram of Lot or Vauit Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	
	To Balance Forward
By Payment \$ \$	
* *	
	* " " \$ \$ \$
	\$
# # S	······································
Names of Lodges .	Insurance \$
Insurance \$Lodges. I hereby authorize the above Funeral, and I hereby represent that I have	Insurance Companies
for the payment of aforesaid sum, and I hereby covenant and agree to pa	(Firm Name of Funeral Directors)
maturity at the rate of% per annum.	y the same withindays from date. Interest to accrue from Signed
Witness	Address

Total No. 7 0 6 8	Pate Oct 2 1944
Name of Deceased William & Mather	Widowed
Residence of Money Ja Charge to This W. J. Mathe	Widowed Diverses
Address 684-46th St- SesMound	Complete Funeral
Order given by Lunus Furural Hame	
(orinforment)	Burial Ventor Box Med Word : Delawied 16 00
How Secured	. Embalming Body
Occupation Leulist (Social Security Number)	Barber, \$. Hair Dressing, \$
Name of Employer	Suit or Dress
Address Date of Death. Oct / 1944	Slippers, \$
	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth.	Door Spray, \$
Age. 70 5 /6 (Years) (Magrita) (Days)	Funeral Car, \$Ambulance, \$Limousines to Cemetery@ \$
Date of Funeral (1)44 Tees 2 (Hour)	Autos to R. R. Station @ \$
Services at Coleseum	Taking Remains to
Clergyman Ed Gleaser Lewis Loudsburg	Trip to Coroner's Inquest
Religion of the Deceased. Z. P. A. (Address)	Delivering Box to
Birthplace	
Resided in the State (or H. S. or City or County) (Years) (Months)	Certif Conject Death Certificates No.
Place of Death. Des. Mornes	Pall Bearer Service. \$. Use of Chanel \$
Cause of Death Newiflegia	Personal Service, meleding use of heave
Contributory Causes.	Memoval Charges. Procuring Burial Permit. Certif. Copiesof Death Certificates No. Pall Bearer Service, S. Personal Service, outside the comment of the co
da F Oo	Gross Total for Sales Tax
Certifying Physician A. As Fellet	Cremation
His Address Des Mornes	line Death Notices inPapers
Name of Father	Flowers, \$(Names of Newspapers) Palms, \$Matting, \$
His Birthplace	Kental of Tent. S of Temporary Vault S
Maiden Name of Mother	Opening of Grave or Tomb & A MATSHALL IA. 06 Lining Grave, \$ Lowering Device, \$
Her Birthplace	Outlay for Shipping Charges
Motor Remains to Pluf Lu	Clergyman,\$. Singers,\$. Organist,\$. Railroad \Tickets,\$. plane Service,\$.
Size of Casket	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced Out of town Undertaker's Charges.
Interment at	Out of town Chuertaker's Charges.
Lot No. 786	Sales Tax Polin fill git
Grave No.	Total Footing of Bill. Oct 17 ky s 63 00
	Less
Section No.	Balances
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward
By Payment \$ \$	
* *	

* * \$ \$	······································
* "	***************************************
	я я
Insurance \$	Insurance S
Insurance \$	Majort reserves Tan-Ila 23.3
for the payment of aforesaid sum, and I hereby covenant and agree to pay	
maturity at the rate of% per annum.	Signed
Witness	Address

Total No 2 0 6 9 Yearly No 3	9. Date Oct 5 1944
Name of Deceased Walter Oiler	ω
Residence Lamoni Ja Single	Widowed Divorced (What Race) Humband Wife Widow Sadie Mal Qilli
Charge to Mus Walter Oile	orof Satul Mal Call
	Complete Funeral\$
	Casket
Order given by(or informant)	Burial Vault or Box
How Secured	Embalming Body(Name of Embalmer)
Occupation famus (Social Security Number)	Barber, \$Hair Dressing, \$Dressing Body, \$Underwear, \$
Name of Employer and farm	Cuit on Duona
Address	Slippers, \$
Date of Death . Oct 3 1999 7,30A) (Hour)	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. /888	Candelabrum, \$
Age	Funeral Car, \$ Ambulance, \$
Date of Funeral (Date) (Mostle) (Day of Week) (Hour) Services at Chafel (Day of Week) (Hour)	Limousines to Cemetery @ \$
Sominos at Charles (Day of Week) (Hour)	Autos to R. R. Station @\$ Getting Remains from Charitan /0 0 0
Clergyman art Lane	Taking Remains to. Trip to Coroner's Inquest
Religion of the Deceased	Delivering Box to
Birthplace Virginia	Deliver Flowers to
	Procuring Burial Permit.
Resided in the State (or U.S. or City or County) (Years) (Months) Place of Death, Rocheste, Him	Personal Surjai Permit. Certif. Copiesof Death Certificates Vo. Certif. Copiesof Death Certificates Vo. Pall Bearer Service, S. Use of Chapel, S. Personal Service, Merg. Many Chapful G. Turphukut G. Turphuk
Place of Death No chester, Them	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death	Personal Service, the of healt, Chapter 3500
Contributory Causes	
***************************************	Gross Total for Sales Tax\$
Certifying Physician	Outlay for Lot.
His Address	Cremation
Name of Father Samuel Pills	The second secon
His Birthplace not know	Flowers, \$. (Names of Newspapers) Palms, \$. Matting, \$ Rental of Tent, \$. of Temporary Vault, \$ Opening of Grave or Temp. 50 Military 13 00
Maiden Name of Mother. Kual known	Opening of Grave or Tomb & Machel 1200
	Lining Grave, \$Lowering Device, \$
Her Birthplace	Outlay for Shipping Charges.
Motor Remains to	Clergyman,\$. Singers,\$. Organist,\$. 400 Railroad or Motor Tickets, \$. Aero-plane Service,\$.
Size of Casket (State Color and Number)	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced.
Interment at Rose Hill (Cemetery Grematory	Cash Advanced Out of town Undertaker's Charges Caus try to Workland 34 75
Lot No. 505->	
Grave No 2	Total Footing of Bill. Less G. d. M. full Oct 6 VY s
	Less P. J. see full Oct 6 44 s
Section No.	Balance\$
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance\$	To Balance Forward S
By Payment \$ \$	By Payment \$ \$
	« « \$ \$

	············ " " ········ \$ \$
	ssss
Insurance \$ Names of Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have su	fficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within
maturity at the rate of % per annum.	Signed
Witness	Address
Compiled by F, J, F1	EINEMAN, St. Louis, Mo.

Total No. 2070 Yearly No	Date
Name of Deceased Tavina Francis	
Residence Lamoni . Ja . Married Single	□ Widowed □ Divorced (What Race)
Charge to C. Bu Kall	or of
	Complete Funeral including dues \$ 225 00
Address. Order given by Mus. C. D. v. Aall.	Casket
(or informant)	Burial Vault or Box
How Secured.	Embalming Body (State Kind) (Name of Embalmer) (Name of Embalmer) (Name of Embalmer)
Occupation Kousewife Ward. (Social Security Number	
Name of Employer	Dressing Body, \$ Underwear, \$ Suit or Dress (State Kind and Color)
Address	Slippers, \$
Date of Death. Oct // 1944 10 A/	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. 44. 18.7.3.	Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$
Age	Funeral Car, \$ Ambulance, \$
Date of Funeral 9/3/44 Fin (Days) 2.0	Limousines to Cemetery. @ \$
Services at Charlel. (Day of Week) (Hour)	Getting Remains from
Clergyman Carl Ballantyne, & Barn	Taking Remains to
Religion of the Deceased	Delivering Box to
Birthplace Museum	· Deliver Flowers to
Birthplace Market Co.	Procuring Burial Permit.
Resided in the State. 46 40 (Your County) (Years) (Month	Procuring Burial Permit. (State Number and District) — Certif. Copiesof Death Certificates No. (State Physician's or Coponer's) Pall Bearer Service, \$ Use of Chaptel, \$
Place of Death. Lamour	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death	Personal Service
Contributory Causes	
	Gross Total for Sales Tax
Certifying Physician. N. A. B. mm	Outlay for Lot
His Address	line Death Notices in Papers
Name of Father Meloin Munifels	Flowers, \$ (Names of Newspapers) Palms, \$ Matting, \$
His Birthplace. 200 :	Flowers, \$Palms, \$Matting, \$ Rental of Tent, \$of Temporary Vault, \$
Maiden Name of Mother. Mary McCey.	Opening of Grave or Tomb
Her Birthplace. Ww	Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.
Motor Remains to	Clergyman,\$Singers,\$Organist,\$
Size of Carlot Rex 1/2 each	Clergyman,\$Singers,\$. Organist,\$. Railroad Tickets,\$
(State Color and Number) Manufactured by	Telegr., Phone, Cable or Radio Charges
Interment at { Cemet Cremate	Out of town Undertaker's Charges.
Cremate	Sales Tax O Ozt 14/14/
Lot No	Sales Tax
Grave No	Total Footing of Bill Modern Net. \$ 337 25
Section No	Less
Name and Address of the Party o	Balance\$
	Entered into Ledger, page or below.
Date Amount Paid Balan	ze Date Amount Paid Balance
To Above Balance \$	To Balance Forward \$
	S S S
	\$ \$ \$
\$	····· \$ \$ \$
« « s	\$
" " S S	a u s
	" × \$
Names of LodgesLodges	Insurance Companies.
I hereby authorize the above Funeral, and I hereby represent that I have	sufficient resources Legally avoilable to
	ay the same within
maturity at the rate of% per annum.	Signed
Witness	Address

Total No. 2071 Yearly No. 4	Date Oct.	3/ 1944
Name of Deceased Sarah adhie Col	G	
Residence Lamoni Ja Married Single	Widowed Divorced (What Ri	Cala
Charge to . Estab	orof	<i></i>
Address	Complete Funeral	\$ 285 60
Order given by Fayette Cule	Casket	
How Secured (or informant)	Burial Vault or Box(State Kind)	
7	Embalming Body(State Kind)	
Name of Employer (Social Security Number)	Barber, \$	
Address	Suit or Dress(State Kind and Color)	
Date of Death Oct 28/44 12;301M	Slippers, \$	
Date of Birth. Apr. Ay (Date) 8 75 (Hour)	Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$	
Date of Birth, Joya 29 /878	Door Spray, \$ Gloves, \$	
Age. 69 6 4	Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$	
Date of Funeral 10/31/49 (Months) (Days) 2 P M	Autos to R. R. Station @ \$	
Services at Chapel	Getting Remains from	
Clergyman &d Gleaser, Willard Moon	Trip to Coroner's Inquest	
Religion of the Deceased & D. & (Address)	Delivering Box to	
Birthplace Jowa	Parioval Charges	
Resided in the State	Procuring Burial Permit. (State Number and District) Certif. Copies of Death Certificates No Pall Bearer Service, \$ Use of Chapel, \$	
Resided in the State (or U.S. or City or County) (Years) (Months)	Certif. Copiesof Death Certificates No. (State Physician's or Coroner's)	
Cause of Death Coronary Occlusion	Personal Service Use of Chaper, \$	
		285 00
Contributory Causes	Gross Total for Sales Tax	e ac 0.5
Certifying Physician K. R. B. 1911	Outlay for Lot	
for coroner)	Cremation	
Name of Father David Red		
Name of Father.	Flowers, \$	
His Birthplace Mich	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb. A. MARSh ALL.	10 00
Maiden Name of Mother. Adding Russell	Lining Grave, \$Lowering Device, \$	
Her Birthplace	Outlay for Shipping Charges.	
Motor Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad or Motor Tickets, \$ Aero-Service,\$	
Ship Remains to Size of Casket 6/3 Shey Level State (State Color and Number)	Telegr., Phone, Cable or Radio Charges	
Manufactured by Rosa 21 (Campber)	Cash Advanced	
Interment at Rose Will { Cemetery Crematory	Out of town Undertaker's Unarges	
Lot No. 1567	Sales Tax	285
Grave No. 2	Total Footing of Billy 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 297 85
	Less Paid in full 282,46	.\$
Section No.	Balance Entered into Ledger, pageor below.	.\$
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.	
Date Amount Paid Balance	Date Amount	Paid Balance
To Above Balance\$	To Balance Forward	\$
By Payment\$\$		\$
	\$	\$
" " \$ \$		\$
\$	\$	\$
		\$
	а а с	\$
Names of Lodges.	Insurance Companies	
Insurance \$ Lodges. I hereby authorize the above Funeral, and I hereby represent that I have st		
I hereby authorize the above Funeral, and I hereby represent that I have so for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within days from date. I	eral Directors.) Interest to accrue from
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of% per annum.	Signed	ancrese to account from
maturity	Address	

Total No. 2072 Yearly No 4.	2 Date 11 7 1944.
Name of Deceased Milliam Warren	
Residence Lamoni . La Married Single	Widowed
Charge to Estate	
Address	Complete Funeral \$.3.3200
Order given by Mis f. Jours	CasketBurial Vault or Box
// (orinformant)	Embalming Body (State Kind) Embalming Body (Name of Embalmer) University of the Companies of Embalmer)
Occupation retired farmer with	Barber, \$(Name of Embalmet) Hair Dressing, \$
Name of Employer (Social Security Number)	Dressing Rody \$ Underweer \$
Address	Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$
Date of Death Nov. 4 1944 9 PM	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. Oct 16 (Hour)	Candelabrum, \$
Age. 88 0 18	Funeral Car, \$ Ambulance, \$
Age. (Years), (Months) (Days) Date of Funeral /// // 49 July 2 P. M. (Days) (Bour) (Hour) M.	Limousines to Cemetery @ \$
Services at Chapel (Day of Week) (Hour)	Getting Remains from
Clergyman Chas Harke	Taking Remains to Trip to Coroner's Inquest
Religion of the Deceased . (Address)	Delivering Box to
Birthplace Quelependence - Ja	Deliver Flowers to Removal Charges.
Desided in the Ctate	Procuring Burial Permit.
Place of Death Asserta Hory Osciela Ja	Procuring Burial Permit. —Certif.Copiesof Death Certificates No. Cartif.Copiesof Death Certificates No. (State Physicians or Corners's) Pall Bearer Service, \$ Use of Chaple, \$
	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death.	
Contributory Causes	Gross Total for Sales Tax S 332 00
Certifying Physician, K. R. Brown,	Outlay for Lot #. /4/9- 1/0-
Octobying I hydroday. 71. 71. (as Cosmos)	Cremation
His Address. Lawow Oithin	
	Flowers, \$. (Name of Newpapers) Matting, \$. Rental of Tent, \$ of Temporary Vault, \$. Opening of Grave or Tomb to A. Marikall. 12.00
Maiden Name of Mother Mary Tursell	Opening of Grave or Tomb & A. Marchall 1200
Her Birthplace	
Motor Ship Remains to	Outlay for Shipping Charges. Clergyman, \$ Singers, \$ Organist, \$ Railroad /Trickets, \$ plane Service, \$ or Motor /Trickets, Cable or Radio Charges.
Size of Casket Copper Tone State	Railroad or Motor Tickets, \$ Aero- Service, \$
Manufactured by Roof (Sight Color and Dymber)	Telegr., Phone, Cable or Radio Charges
Interment at Rose Hell (Cemetery Crematory	Out of town Undertaker's Charges
Lot No	Sales Tax
Grave No	Total Footing of Bill
Section No	
Diagram of Lot or Vault Owner	Balance\$ Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward.
By Payment \$ \$	By Payment \$ \$
	sssss
ss	
* *	
* "	***************************************
Names of Lodges.	Insurance Companies.
Insurance \$	
for the payment of aforesaid sum, and I hereby covenant and agree to pay	(Firm Name of Funeral Directors.) the same within
maturity at the rate of % per annum.	Signed
Witness	Address

Total No. 4.0.7.3 Yearly No	Date 71 N 8 1944.
Name of Deceased. John Milgore	UU
Residence: Lamon	MHusband WHe Widow anine Midgorden
Charge to: anil Midgorden	Complete Funeral \$ 376 00
Address.	Casket
Order given by Chune Mudgorden	Burial Vault or Box(State Kind)
How Secured	Embalming Body(Name of Embalmer)
Occupation retried farmer none	Barber, \$
Name of Employer. (Social Security Number)	Dressing Body, \$ Underwear, \$ Suit or Dress
Address	Slippers, \$. (State Kind and Cotor) Hose, \$.
Date of Death N. W 5 19 49 5 GM (Hour)	Folding Chairs, \$ Tarpaulin, \$
Date of Birth May 9 1863 (Hour)	Candelabrum, \$Candles, \$Door Spray, \$Gloves, \$
Age. 81 7 24	Funeral Car, \$ Ambulance, \$
(Years) (Months) (Days)	Limousines to Cemetery @ \$
Date of Funeral ///8/44 Wed 2 (Hour)	I. Autos to R. R. Station
Services at . Chapel	Taking Remains to
Clergyman Heagen (Address)	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased.	Deliver Flowers to
Birthplace Moway	Removal Charges
Birthplace No way. Resided in the State 7.3 yrs in 1, 8, 33 yrs in dam.	(State Number and District)
Place of Death. Lamon La (Months)	Procuring Burial Permit (State Number and District) — Certif. Copiesof Death Certificates No. — Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Heart Olock	Personal Service.
Contributory Causes. Ald Age.	
Contributory Causes. 91.200	Gross Total for Sales Tax. \$ 376 00
Certifying Physician N. N. Wella	Outlay for Lot.
	Cremation
His Address . Jamon	Tapers
Name of Father Hours Mudgorden	Flowers, \$Palms, \$Matting, \$
His Birthplace Moway	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Not knam	Opening of Grave or Tomb * A. Mandal
Her Birthplace Noway	. Outlay for Shipping Charges
Motor Remains to	Clergyman,\$Singers,\$Organist,\$
Size of Casket and End State, Gray Bud Clo.	Telegr., Phone, Cable or Radio Charges.
Manufactured by	Cash Advanced
Interment at	Out of town Undertaker's Charges
Lot No 848	Colon Trav
	Dates 1dA
Grave No3	Total Footing of Bill
Section No	Balance. \$
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balance	
To Above Balance \$	To Balance Forward.
By Payment \$ \$	By Payment \$ \$
	" " \$ s
* *	* * s s
	\$ \$
* *	
ssss	ssss
Names of Lodges	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have	
for the payment of aforesaid sum, and I hereby covenant and agree to provide the payment of aforesaid sum, and I hereby covenant and agree to provide the payment of aforesaid sum, and I hereby covenant and agree to provide the payment of aforesaid sum, and I hereby covenant and agree to provide the payment of aforesaid sum, and I hereby covenant and agree to provide the payment of aforesaid sum, and I hereby covenant and agree to provide the payment of aforesaid sum, and I hereby covenant and agree to provide the payment of aforesaid sum, and I hereby covenant and agree to provide the payment of aforesaid sum, and I hereby covenant and agree to provide the payment of a second sum and I hereby covenant and agree to provide the payment of the payme	ly the same within
maturity at the rate of % per annum.	Signed
WITH THE PARTY OF	1.11

Compiled by F. J. FEINEMAN, St. Louis. Mo.

Total No. 20.7.4	Yearly No	44	Date	Mor a	8	1944
Name of Deceased. Weler			derson	w.		
Residence Lamoni Ja	arried Single	Midowed 🗆	Divorced	(What Race)	· · · la ·	
Charge to:		or	usband Wife Widow John			
Address		Complete Fu	neral	\$	28.5.	00.
Order given by Sunna ande	un	Casket				
How Secured (or inform	ant)	··· Burial Vault	(State Mind)			
0 .0		Embalming I	(Name of Embair	ner)		
Occupation Marsewife	(Social Security Number	Barber, \$	y, \$	g, \$ rear.\$		
Name of Employer	•••••	· · · Suit or Dress	(State Kind and Co			
Address	44 60	Slippers, \$				
Date of Death. Mov. & 6 19	272 (Hous	Candelabrum	rs, \$Tarpaulin, , \$Candles, \$	Ф		
Date of Birth		Door Spray,	\$ Gloves, \$.			
Age. (Years) (Months)	/6 (Days)	Limousines to	\$Ambulance, Cemetery@\$.	\$		
Date of Funeral. 1/2 8/44. Tue	20	.M. Autos to R. F	R. Station @ \$.			
Services at . Chapel .	ea) (Hour)	Getting Rema	ains from			
Clergyman art Lane, J. a.	Lousolley	Trip to Coror	er's Inquest			
Religion of the Deceased	(Address)	Delivering Bo				
Birthplace Nebraska		Removal Cha	rmog			
Resided in the State 50 44		Procuring Bu	rial Permit	and District)		
Place of Death. Lauren	ounty) (Years) (Month	Certif.Cop	rial Permit. (State Number vies of Death Certificates (State Physician's of Charter, \$ Use of Ch	r Coroner's)		
Cause of Death		Personal Serv	iceuse of Ch	apel, \$		
Contributory Causes		Gross Total fo				
Certifying Physician M. R. Brow	M ·		it			
His Address Laman Gor Gor	mer)	·· Cremation	h Notices inPar			
	٠	• •				
(/ 00	mair	· · Flowers, \$	(Names of Newspapers) Palms, \$ Matt	ing, \$		
His Birthplace. Seruany	1 P. Jan	Rental of Tent	,\$of Temporary ave or Tomb . 7. 4.	ault, \$		
Maiden Name of Mother Elizabet	Notaway	Lining Grave,	\$Lowering Dev	ice. \$		
Her Birthplace Eugland		Outlay for Shi	pping Charges	90 W 20 W		
Motor Remains to . //> Couch 9		Railroad Ticke	Singers,\$Orga ts,\$Pane Ser	vice \$		
Size of Casket	d Number)	Telegr., Phone	, Cable or Radio Charg	es		
Manufactured by . Road State Color an	VC0	. Cash Advance	ed Indertaker's Charges			
Interment at	Hill Cemet	ory				
Lot No	5.4.7	·· Sales Tax				£ 5
Grave I	No. 3.	Total Footing	of Bill		297	85
Section		Less	····>~···A······		1.4	15
			Talaner.	full s	28.3	60
Diagram of Lot or Vault Owner		Entered into I	edger, pageor	elow.		
Date An	nount Paid Balar	ce Date		Amount Paid	Bala	nce
To Above Balance	\$,		To Balance Forward		. \$	
By Payment\$	s		By Payment	\$. \$	
* *	\$		и и	\$. \$	
	\$			\$. \$	
				\$. \$	
a a 8	\$		и и	\$	\$	
s ss					\$	
Insurance \$ Names of Lodges.			Insurance .Companies		18	l
Insurance \$ Lodges. I hereby authorize the above Funeral, and I here for the payment of aforesaid sum, and I hereby maturity at the rate of % per ann	by represent that I have	sufficient resources Le	gally available to			
for the payment of aforesaid sum, and I hereby	covenant and agree to p	ay the same within	(Firm)	ame of Funeral Di	rectors.)	*****
maturity at the rate of % per ann	um.	Signed.			e co accrue	rom
Witness		Address			*********	*****

Total No. 20.7.5 Yearly No. 4.5	Date. Nov 30 1944.
Name of Deceased. Walter Lawerul S.	Meuch Widowed Divorced (What Race)
Residence Independence, No.	Widowed Diversed Wile Widow or
Charge to My Merle Warktu	
Address Lamoni	Complete Funeral Support
Order given by Mus Wachtu	Burial Vault or Box (State Kind)
How Secured	Embalming Body(State Rind)
Occupation Cook	Barber, \$
Name of Employer. (Social Security Number)	Dressing Body, \$ Underwear, \$ Suit or Dress.
Address	Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$
D. S. S. D. W. M. P. 17 1944	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. Sept 3 1892 (Hour)	Candelabrum, \$
	Funeral Car, \$ Ambulance, \$
(Vears) (Months) (Dava)	Limousines to Cemetery@ \$
Date of Funeral 1/30/49 Thus 10/30 Am.	Getting Remains from
Services at Chapt	Taking Remains to
Clergyman Chevell, Land.	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace Yowa	Removal Charges
Resided in the State.	(State Number and District)
Place of Death Vets, Hosp. Wadsworth, Kan.	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Route Toxic hefatitis	Personal Service. Meeting Train, ine
Contributory Causes Myocaralitis, rephritis	Personal Service, \$. Use of Chapel \$. Personal Service, \$. Use of Chapel \$. Personal Service, Mexicing than, that of chapel \$ 1 squipment, that of should be supposed to the state of the s
Contributory Gauses//	Gross Total for Sales Tax.
Certifying Physician. C. & Botes	Outlay for Lot
His Address. Vets adu, (or Coroner) Woelsworth, Rau	Cremationline Death Notices inPapers
Name of Father. Theodorg Schenck.	Flowers, \$
His Birthplace	Rental of Tent, \$of Temporary Vault, \$Opening of Grave or Tomb & Manual. /0 00
Maiden Name of Mother, Laura Davis	Lining Grave, \$Lowering Device, \$
Her Birthplace	Outlay for Shipping Charges
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$ Rallroad \ Tickets, \$plane Service,\$
Size of Casket (State Color and Number)	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced
Interment at Rose Hill Cemetery	Out of town Undertaker's Charges.
Lot No /2.2	Did in full
Grave No. 3	Sales Tax (PACC) Total Footing of Bill \$ 45 00
	Less \$
Section No	Balance. \$
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance. \$	To Balance Forward
	By Payment S S
" " \$ \$	4 4 S S
\$\$	« « s
· · · · · · · · · · · · · · · · · · ·	
sssss	
Insurance \$	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have s	ufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within
maturity at the rate of % per annum.	Signed
Witness	Address
Compiled by F. J. I	PEINEMAN, St. Louis Mo.

Total No. 20.76 Yearly No 46	Date192.2
Name of Deceased. Clara Marie Ka	estuer (What Race)
Residence Harrison Co. Mo. M. Lamoni	Wildowed Divorced Husband Wilfo Wildow Hrounk Halsture or of
Charge to Frank Kalettier	342 00
Address Lamoni Ja	Complete Funeral
Order given by	Casket Burial Vault or Box Allfin Coucutt 90 06
How Secured	Embalming Body (Name of Embalmer) Barber, \$
Occupation Housewife none	Barber, \$ Hair Dressing, \$
Name of Employer our home	Dressing Body, \$ Underwear, \$ 9.5 Suit or Dress. # 859 Kavy Suit or Dress. # (State Kild and Color) Climpose \$ (State Kild and Color)
Address	Suppers, g
Date of Death Dec. 20 1944 12(10 PM)	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth. # 26, 12 1880	. Door Spray. \$
Age. 64 10 8 (Years) (Months) (Days)	Funeral Car, \$
Date of Funeral 1/22/44 Fri. 2 P. M.	Autos to R. R. Station @ \$
Services at Chapel. (Bay of Week) (Hour)	Getting Remains from
Clergyman Learned Holloway Lerry Runklo	Trip to Coroner's Inquest
Religion of the Deceased.	Delivering Box to
Birthplace Warren, Iel,	Removal Charges
Resided in the State. (or U.S. or City or County) (Years) (Months)	Procuring Burial Permit. (State Number and District)
Place of Death Decates County For Ken Ja.	Procuring Burial Permit. (State Number and District) — Certif. Copiesof Death Certificaties No (State Physicatica of Communication) Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death Caronary Edima	Personal Service.
Contributory Causes.	
Contributory Causes	Gross Total for Sales Tax. \$ 441. 95
Certifying Physician N. R. Brown	Outlay for Lot
His Address Lamon (or Coroner)	Cremationline Death Notices in Papers
Name of Father John Jirkelbach	(Names of Newspapers)
His Birthplace Germany	(Names of Newspapers) Flowers, \$
Maiden Name of Mother Mary Jeigle	Opening of Grave or Tomb Markall. 14.00 Lining Grave, \$ Lowering Device, \$
Her Birthplace. Survey	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges
Motor Remains to	Clergyman,\$Singers,\$Organist,\$
Size of Casket 6/3 State - Rose Tan Borners	or Motor Tickets, \$
Manufactured by Heggen	Telegr., Phone, Cable or Radio Charges
Interment at Rose Hell Cemeter	Out of town Undertaker's Charges
(Cremator)	у
Lot No ! 482 - !	Sales Tax
Grave No	Total Footing of Bill Less 5 John June on 1916, 37 7 20.0 5
Section No	Pol in full 436 64
Disgram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	e Date Amount Paid Balance
To Above Balance. \$	To Balance Forward \$
By Payment \$ \$	By Payment \$ \$
\$\$	
s	
\$	\$ \$
* * * * * * * * * * * * * * * * * * * *	
* * * * * * * * * * * * * * * * * * *	я «
Names of	Insurance Companies.
Names of Lodges. I hereby authorize the above Funeral, and I hereby represent that I have a	au Malant vocatroon Tanally 21-b1
I hereby authorize the above Funeral, and I hereby represent that I have to for the payment of aforesaid sum, and I hereby covenant and agree to pa	
maturity at the rate of% per annum.	Signed
Witness	Address

Total No. 2.0 Yearly No	Date. 26 1944
Name of Deceased Charles Colac	well Japscott w.
Residence: Lean Ja Married Single	\times \text{Widowed} \tag{\text{Divorced}} \tag{\text{What Race}} \\ \tag{\text{Husband} \text{Wife} \text{Widow}} \tag{\text{Window}}
Charge to: Mus Hazel Still	orof
Address /56 > Bolsi - Junton, Mrs.	Complete Funeral \$ 254 08
	Casket
Order given by(orinformant)	Burial Vault or Box
How Secured	Embalming Body(Name of Embalmer)
Occupation farmer none	Barber, \$
Name of Employer and farm (Social Security Number)	Dressing Body, \$
Address	Slippers, \$
Date of Death Dec 24 1944 1/150M	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. May 11 1860 (Hour)	Candelabrum, \$Candles, \$
Age 84 7 /3	Funeral Car, \$ Ambulance, \$
	Limousines to Cemetery @ \$
Date of Funeral 16/44 Tus. // A.M. Services at Chaful (Day of Week) (Hour)	Getting Remains from
Services at Charge Clergyman Rev allyander - Kellerton	Taking Remains to
Clergyman . (Kew Cut) double - Kellettan	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased Mathodis (dddress)	Deliver Flowers to
Birthplace Decatur County In	Removal Charges. Procuring Burial Permit.
Resided in the State	Certif Conject Death Certificates No.
Place of Death Recally County Hosp. Leon Va	Procuring Burial Permit. State Number and District) Certif.Copiesof Death Certificates No. (State Physician's or Cornear's) Pall Bearer Service, \$\Simeq\$. Use of Chapel, \$\Simeq\$.
Cause of Death Lober Preuminia	Personal Service.
Contributory Causes.	
Containation Causes	Gross Total for Sales Tax. \$ 267 50
Certifying Physician. F.A. Osuman	Outlay for Lot
His Address. Lea (or Caroner)	Cremation
His Address	
Name of Father John K. Jakscott	Flowers, \$
His Birthplace. Verfuna	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Welinda duy B rooks	Opening of Grave or Tomb. Lining Grave, \$Lowering Device, \$
Her Birthplace. Maryland	Outlay for Shipping Charges.
Motor Remains to Meice, Wo	Clergyman, \$Singers, \$Organist, \$Railroad Tickets, \$plane Service, \$
Size of Casket 6/3 Oct. Stay	Telegr., Phone, Cable or Radio Charges
Manufactured by State Color and Number)	Cash Advanced
Interment at Lawery Celletory Kell Cometery	Out of town Undertaker's Charges
Lot No.	
	Sales Tax
Grave No	Total Footing of Bill
Section No	Less Ck pay Hoyel still \$ 115 81
Diagram of Let or Vault Owner	Paris falance 1725/4.4. s 154 36 Entered into Ledger, page or below.
Zanoune Fair Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward \$
By Payment \$ \$	
***************************************	" "

	\$
Names of	Insurance
Insurance \$ Names of Lodgea	Companies
I hereby authorize the above Funeral, and I hereby represent that I have su	
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of % per annum.	the same within
	Signed
Witness	Address

Total No. 2078 Yearly No	/ Date January ! 1. 19.45
Name of Deceased. Grant Farmer	, Date
Residence Hollista, Mo. Married Single	☐ Widowed ☐ Divorced (What Race)
Charge to Herbacks, Der Morres	□Husband□Wife□Wifew } orof }
Address.	Complete Funeral . Sheep . Su
Order given by Aarbach's	Casket
How Secured (or informant)	Burial Vault or Box
Occupation	Embalming Body (Name of Embalmer) Barber, \$. Hair Dressing, \$.
Name of Employer (Social Security Number	Dressing Body, \$Underwear, \$
Address	Suit or Dress (State Kind and Color)
Date of Death. Jan 6 1945	Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.
Date of Birth, (Hour)	Candelabrum, \$
Age. 68 (?)	Funeral Car. \$ Ambulance, \$
Date of Funeral 1/1/45 Thurs (Days)	Limousines to Cemetery @ \$
Services at Chafel (Day of Week) (Hour)	Getting Remains from
Clergyman Dev alexander Nellerton	Taking Remains to
Religion of the Deceased Methodis (Address)	Delivering Box to
Birthplace	Removal Charges
Resided in the State. (Yes, S. or City or Coppty) (Years) // Mongful	Procuring Burial Permit.
Place of Death. Des Morue, Several Hospin	Procuring Burial Permit. (State Number and District) (Certif. Copiesof Death Certificates No. Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death	Personal Service. 1000
Contributory Causes.	7,000
•••••	Gross Total for Sales Tax\$
Certifying Physician. (or Coroner)	Outlay for Lot.
His Address.	line Death Notices in Papers 1000
Name of Father	Flowers, \$Palms, \$Matting, \$
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother	Opening of Grave or Tomb
Her Birthplace	Outlay for Shipping Charges Clergyman,\$Singers,\$Organist,\$
Motor Remains to	or Motor Tickets, \$ Aero-Service,\$
Size of Casket	Telegr., Phone, Cable or Radio Charges
Interment at Rose Hell Cemete	
Lot No. 1540	Vault well for resile 7500
	Sales Tax Va Tax : Ell charges on
Grave No	Total Footing of Bill for Chale
Section No	Balance. s
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balance	e Date Amount Paid Balance
To Above Balance	To Balance Forward
By Payment \$ \$	By Payment
* *\$\$	\$ \$
# # \$ S	# n \$ \$
4 4 \$ \$	# #\$\$
* *	
Names of Lodges.	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have for the payment of aforesaid sum, and I hereby covenant and agree to p	sufficient resources Legally available to (Firm Name of Funeral Directors.)
maturity at the rate of% per annum.	ty the same withindays from date. Interest to accrue from
Witness	Address
A 2.12 W.	***************************************

Total No. 2.0.7.9	Yearly No	2		Date	Ja	4	20.	19	4.5
Name of Deceased. Chisha	fracus Married □ S	ingle A		 Divorced		(What Rac			
Residence: Zamoni			or	band Wife Wide	w}				
Charge to: Q. M. U			Complete Fun	eral			\$	0.	00.
Address. Order given by Slaughte - A	lus E.M. Fr	sh.	Casket Burial Vault o		tate Kind)				
How Secured			Embalming Bo	ody	e of Embalmer				• • • • •
Occupation Conference	(Social Securi	ty Number)	Barber, \$ Dressing Body	,\$Hair	Dressing, .Underwea	\$ r,\$			
Name of Employer			Suit or Dress.	(State	Kind and Color				
Address	:::::::::::::::::::::::::::::::::::::::	Caha	Slippers, \$ Folding Chairs	Н	ose, \$				
Date of Death Jan		50M (Hour)	Candelabrum,	s, \$C	arpaunn, ş andles. \$				
Date of Birth	18.69		Door Spray, \$	G	loves, \$				
Age			Funeral Car, \$ Limousines to	Cometer	ibulance, \$				
Date of Funeral 1/20/45 (Mont	(Days)		Autos to R. R						
O C (Date) (Day o	(Week)	(Hour)	Getting Rema	ins from					• • • • •
Services at			Taking Remai Trip to Coron	ns to or's Inquest					
Clergyman . Chil Land	(Address)		Delivering Box	ĸ to					
Religion of the Deceased. March	o. Mo.		Deliver Flower	rs to					
Birthplace Harrison Co	. 1000		Removal Char	gesial Permit					*****
Resided in the State 2.0. 42	or County) (Years)		Certif Con	esof Death C	ertificates	d District)			
Place of Death. Lauren	or County (rears)	(Montas)	Procuring Bur —Certif.Copi Pall Bearer Se	rvice S I	Physician's or Ise of Cha	Coroner's;			
Cause of Death Cormany	Occlus	uin	Personal Servi	ce					
Contributory Causes									
			Gross Total fo				\$		
Certifying Physician. M. R. 1.	Comme		Cremation						
His Address . Laman			line Deat	h Notices in.	Pape	rs			
Name of Father Andrew for	cken U	reglet	Flowers, \$	(Names of News	papers)				
His Birthplace not Mu	our		Rental of Tent		mporary V	ault.\$			
Maiden Name of Mother Rac	Rel Bear	v	Opening of Grave or TombLining Grave, \$Lowering Device, \$						
Her Birthplace not h	um		Lining Grave, Outlay for Shi	\$Low	ering Devi	ce, \$			
	al Wa		Clergyman,\$.	Singers,	3Orga	nist,\$			
~ A (1)	A		Clergyman,\$. Railroad or Motor Ticke	ts, \$	Aero- Ser	rice,\$			
Size of Casket	olor and Number)		Telegr., Phone	e, Cable or Ra	adio Charg	es			
Manufactured by Rootstate Co	.,,		Cash Advance						
Interment at MM More	can	{ Cemetery Crematory							
Lo	t No		Sales Tax	Vis Tais	۷				
					Ti		0 /4	20	00
Gr	ave No	•••••	Total Footing			-	0		;
Se	ction No		Less		17/194 ance	· 5 · · · · ·	0		
Diagram of Lot or Vault Ov	wner		Entered into			elow.			
Date	Amount Paid	Balance	Date	1	125,000	Amount	Paid	Ral	ance
	- Innounce Tand	. Januare		To Balance					T
To Above Balance By Payment		\$	**	By Payment					
By Payment		\$		g g		•			
		\$				•			
	e	e				\$			
	8	9				s	6		1
	8	8				s	6		1
		\$				\$	s		1
Na	mes of dges			Insurance Companies			1,		
					***********			*****	
I hereby authorize the above Funeral, and						Name of Fun	ral Direc	tora.)	
for the payment of aforesaid sum, and I I maturity at the rate of % I		d agree to pay			days ire	m date. 1	nterest 1	o acer	ue from
	er wandin.		Signed				*****		
Witness			Addre	88					

Total No. 20.80	Yearly No	3.	,	Date	Reb 1		19%.
Name of Deceased	Cleanor Ma. Single	yai	et Pra	ll		2	
Residence. Lauron	(, Ja		Widowed	Divorced sband Wife Widow	E. P. 14	4	
Charge to Walky	Vellaid Orall					312	00
Address		·,		neral		.0.19.	
Order given by Malbery	Wellard Cray		Casket Burial Vault				
How Secured	(Orintormant)		Embalming B	ody (State Kird) (Name of Embal			
Occupation Housew	Le none						
Name of Employer	(Social Security No	amber)	Dressing Body	7, \$	vear,\$		
Address			Suit or Dress.		(or)		
Date of Death . Jau d	9 1945 10	PM.	Folding Chair		\$		
Date of Birth. Rug. 2	(Date) 863	Hour)	Candelabrum,	\$ Candles, \$			
Age8.1	5 7		Funeral Car, \$	Gloves, \$Ambulance	\$		
Date of Funeral. 2/1/9.5	(Months) (Days)	P	Limousines to	Cemetery @ \$			
a (Date). A	(Day of Week) (Hou	r)M.	Getting Rema	. Station @ \$ ins from			
Services at Chapef	1 0 do.		Taking Remai	ns to			
Clergyman . Lleaser	P 10 (Address)		Trip to Corone	er's Inquest k to			
Religion of the Deceased 9			Deliver Flower	rs to			
Birthplace Lodge Co	my, Min		Removal Char	ges			
Resided in the State 40.	or City or County) (Years) (N	fonths)	Certif Coni	esof Death Certificate	and District)		
Place of Death. Laure	nu la		Pall Bearer Ser	ges	or Coroner's)		
Cause of Death			Personal Service	ce			
Contributory Causes							
			Gross Total for	r Sales Tax	8	312	00
Certifying Physician. N. Q.	Brown		Outlay for Lot	t		2.0.	00
His Address James	(or Coroner)		Cremation	Notices in Par	pers		
Name of Father Thos	F. Helbour						
His Birthplace . Rew	Lersey		Flowers, \$	(Names of Newspapers) Palms, \$ Mat	ing, \$		
	aiganta Warne	4	Opening of Gra	\$of Temporary	Marchal ;	12	00
Her BirthplaceSen			Lining Grave,	Lowering Dev	rice, \$		
Motor Ship Remains to	······································		Clergyman,\$	oping Charges	mist \$		
Ship Size of Casket 6/3	Catinum		Railroad or Motor Ticket	Singers,\$Orga s, \$Aero- plane Sei	vice,\$		
Manufactured by . Sun	State Color and Number)		Telegr., Phone, Cash Advanced	Cable or Radio Char.	ges		
Interment at	Rose Hell Co	metery matory	Out of town U	ndertaker's Charges.			
Interment at							
	Lot No. 14.651.		Sales Tax on.	31200		3	12.
OF STREET, STR	Grave No		Total Footing	of Bill		347	12
	Section No	1	Less . 5 % . A. 31	5	P	15	75-
				PolBalance 2/3	145\$	3.3.1.	3.7
Diagram of Lot or Vault	Owner		-1	edger, pageor I	elow.		
Date	Amount Paid B	alance	Date		Amount Paid	Bala	nce
To Above Balance	s s			To Balance Forward		\$	
By Payment	\$			By Payment	§	\$	
* *	\$			"4 31 3 7 100 por	\$	\$	
и и	\$		1	3,93,20	\$	\$	
	8 8			2 1 3 1 7 S	\$	\$	
	\$ \$ \$			" 29 5	e	\$	
	sss			и и	\$	\$	
Insurance S.	Names of Lodges.			Insurance Companies		*******	
Insurance \$. I hereby authorize the above Funera for the payment of aforesaid sum, as	l, and I hereby represent that I	have suffi	icient resources Leg	gally available to	************		
		to pay th	ne same within	(Firm days fro	Name of Funeral Die m date. Interes	to accrue	from
maturity at the rate of	.% per annum.					- most tre	
Witness			Address,				

Total No. 2.0.8.1	. Yearly N	04	/	Date	!	eb !	y	1945
Name of Deceased	John T	Per	Y. Widowed □ I			w		
Residence Lamoni	Ja	Single &	□Hus	Divorced band□Wife□W		(What Race	2)	
Charge to Mus fold T	Perry						11	1
Address Lamou			Complete Fun				\$.227.	0.0.
Order given by			Casket Burial Vault o	D				
How Secured	(or informant)		Embalming Bo	ody	(State Kind)			
Occupation farmer	- retried .	none						
Name of Employer	(Social Secu	rity Number)	Dressing Body Suit or Dress	, \$	Underw	ear,\$	9	754
Address			Slippers, \$	(Sta	te Kind and Cole	ю)		
Date of Death Feb 2	19.45	Z PM	Folding Chairs	s, \$	Tarpaulin,	\$		
Date of Birth . Dec. 2		(Hour)	Candelabrum, Door Spray, \$	\$	Candles, \$. Gloves, \$			
			Door Spray, \$ Funeral Car, \$	A	mbulance,	\$		
Date of Funeral. 7.4/45	(Months) (Days)	20 "	Limousines to Autos to R. R.					
Services at Chargel	(Day of Week)	. 2. P M.	Getting Rema	ins from				
Services at A Maria	Ilen - Bit Lo	ine	Taking Remai Trip to Corone	ns to er's Inquest				
Clergyman. J. A. Yuuse Religion of the Deceased	(Address)		Delivering Box	x to				
Religion of the Deceased Birthplace			Deliver Flower Removal Char					
Resided in the State	reas.		Procuring Bur	ial Permit.				
Or U.S.	or City or County) (Year) (Months)	Procuring Bur —Certif.Copi Pall Bearer Se	esof Death	Certificates	No		
Place of Death a aug	1 P	t 10000	Pall Bearer Ser	rvice, \$	Use of Ch	apel, \$		
Cause of Death Advance		-	Personal Servi	ce				
Contributory Causes.	teme man	han					9 2 /	7 7
	Δ		Gross Total fo Outlay for Lo	r Sales Tax	lot 14	45	\$ 236	00
Certifying Physician N. P.	(or Coroner)		Cremation			*******		
His Address Zamoni.	Ja		line Death		•			
Name of Father William	n very.		Flowers, \$	Names of New Palms. \$	spapers) Matt	ing. \$		
His Birthplace Engl	and.		Flowers, \$ Rental of Tent Opening of Gr	,\$of T	emporary \	ault, \$		
Maiden Name of Mother.	tarak Wasi	vecr	Lining Grave,	ave or Ton	wering Dev	ice. \$		
Her Birthplace	land		Outlay for Shi	pping Char	ges			
Motor Ship Remains to			Clergyman,\$. Railroad Ticket	Singers	Aero- Sor	mist, \$		
Size of Casket . 6/3 Stat	State Color and Number		Telegr., Phone	, Cable or I	adio Charg	ges		
Manufactured by A			Cash Advance Out of town U					
Interment at	Pose Hill	Cemetery Crematory	Out of town o		Charges.			
	Lot No /4.6	55	Sales Tax				2	37.
	Grave No		Total Footing	of Bill			268	25
			Less 5. 70. on		1195	·/·····	27/	95.
	Section No		(dung	lance	195	2.5.9.	1.7.
Diagram of Lot or Vault	Owner		Entered into I	edger, page	or b	elow.		
Date	Amount Paid	Balance	Date	Market 1		Amount Pa	aid Ba	lance
To Above Balance	e	\$		To Balance	Forward		\$	
By Payment	\$	\$		By Paymen	t	\$	\$	
" " ,	\$	\$		u u	36.95	\$	\$	
		\$		" "-	39:8.	\$	\$	
	······	\$ e				ş	\$	
	s	s		a a		8	ss	
	8	8		a a		s	s	
Insurance \$	Names of			Insurance .Companies		10 4196	-	
I hereby authorize the above Funera		that I have su	ifficient resources Le		to			
for the payment of aforesaid sum, as						Name of Funera m date. Int	Directors.) Brest to accr	ue from
maturity at the rate of	. % per annum.		Signed.					
Witness			Address					
	Cor	opiled by F. J. F	EINEMAN, St. Louis,	Mo.				

Address Date of Death May (Date) (General School Chairs, S. Tarpaulin, S. Candles, S. Door Spray, S. Gloves, S. Door Spray	6
Residence Aurent Married Single Widered Diversed Charge to Charge to Complete Funeral \$ 349 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Charge to Charge to Address. Order given by Llaura Aller y for J Addlers How Secured. Complete Funeral \$ 349, 0 Caste. Burial Vault or Box Aller y for J Embalming Body Embalming Bod	
Charge to Address. Order given by Clarus Allen I May Staffler How Secured. Occupation House I Complete Funeral Occupation I Volume I Funeral Occupation I Volume I Funeral Occupation I Complete Funeral Occupation I Volume I Funeral Occupation I Volume I Funeral Occupation I Funeral Industry Occupation I Volume I Funeral Occupation I Funeral Industry Occupation I Volume I Funeral Occ	
Address. Order given by Clanus Allen Man Stables How Secured Complete Funeral Stables How Secured Complete Funeral Stables Occupation Formation Stables Name of Employer Stables Address Stables Stables Date of Death Man Complete Stables Date of Death Man Complete Stables Date of Birth Man Complete Stables Date of Funeral Stables Date of Funeral Stables Date of Barbards Stables Date of Barbards Stables Date of Barbards Stables Date of Barbards	
Order given by Clarus Allen I May Continuents (tenderment) How Secured (tenderment) Decupation Annual Security Number (State Rich) Name of Employer Annual Security Number (State Rich) Date of Death May (State) Date of Birth May (State) Date of Funeral (State) Date of Security Number (State) Date of Sinch May (State) Date of Funeral (State) Date of Sinch May (State) Date of Funeral (State) Date of Sinch May (State) Date of Funeral (State) Date of Sinch May (State) Date of Funeral (State) Date of Funeral (State) (
Cocupation Formuly 1	0
Name of Employer aut. Aut. Secrets Numbers Dressing Body, \$ Underwear, \$ State Address Dressing Body, \$ State Dressing Body, \$ State Dressing Body \$ State Dressin	ó
Name of Employer aut. Aut. Secrets Numbers Dressing Body, \$ Underwear, \$ State Address Dressing Body, \$ State Dressing Body, \$ State Dressing Body \$ State Dressin	ó
Date of Birth. After 3 (1984) (1984) Date of Birth. After 3 (1984) (1984) Age. 8 (2) 2 (1984) (1984) Date of Funeral 3 (1984) (1984) (1984) Services at. After 3 (1984) (1984) (1984) Religion of the Deceased. Birthplace Alleatur County Resided in the State. After 3 (1984) (1984) Place of Death. After 3 (1984) (1984) Procuring Burial Permit. Pall Bearer Service, St. Place of Chapel, S. Personal Service. Contributory Causes. After 4 (1984) Outlay for Lot.	
Date of Birth. After 3 (1984) (1984) Date of Birth. After 3 (1984) (1984) Age. 8 (2) 2 (1984) (1984) Date of Funeral 3 (1984) (1984) (1984) Services at. After 3 (1984) (1984) (1984) Religion of the Deceased. Birthplace Alleatur County Resided in the State. After 3 (1984) (1984) Place of Death. After 3 (1984) (1984) Procuring Burial Permit. Pall Bearer Service, St. Place of Chapel, S. Personal Service. Contributory Causes. After 4 (1984) Outlay for Lot.	
Date of Funeral 3 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	
Age. S. J. S. Funcal Car. \$ Ambulance, \$ Limousines to Cemetry @ \$ Auto to R. R. Station. @ \$ Cetting Remains from Taking	
Religion of the Deceased. Birthplace Accounty Country	
Religion of the Deceased. Birthplace Accounty Country	
Clergyman	
Religion of the Deceased. Birthplace Accounty County Resided in the State. Place of Death Accounty Personal Service. Contributory Causes. N. W. V. W. V. W. Contributory Causes of No. 10 of County Count	
Blithplace Bleath County Removal Charges. Resided in the State Procuring Burial Permit Gaia Number and District Corner of Death. Assumer of Death of Assumer of Death of Assumer of Death of Contributory Causes. Procuring Burial Permit Gaia Number and District Corner of Death of Contributory Gaine Contributory Causes. Procuring Burial Permit Gaia Number and District Corner of Death of Contributory Causes. Procuring Burial Permit Gain Number and District Corner of Death of Contributory Causes. Procuring Burial Permit Gain Number and District Corner of Death of Death of Contributory Causes. Procuring Burial Permit Gain Number and District Contributory Causes. Procuring Burial Permit Gain Number and District Contributory Causes. Procuring Burial Permit Gain Number and District Contributory Causes. Procuring Burial Permit Gain Number and District Contributory Causes. Procuring Burial Permit Gain Number and District Contributory Causes. Procuring Burial Permit Gain Number and District Contributory Causes. Procuring Burial Permit Gain Number and District Contributory Causes. Procuring Burial Permit Gain Number and District Contributory Causes. Procuring Burial Permit Gain Number and District Contributory Causes. Procuring Burial Permit Gain Number and District Contributory Causes. Procuring Burial Permit Gain Number and District Contributory Causes. Procuring Burial Permit Gain Number and District Contributory Causes. Procuring Burial Permit Gain Number and District Contributory Causes. Procuring Burial Permit Gain Number and District Contributory Causes and District Contributory Causes Procuring Causes Contributory Causes Procuring Causes Contributory Causes Procuring Causes Contributory Causes Contribu	
Resided in the State Little of County (Year) (Meshi) Place of Death. Administration County (Year) (Meshi) Place of Death. Administration County (Year) (Meshi) Cause of Death. Administration County (Year) (Meshi) Contributory Causes. Aprille on file Gross Total for Sales Tax. § 757.0 Outlay for Lot.	
Contributory Causes. Apriles on file. Gross Total for Sales Tax. Outlay for Lot.	
Contributory Causes. Apriles on file. Gross Total for Sales Tax. Outlay for Lot.	
Contributory Causes. Apriles on file. Gross Total for Sales Tax. Outlay for Lot.	
Gross Total for Sales Tax. \$ 4.54.0 Outlay for Lot.	
Outlay for Lot.	
Cartifying Physician N. III Kells Outlay for Lot.	0
His Address Papers	
Name of Father. Every & Joseph Flowers, \$ Name of Newpapers) Flowers, \$ Palms, \$ Matting, \$	
His Birthplace	
Maiden Name of Mother. Author Opening of Grave or Tomb & A. Mausell. 14 0. Liming Grave, \$. Lowering Device, \$.	2
Her Birthplace Outlay for Shipping Charges	
Motor Remains to Clergyman, \$	
	• • • •
Manufactured by Meer Mutalia Cash Advanced.	
Interment at Rose Hill Cemetery Out of town Undertaker's Charges	
Lot No. 1510 Salar Tay 1900 459 - 22,93 45	,,,,
Dates Tax 11	1
Grave No. 3 Total Footing of Bill 5/5/4.5 \$ 4.7 Al5 Section No. Less Compared 5/5/4.5 \$ 2.7 P	3
Section No. Balance, \$ 749 6	7
Diagram of Lot or Vault Owner Entered into Ledger, page or below.	
Date Amount Paid Balance Date Amount Paid Balance	
To Above Balance. S. To Balance Forward. S	-
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" " \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
S S S S S S S S S S	
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)	
I hereby authorize the above Funeral and I hereby represent that I have guillions recovered Levelly and I have by represent that I have guillions recovered to the latest and I have by represent that I have guillions to the latest and I have by represent that I have guillions to the latest and I have by represent that I have guillions to the latest and I have by represent that I have guillions to the latest and I have by represent that I have guillions to the latest and I have by represent that I have guillions to the latest and I have by represent that I have guillions to the latest and I have by represent that I have guillions to the latest and I have by the lat	om

Total No. 2083	Yearly No.	6.		Date 1.4.	arch.	1	19.4.1.	
Name of Deceased Jose	R.Married ☐ Singl	<i>₽</i>			(What Race)			
Residence. Lamon	Ja		Husbar	sd Wife Widow				
Charge to Lesly Bok	alf		omplete Funer		\$	256	00	
AddressZamom		Consultation of the	asket	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO				
Order given by	rinformant)		urial Vault or					
How Secured,			mbalming Bod	ly(Name of Embalme	n_			
Occupation farming	(Social Security)		arber, \$ ressing Body,		ar.\$			
Name of Employer	· · · · · · · · · · · · · · · · · · ·		uit or Dress		N 60 60 10 10 10 10 10 10 10 10 10 10 10 10 10			
Address		S	lippers, \$					
Date of Death March 8		(Hour)	olding Chairs,	\$Tarpaulin, \$Candles, \$.	\$			
Date of Birth. Dec. a 2	1858	I	Door Spray, \$.					
Age. 86	2 16	F	uneral Car, \$.	Ambulance, : Cemetery @ \$.	\$			
Date of Funeral. 3/10/45	at. (Days)	2 P w A	utos to R. R.	Station @ \$.				
Services at Chapel (De	ty of Week) (He	our) (etting Remair aking Remain	ns from				
Clergyman art Laul,	Jay Ban	7	rip to Coroner	r's Inquest				
Religion of the Deceased	(Address)	I	Delivering Box Deliver Flowers					
Birthplace Judiana		I	Removal Charg	ges				
Resided in the State		I	rocuring Buris					
(or U.S. or C	ity or County) (Years)	(Months) -	rocuring Buria Certif.Copie all Bearer Ser					
Place of Death.		I	Porconal Samin	ees descript	apeι, φ			
Cause of Death				12	80			
Contributory Causes			Gross Total for		\$	243	20	
			outlay for Lot		.,			
Certifying Physician K. O. O.	(or Coroner)		Premation	Notices in Pap	ers			
His Address Laman	B. 1.00							
Name of Father. William	Tio les	1	lowers, \$. raims, \$ wiaco	ing, \$			
His Birthplace Reti	Mary Wary		Rental of Tent, \$ of Temporary Yault \$ Opening of Grave or Tomb to A. Marikall 12					
Maiden Name of Mother Mar	Til a la sur ga]	ining Grave,	\$ Lowering Dev	rice, \$			
Her Birthplace	ucry		Outlay for Ship	pping Charges	nist.\$			
Motor Remains to	a. Ll.	2	Railroad Ticket	Singers,\$Orga s, \$Plane Ser Cable or Radio Char	vice,\$			
Size of Casket / 3 Octoga	e Color and Number	· · · · ·	Telegr., Phone, Cash Advanced	Cable or Radio Char	ges			
Manufactured by . Junf	0 .11:0.	Compton		ndertaker's Charges				
Interment at	Rose Hell {	Crematory .						
	Lot No 1452.7	Ž	Sales Tax	8	43			
	Grave No		Total Footing	of Bill	 \$\$	257	63	
	Section No		Less	Viel in 13/1	14.58	12.	1.5.	
			(Balance	\$. 5.4.5.	.4.8.	
Diagram of Lot or Vault	Owner			edger, pageor	7			
Date	Amount Paid	Balance	Date	Late by State Co.	Amount Pa	id B	alance	
To Above Balance.	\$.			To Balance Forward, ,	5	\$		
By Payment	\$ \$.			By Payment.	. \$	\$		
" "	\$ \$.			7 7 7 75	. \$	\$		
	\$			3 011	. \$	\$		
	\$\$. e		1	и и	s	\$		
	s s			и и	. \$			
	s s .			и и	. \$	\$		
	Names of	176.5		Insurance Companies				
Insurance \$ I hereby authorize the above Funeral,	Lodgesand I hereby represent th	at I have suf	ficient resources La	amaller avrallable to				
for the payment of aforesaid sum, and					Name of Funera rom date. Int	Directors.) Prest to acc	erue fron	
maturity at the rate of	% per annum,		Signed.					
Witness			Address					
	Compl	led by F. J. FE	INEMAN, St. Louis,	Mo.				

			-	1 . 1 . 2	_
Total No. 2089	Yearly No	7	Date	Jack 18 1943	
Name of Deceased	ma c Za	ell		ω	
Residence Lauri	(Nerried Single	Dittu	Divorced sband Wife Widow	ace Lovell	
Charge to office La	vell.			8 338 00	
Address. Lavis Ce	Ly		neral		
Order given by	MARKETTA	Casket Burial Vault	on Roy		
How Secured	(orintormant)	Embalming B			
Occupation farming	, nave	Barber, \$	Hair Dressing	g, \$	
Name of Employer	(Social Security Number)	Dressing Body Suit or Dress	y,\$Underw		
Address			(State Kind and Col Hose, \$	or)	•
Date of Death March	14 1845 10AM	. Folding Chair	s, \$ Tarpaulin,	\$	
Date of Birth. Jan ,	Oate) 1886 (Hour)	Candelabrum,	\$Candles, \$Gloves, \$.		b
Age. 059	1 20	Funeral Car, 8	\$Ambulance,	\$	
Date of Funeral 3/18/95	Months (Days) 3 P		Cemetery @ \$ Station @ \$.		
Services at Chapel	(Day of Week) (Hour)	Getting Rema	ins from		0
Clergyman Ed Steep	er Ber-	Taking Remai	ins to er's Inquest		
Religion of the Deceased.	(Address)	Delivering Bo	x to		
Birthplace Lecatur	Co Ja.	Removal Char	rs to		
Resided in the State.	Tein	Procuring Bur	ial Permit		
Place of Death Saudage	City or County) (Years) (Months farm was Lamon	Certif.Cop	ial Permit. (State Number iesof Death Certificater (State Physician's orvice, \$ Use of Ch	SNo.	
		Pall Bearer Se Personal Servi	rvice, \$ Use of Ch	apel, \$	
	ttack	Tersonal Bervi			
Contributory Causes				9.00 40	
m /2	minus Andrea	Gross Total fo	r Sales Taxt	\$ 3.3.8 00	
Certifying Physician. A. 3.	n(or Coroner)	· Cremation			
His Address Lear	Ja.		n Notices in Pap		
Name of Father. Heath	Lwell,	Flowers, \$	(Names of Newspapers) Palms, \$ Matt	ing, \$	
His Birthplace Nes Mocu	sia Oleson	. Rental of Tent	,\$of Temporary V ave or Tomb. 5.1	ault \$	
Maiden Name of Mother Ma	ing orcesor	Lining Grave,	\$ Lowering Dev	ice, \$	
Her Birthplace	and a	. Outlay for Shi	pping Charges		
Motor Remains to	- deda.	Railroad Ticket	Singers,\$Orga ts, \$Paro-Ser , Cable or Radio Charg	vice,\$	
Size of Casket /3 Slate Manufactured by . Euro (Str.)	Color and Number)	Telegr., Phone	, Cable or Radio Charg	ges	
Manufactured by . Euro	Pre Hell (Cemete	Out of town U	d Indertaker's Charges		
Interment at	Gremato	· · · · · · · · · · · · · · · · · · ·			
	Lot No/4.7.3	Sales Tax	· · · · · · · · · · · · · · · · · · ·	3.3.8	
	Grave No/	Total Footing	of Bill	\$ 35 3 38	
	Section No	Less .5 /0.00s	36	\$1.7. 0.7	
	Owner	Polin	fullalance		
Diagram of Lot or Vault		· Entered into I	egger, page. M.9614	erow/ 336 3/	
Date	Amount Paid Balance	e Date	Carl transcription	Amount Paid Balance	
To Above Balance.	\$		To Balance Forward		
By Payment	\$		By Payment ov	\$	
и и			" 33970 B	\$	
и и	2 2		" "AY O.Y	\$	
	ss.		α α	\$	
4 4	ss		и и	S	
	\$ \$		4 m	ss.	
Insurance \$	Names of Lodges		Insurance .Companies		
I hereby authorize the above Funeral,	and I hereby represent that I have	sufficient resources Le	gally available to		
		y the same within	(Pirm)	Name of Funeral Directors.) m date. Interest to accrue from	
maturity at the rate of	o per annum.	Signed.			
Witness	Compiled by F. J.	Address FEINEMAN, St. Louis, 1			
			110.		

Total No. 2.085	Yearly No	8		DateMa	ich 22	19.4	5-
Name of DeceasedShara	u Mæn	e Coll	/		(What Race)		
Residence. Laurani Sa	arried Single	ws	Husbar	nd Wife Widow			
Charge to Farette Cole			A STATE OF THE RESIDENCE OF THE RESIDENC	THE RESERVE TO SERVE THE PARTY OF THE PARTY	s		
Address			sket	al	•	2500	,
Order given by Fayelte Cole	.,		rial Vault or				
How Secured. (or informa	ant)	En	mbalming Bod	(State Kind) (Name of Embalmer			
Occupation		B	arber, \$	Hair Dressing,	\$		
Name of Employer	(Social Security N	umber) D	ressing Body, it or Dress	\$Underwe	Contraction of the Contraction o		
Address		SI	ippers. \$	(State Kind and Color			
Date of Death March 21 !	945 10	AM F	olding Chairs.	\$ Tarpaulin, \$ Candles, \$.			
Date of Birth. Jan. (Date)		D	oor Spray, \$.				
Age. 2	8	F	ineral Car, \$.	Ambulance, Semetery@ \$			• •
Date of Funeral. (Date) (Months) (Months)	(Days)	PMA	utos to R. R. S	Station @ \$			
Services at Fayette Cole usu	ok) (Ho	ur) G	etting Remain	is from			• •
			aking Remain	s to 's Inquest			
Clergyman. J. Barr	(Address)	D	elivering Box	to			
Religion of the Deceased	Ma		eliver Flowers emoval Charg				••
Birthplace . Inde fendence		P:	rocuring Buria	l Permit.	nd Districts		
Resided in the State	ounty) (Years) (Months)	_Certif.Copie	of Death Certificates (State Physician's or vice, \$ Use of Cha	No		
Place of Death. amou	~.	P	all Bearer Serv	vice, \$ Use of Cha	pel, \$		• •
Cause of Death		P	ersonal Service	8			
Contributory Causes							
		G	ross Total for	Sales Tax	\$	2.3. 1.:	3
Certifying Physician N. R. O.	www	c	remation				
His Address Lamani	roner)		line Death	Notices in Pap	ers		
Name of Father Fayette Cole		E		(Names of Newspapers) Palms, \$ Matt	ing &		
His Birthplace . Rausas		R	ental of Tent,	\$ of Temporary Ve or Tomb &	ault,		
Maiden Name of Mother. Maby	adair	0	pening of Gra	ve or Tomb. To. A.M. Lowering Dev	ico s	9. 00	
Her Birthplace. Messon	uri	0	utlay for Ship	ping Charges.	ιτε, φ	400	
Motor Remains to		C	lergyman,\$	ping Charges	nist,\$	7	
	grove	or	Motor Tickets	s, \$ plane Ser Cable or Radio Charg	vice,\$		
Spate Colors	and Number)	C	ash Advanced	1			
Interment at	ful s	Cemetery Frematory	out of town U	ndertaker's Charges			• • •
	Io. 1462	- 100				26	
Lot N	1 0 0		ales Tax			350	_
Grave	No had of		otal Footing	of Bill	9.5\$	ر . با . با . با	٠.,
Section	n No		ess	Balance			•
Diagram of Lot or Vault Owne	r	E	Intered into L	edger, page or l	pelow.		* * *
	Amount Paid	Balance	Date		Amount Paid	Balance	
To Above Balance				To Balance Forward		s	
By Payment. \$	s			By Payment	s	s	
# # S	s			# #	\$	3	
	\$			« «	\$	\$	
	\$			« «	\$	\$	
	\$			4 4	s	\$	
s	\$				\$	\$	
s			haranalar	* *	. 8	\$	
Insurance \$ Lodges	of			Insurance .Companies			
I hereby authorize the above Funeral, and I h					Name of Funeral Di	rectors.)	
for the payment of aforesaid sum, and I herel		ree to pay th			om date. Interes	st to accrue f	rom
maturity at the rate of % per a	innum.						
Witness			Address				

maturity at the rate of % per annum.

30	RECOF	RD O	F FU	NER	AL			
Total No. J. 9.86 Name of Deceased.	Vearly No	Churc		Dat	<i>I</i> !!	20	3.61	۲۶٬۶۰
	☐ Mgrried ☐	Single D		Divorced	4	(What Race)	./ .	de
Residence Lamani	Ja		П	tunband Wife	Midon f Lan	us cau	99.1.	eec
Charge to:						.0		
Address			Complete Fu	ineral	ful.	ou.		
Order given by	(or informant)		Burial Vault	or Box	(State Kind)		1.00	0.0
How Secured	(orinformant)		Embalming	Body	airmanian			
Occupation		THE PERSON NAMED IN	Rarber \$	A STATE OF THE PARTY OF	dair Dressing,	Ф		
Name of Employer	(Social Secur	ity Number)	Dressing Boo Suit or Dress	dy, \$	Underwe	ш, ф		
Address					Hose, \$			
Date of Death		A. 70 - 1	Folding Cha	irs. S	. Tarpaulin,	3		
	Date)	(Hour)	Candelabrun Door Spray,	n. S	. Candles, p.			
GH		Selver Dropped &	Funeral Car,	, \$	Ambulance,	3		
Date of Funeral 3/26/45	(Months) (Days) **Mort (Day of Week)		Limousines to P	to Cemeter	y@\$ @\$			
Services at Clopel	(Day of Week)	(Hour)	Getting Ren	nains from .				
Services at			Taking Rem	ains to				
Clergyman A. Chwille	A O (Address)		Trip to Coro Delivering B					
Religion of the Deceased	D. S. (Address)		Deliver Flow	vers to				
Birthplace			Removal Ch Procuring By	arges urial Permi	t			
Resided in the State	r City or County) (Years	(Months)	Certif.Co	piesof Deat	t. (State Number as th Certificates) State Physician's or Use of Cha	nd District)		
Place of Death Judy	enolence, //	10:	Pall Bearer	Service, \$	State Physician's or Use of Cha	pel, \$		
Cause of Death			Personal Ser	vice,	self an	Lu		
Contributory Causes			belle	4			40	00
			Gross Total	for Sales T	ax	\$	1.40	00
Certifying Physician			Outlay for I Cremation					
His Address					inPape	ers		
				(Names of 1	Newspapers)			
Name of Father			Flowers, \$	Palms,	SMatti	ng, \$		
		-3-0 /	Opening of C	Grave or T	Temporary V	aishall	19	00
Maiden Name of Mother			Lining Grav	e, \$I	owering Devi	ice, \$		
Her Birthplace			Clergyman,	SSinge	ers,\$Orgai	nist,\$		
	•••••		Railroad or Motor Ticl	kets, \$	ers,\$Orgai Aero-Serv	vice,\$		
Size of Casket	tate Color and Number)		Telegr., Pho Cash Advan	ne, Cable o	r Radio Charg	es		
Manufactured by	11.00	(Cemetery	Out of town					
Interment at Ross.	,,,	{ Cemetery Crematory						
	Lot No 8.5.6	65.6	Sales Tax .				/	40
	Grave No		Total Footin	ng of Bill/).	el 4/5/45	····\$	156	40
	Section No		Less	. An . fu	rr 1/2/1/3/3	\$		
					Balance	\$		
Diagram of Lot or Vault	Owner		Entered into	Ledger, pa	ageor b	elow.	4.31	
Date	Amount Paid	Balance	Date			Amount Paid	Bal	ance
To Above Balance		\$		To Balar	ice Forward		\$	J
By Payment		\$		By Payn	nent	\$	\$	
" "	\$	ş		"	·	\$	\$	
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" "	\$	\$		"	*	\$	\$	
		\$				\$	\$	
	e	e				\$	\$	
The second second second	Names of			Insurance	**********	8	8	
Insurance \$	Names of			Insurance Companie	28			
I hereby authorize the above Funeral	, and I hereby represent	tnat I have sui	ncient resources	Legally avail	able to (Firm)	Vame of Funeral Dir	ectors.)	
for the payment of aforesaid sum, an	a I hereby covenant and	agree to pay	me same within		days from	m date. Interes	to accru	ue from

Total No. 208/ Yearly No			Date	april	1.31	194.5.
Name of Deceased Mattie Ma	y De	Long				
Residence Lamoni Ja Married	Sthigle		ivorced and Wife Widow \ /	(What Race)		
Charge to J. O. D. Long		or			d'in	
Address Lamon Ja		Complete Fune	ral	\$	227	00
Order given by		Casket	Por Alfia		an	
(or informant)		Burial Vault or	(State Ki		90	0.0
How Secured	4. 8	Embalming Bo	(Name of Em	abalmer)		
	ity Number)	Barber, \$ Dressing Body	Hair Dres	erwear,\$		
Name of Employer and Address		Suit or Dress	(State Kind and	i Color)		
Obail in inus	4130 BM	Slippers, \$		in @		
7/1 - (Date)	(Hour)	Candelabrum,	\$Candles	, \$		
		Door Spray, \$	Gloves,	\$		
Age. 6/ /0 /3 (Years) (Months) (Days)		Limousines to	Cemetery @	\$		
Date of Funeral (Date) (Day of Week)	21.3 O.P. M. (Hour)	Autos to R. R. Getting Remai	Station@	\$		
Services at Charles		Taking Remain	is to			
Clergyman Charley Ballautyne		Trip to Corone Delivering Box	r's Inquest	0		
Religion of the Deceased.		Deliver Flower	s to. Northee			
Birthplace (Islvier Mo		Removal Charg Procuring Buri		سرو		
Resided in the State.	(Months)	Certif Conie	al Permit (State Num esof Death Certific (State Physicic vice, \$ Use of	aber and District)		
Place of Death Decature Co. Hosp. Le		Pall Bearer Ser	vice, \$ Use of	Chapel, \$		
Cause of Death		Personal Service	e			
Contributory Causes						
			Sales Tax		917	0.0
Certifying Physician K. R. Brown		Outlay for Lot				
His Address Lamoni (or Coroner)		line Death	Notices in	Papers		
Name of Father John J. Morgan			(Names of Newspapers)			
His Birthplace Wall		Flowers, \$	(Names of Newspapers) Palms, \$	Iatting, \$		
Maiden Name of Mother Elizabeth Leu	Opening of Gra	we or Tomb. 76 4	marshall.	14	00	
Her Birthplace Walls	Cutlay for Shir	Doning Charges	Device, \$			
Motor Remains to	- 516	Clergyman,\$	Singers,\$C	Organist,\$		
Cin of Contrat I way M wallow Pour	Outlay for Shipping Charges Clergyman, \$ Singers, \$ Organist, \$ Railroad Trickets, \$ Aero-Service, \$ or Motor, Phone, Cable or Radio Charges					
Manufactured by (Sante Color and Number)	Cash Advanced	Cable or Radio Cl	harges			
Interment at Ruse Hill	Out of town U	ndertaker's Charg	es			
				3	17.	
Lot No 34-	·····	Sales Tax			9 94	4 170
Grave No3		Total Footing	of Bill		237	P.P.
Section No		Less . 5.7.4	CAR VAL	16/45	/	00
Diagram of Lot or Vault Owner		Entered into I	edger, page	or below	٠٠٠٠ کـ٠.	/··/··
Date Amount Paid	Balance	Date	l page	Amount Paid	Bala	
To Above Balance	_	-			Dan	l
By Payment. \$	\$ e	"	To Balance Forward By Payment		\$	
" " S	\$		s s		. \$	
\$	\$		и и	8	s	
\$	\$			\$	\$	
" "	\$		а а	\$. \$	
\$	\$		и и	\$. \$	
	\$		* *	\$		J
Names of Insurance Lodges. Companies.						
Insurances I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to. (Firm Name of Funeral Directors.)						
for the payment of aforesaid sum, and I nerest covernant and agree to pay the same within						
Digited.						
Witness						

Total No. 2.0.8.8. Yearly No	Date april 18 1945.
Name of Deceased Charles Richar	dear w
Residence Kellerton, Sa	Widowed Divorced (What Race)
Charge to Harley Shackelton	#Hadisand Wife Wildow & Cuma Richardson
Address Hatheld, Mo	Complete Funeral \$ 34 & 00.
Ondon given has	
. (or informant)	Burial Vault or Box Albra 90 00
Occupation farming nous	(Name of Embalmer)
(Social Security Number)	Barber, \$
Name of Employer	
Date of Death april 16 1945 7 AM	Slippers, \$ (State Kind and Color) Slippers, \$ Hose, \$
	Candelabrum, \$ Candles, \$
Date of Birth. May 24 1866	Door Spray, \$ Gloves, \$. Funeral Car, \$ Ambulance, \$
(Years) (Months) (Days)	Limousines to Cemetery @ \$
Date of Funeral 4/8/45 Wed 2. P. M	Autos to R. R. Station
Services at Cuaru	Taking Remains to
Clergyman Rev. alyander (Address)	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased.	Deliver Flowers to
Birthplace Ringold County, Ja	Removal Charges.
Resided in the State. (or U.S. or City or County) (Years) (Months)	Certif.Copiesof Death Certificates No.
Place of Death Walker Hosp. Bethang, Mo	Procuring Burial Permit. Certif. Copiesof Death Certificates No. Certif. Service, Superstandard Corner's; Pall Bearer Service, Superstandard Corner's; Pall Service, Superstandard Corner's; Pall Service, Superstandard Corner's;
Cause of Death	Personal Service
Contributory Causes	
	Gross Total for Sales Tax\$ #3200
Certifying Physician D. Ralph Walker	Outlay for Lot. 4 o 40 Cremation.
His Address . Gethany (or Coroner)	line Death Notices inPapers
Name of Father. W. R. Echardson	[Names of Newspapers]
His Birthplace Scotland	Flowers, \$. Palms, \$ Matting, \$. Rental of Tent, \$. of Temporary Yault, \$. Opening of Grave or Tomb Acad Mattall, 14 0 0
Maiden Name of Mother Ellen Os radlly	Opening of Grave or Tomb tells Mandall, 14 00
Her Birthplace Lcotland	Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$
Size of Casket and end State - gray broad Co Manufactured by Heggers	Clergyman,\$Singers,\$. Organist,\$. Railroad; Tickets, \$plane Service,\$. Telegr., Phone, Cable or Radio Charges
	Cash Advanced
Interment at	Out of town Undertaker's Charges
Lot No 1506	
Grave No. 4.	Sales Tax 432
	Total Footing of Bill \$ 47.0 3 2 Less 57.0-21.3 2 Aliz 7.8 4. 8
Section No	Balance. s
Diagram of Lot or Vault . Owner	Entered into Ledger, pageor below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance.	To Balance Forward \$
By Payment \$ \$	By Payment. \$ \$
······································	
* " * * * * * * * * * * * * * * * * * *	
u u g g	* " \$
Insurance \$ Names of Lodges.	Insurance Companies
Insurance \$ Lodges. I hereby authorize the above Funeral, and I hereby represent that I have su	Companies
for the payment of aforesaid sum, and I hereby covenant and agree to pay	fficient resources Legally available to
maturity at the rate of% per annum.	Signed
Witness	Address
Compiled by F. J. F.	

Total No. 2.0.9.9 Yearly No	Date May	19.4.5
Name of Deceased & Rawland Creswell	(Sufact of Lyle Crewell) .	
Residence: Married Single L	Widowed Divorced (What Race)	
Charge to: L-gle Cilswell.	orof	1 1
Address	Complete Funeral	
Order given by.	Casket	
(or informant)	Burial Vault or Box	
How Secured.	Barber, \$(Name of Embalmer) Hair Dressing, \$	
Occupation (Social Security Number)	Dressing Body, \$ Underwear, \$	
Name of Employer	Suit or Dress (State Kind and Color)	
Address	Slippers, \$	
Date of Death May 10 1945 (Hour)	Candelabrum, \$ Candles, \$	
Date of Birth. May 9 1945 (Hour)	Door Spray, \$	
Age. (Years) (Mgnths) (Days)	Limousines to Cemetery @ \$	
Date of Funeral (Date) Date of Funeral (Date) Services at April Helf Cent. (Bour) (Bour)	Autos to R. R. Station	
Services at Rose Hill Cem.	Taking Remains to	
Clergyman Arthur Lave	Trip to Coroner's Inquest	
Religion of the Deceased	Delivering Box to	
Birthplace Dethany Mo.	Removal Charges	
Resided in the State	Procuring Burial Permit. (State Number and District)	
Resided in the State. (or U. S. or City or Country) (Years) (Mouths) Place of Death. Bettlauy, U.S.	Procuring Burial Permit. (State Number and District) — Certif. Copies of Death Certificates No. (State Payledan's or Coroner's) Pall Bearer Service, \$ Use of Chapel, \$	
Cause of Death.	Personal Service	10 00
Cause of Death		
Contributory Causes	Cusan Matal for Calor Man	22 50
10 Puldin	Gross Total for Sales Tax. \$ Outlay for Lot April 1/2 1/2 1/4.6.4 Cremation	2000
Certifying Physician A. Tyddan	Cremation	
Fis Address Aethau Wood	line Death Notices in Papers	
Name of Father Aga Co. Ja	Flowers, \$Palms, \$Matting, \$	
nis birmpiace	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb. To A . Washall .	4 00
Maiden Name of Mother Wanela May Dickey	Lining Grave, \$ Lowering Device, \$	
Her Birthplace Necatur lo Ja	Outlay for Shipping Charges	
Motor Ship Remains to	Railroad Tickets, \$ Aero-Service.\$	
Size of Casket (State Color and Number)	Clergyman, \$ Singers, \$ Organist, \$ Railroad or Motor Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges	
Manufactured by	Cash Advanced	
Interment at	Out of town Undertaker's Charges.	
Lot No / 9.6 9.	Sales Tax	23.
Grave No. foot of H.	Total Footing of Bill\$	4883
	Less clip for lot s	20 00
Section No.	will pay Hyuden Balance P. S	27 73
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.	
Date Amount Paid Balance	Date Amount Pai	d Balance
To Above Balance S	To Balance Forward	S
	By Payment \$	\$
ssssss		\$
ss	ss	\$
* * \$ \$		\$
· · · · · · · · · · · · · · · · · · ·		
* * * * * * * * * * * * * * * * * * * *		
Names of	Insurance	8
Names of Lodges.	Insurance Companies	
I hereby authorize the above Funeral, and I hereby represent that I have s for the payment of aforesaid sum, and I hereby covenant and agree to pay		Directors.)
maturity at the rate of% per annum.	the same within	rest to accrue from
Witness	Address	
Compiled by F. J. 1		

	7// 16 -0/15
Total No. 2.0.9.0 Yearly No	Date
Name of Deceased. Mary Jane	Widowed □ Divorced (What Race)
Residence Riley Townshif, Ringslof G. Ja.	Itushand Wite Wildow Thos Ywell
Charge to Clarence Daly	Complete Funeral
Address. Lamon	Casket
Order given by above	Burial Vault or Box(State Kind)
How Secured	Embalming Body(Name of Embalmer)
Occupation housewife none	Barber, \$
Name of Employer . A.M. home (Social Security Number)	Dressing Body, \$Underwear, \$
Address	Suit or Dress. (State Kind and Color) Slippers, \$ Hose, \$.
Date of Death May 14 1945 / AM	Folding Chairs, \$ Tarpaulin, \$
Date of Death May 14 1948 AM. Date of Birth. Luy (Date) 1854 Age. (Green (Meath), Chert	Candelabrum, \$
Age 90 9 8	Funeral Car, \$ Ambulance, \$
Date of Funeral 1/6/45 Wed 2 P. M.	Limousines to Cemetery @ \$
Services at Mt Jun Church (Hour)	Getting Remains from
	Taking Remains to
Clergyman and alloutyne (Address)	Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace . Wisconsin	Procuring Burial Permit.
Resided in the State. 87 90 (or U.S. or City of County) (Years) (Months) Place of Death Much Man Yamom	Procuring Burial Permit. —Certif.Copiesof Death Certificates No. Pall Bearer Service, \$. Use of Chapel, \$.
Place of Death sund wear farmour	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death	Personal Service.
Contributory Causes	
	Gross Total for Sales Tax\$ 281.7.5.
Certifying Physician K. R. Brown	Outlay for Lot.
His Address Lamon (or Coroner)	line Death Notices inPapers
Name of Fother Will Swith	Flowers, \$ (Names of Newspapers)
His Birthplace. Lest known	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Jaoina Benaway	Opening of Grave or Tomb
Her Birthplace ust known	Outlay for Shipping Charges
Motor Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad \Tickets,\$Plane Service,\$
- not Women Rush.	or Motor) Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges
Manufactured by Surgesm	Cash Advanced
Interment at Mit from { Cemeters Greenators	Out of town Undertaker's Charges
Lot No.	
	Sales Tax 287 Total Footing of Bill 6 8 28457
Grave No	
Section No	Ca 5 5 5 5 5 5 5 5 5 5
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance \$	To Balance Forward.
By Payment \$ \$	
* *ssss	
* *	
" "	
	* * \$ \$
	* * * * * * * * * * * * * * * * * * * *
Names of Lodges.	Insurance
	Insurance Companies.
I hereby authorize the above Funeral, and I hereby represent that I have s for the payment of aforesaid sum, and I hereby covenant and agree to pay	
maturity at the rate of% per annum.	y the same withindays from date. Interest to accrue from Signed
	Address
Witness	

Total No 2.0.9.1	. Yearly N	o/H.		Date 7/	1 ay 20	1943	
Name of Deceased	eter E	Ha	rtley		w.		
Residence: Lamoria	Married	Single	C fine	Divorced sband□Wife□Widow{	(What Race)	Hen	
Charge to: Eva M Hard	ly			of)	. 2311/97-10.		
Address			Complete Fun		\$	284 00	
Order given by			Casket Burial Vault o	n Box			
How Secured	nformant)		Embalming Be	(State Kind)			
Occupation wight watch		none	Barber, \$		r, S		
Name of Employer town of	Louisia Secus	rity Number)	Dressing Body Suit or Dress.	, \$Underw	ear,\$		
Address			Slippers, \$		or)		
Date of Death May 17.19	45	1AM	Folding Chairs	s, \$ Tarpaulin,	\$		
Date of Birth. Jour 3.0. 18		(Hour)	Candelabrum,	\$			
Age. 70 3	17		Funeral Car, \$	Ambulance,	\$		
Date of Funeral 5/20/45 (Mont	(Days)	3 P.	Limousines to	Cemetery @ \$			
Services at Ohafiel (Day)	of Week)	(Hour)	Getting Remai	ins from			
Clergyman Carl Rallouty	P. P.	240.	Taking Remai	ns toer's Inquest			
	(Address)			to			
Religion of the Deceased			Deliver Flower	s to			
Birthplace Renn			Removal Char	ges ial Permit			
Resided in the State. 36 90	or County) (Years	(Months)	Certif.Copi	esof Death Certificates	No.		
Place of Death. A annu			Pall Bearer Ser	ial Permit. (State Number of esof Death Certificates (State Physician's or rvice, \$ Use of Characteristics)	Coroner's;		
Cause of Death			Personal Service	se			
Contributory Causes							
	7		Gross Total for Sales Tax. \$ 29900				
Certifying Physician . M	Coroner)		Cremation				
His Address Zamoju	àir		line Death	Notices in Pap	ers		
Name of Father . Stephen	5 Hartle	y	Flowers &	(Names of Newspapers) Palms, \$ Matt	ing @		
His Birthplace . Cleun			Rental of Tent,	\$of Temporary V	ault, \$		
Maiden Name of Mother Curly	craigo	THE PERSON NAMED IN	Opening of Gra	ave or Tomb. 49 AL M	ourse !	12 15	
Her Birthplace	w''		Outlay for Shir	\$Lowering Dev			
Motor Remains to			Clergyman,\$	Singers,\$Orga s,\$plane Ser	nist,\$		
Size of Casket // Cruch	tax		or Motor Ticket	s, \$ plane Ser Cable or Radio Charg	vice,\$		
Manufactured by . G (State Co	lor and Number)		Cash Advanced	1	es		
Interment at	24 Hill	{ Cemetery Crematory	Out of town U	ndertaker's Charges			
Lot	No // 10						
	-		Sales Tax		=	99000	
Gra	ve No		Total Footing		4\$	2.1.8 0.4.	
Sec	tion No		Less. Politica	00	\$		
Diagram of Let or Vault Ow	ner		Entered into L	Balance edger, pageor b	elow.		
Date	Amount Paid	Balance	Date	See Sulveyor 19.	Amount Paid	Balance	
To Above Balance				To Balance Forward			
By Payment	\$			By Payment	s	8	
" "	\$	B		« «	s	\$	
	\$	š		и и	\$	\$	
***************************************	\$	3		« «	\$	\$	
	\$	B		и и	\$	\$	
	\$			* *	\$	\$	
Mon	es of	Secretary.	<u>aharanan dara</u>	Tunnana	\$	8	
Insurance \$	es of tes			Insurance .Companies			
I hereby authorize the above Funeral, and I for the payment of aforesaid sum, and I he	hereby represent t	hat I have suff	ficient resources Le	gally available to (Firm)	lame of Funeral Dir	octors.)	
for the payment of aforesaid sum, and I he maturity at the rate of % per		agree to pay t		······ays no	n date. Interes	to accrue from	
Witness			Address		************		

Total No. 2092	Yearly N	lo/5	10.4	Date	ane !	8	19#.5
Name of Deceased	uth Le Ma	re of	heets		w		
Residence. Hear Cagl	evel(Single	□Hur	Divorced aband Wife Widow 9/02.	ery Sh	eets	
Charge to : Xarry Ste				of }**	الم	3/2	00
Address Caglevill	e, Ms				\$	9 / 94	٠٠٠٠.
Order given by	(or informant)		Casket Burial Vault o	n			
How Secured	(or informant)		Embalming Be	ody(State Kind) (Name of Embain			
Occupation Hausewif			Barber, \$		ζ, δ		
Name of Employer our &	force (Social Secu	rity Number)	Dressing Body Suit or Dress.	, \$Underw			
Address Cagleville	Mo		Slippers, \$	(State Kind and Col	or)		
Date of Death . fund	15-/45	8 PM	Folding Chairs	s, \$ Tarpaulin,	\$		
Date of Birth. Jane	1.1920	(Hour)	Candelabrum, Door Spray, \$	\$Candles, \$ Gloves, \$.			
Age. 25	0 14		Funeral Car, \$	Ambulance,	\$		
Date of Funeral 6/18/45	Mon (Days)	2 PM		Cemetery @ \$. Station @ \$.			
Services at Cagleville,	M. Chur	(Hour)	Getting Rema	ins from			
Clergyman Rev. Polla	ch, Gilluan	aty, Mo	Trip to Corone	ns toer's Inquest			
Religion of the Deceased	(Address)			c to			
Birthplace Harrison	30. Mo.		Removal Char	ges			
Resided in the State			Procuring Buri	al Permit	and District)		
Place of Death Home Ma	Carleville) (Months)	Certif.Copi	ial Permit (State Number esof Death Certificates (State Physician's or rvice, \$ Use of Ch	r Coroner's;		
Cause of Death struck &		,	Pall Bearer Ser Personal Service	rvice, \$ Use of Ch	apel, \$		
Contributory Causes	O. C. C.						
Contributory Gauses			Gross Total for	e Salae Tar		312	00
Certifying Physician M. C.	ertuly		Outlay for Lot				
His Address	(or Coroner)			Notices in Pan	ore		
Name of Father Bert	Slaughte						
Ivame of Pattlet C.	er County	La	Flowers, \$	(Names of Newspapers) Palms, \$ Matt	ing, \$		
Maiden Name of Mother. R.	ute Sho	ta	Opening of Gra	ve or Tomb	auit, \$		
Her Birthplace. Havu	sed Co . M.		Lining Grave,	\$ Lowering Dev	ice, \$		
Motor Remains to		The state of the	Clerownen &	oping Charges Singers,\$Orga			
Size of Casket 6/3 Oct.	Gray.		or Motor Ticket	s, \$ Plane Ser	vice,\$		
Manufactured by List	Color and Number	Set Co.	Telegr., Phone, Cash Advance	Cable or Radio Charg	ges		
	udever.	{ Cemetery Crematory	Out of town U	ndertaker's Charges			
		[Crematory .		/*************************************			
	Lot No		Sales Tax			3	12
	Grave No		Total Footing		\$.,
	Section No		Less	.70	····.\$	1.5	6.0.
Diagram of Lot or Vault	Owner		Entered into L	Balance edger, pageor b	\$	1.9.9.	32.
Date	Amount Paid	Balance	Date		Amount Paid	Bala	
To Above Balance.		s		To Balance Forward		Dan	I
By Payment	\$	ş		By Payment	8	\$	
* *	\$	\$		и и	\$	s	
* *	\$	\$		и и	\$	\$	
" "	\$			я и	\$	\$	
4 4	8			* *	8	\$	
	\$	S		a a	\$	\$	
Insurance \$	Names of Lodges			Insurance Companies	•	\$	
I hereby authorize the above Funeral,		that I have suff	icient resources Le				
for the payment of aforesaid sum, and				(Firm 1	Name of Funeral Dis m date. Interes	ectors.)	
maturity at the rate of			Signed		daw. interes	t to Reeru	rom
Witness			Address			********	

Total No. 20.93	Yearly N	Io 1.6	.,,,	Dat	e	cely 31	19 4.5
Name of Deceased	annah	Sta	Gord	□ Divorced		(What Bara)	
Residence: At Home .		Ja		Husband Wife		my oft	affred de
Charge to : Decatus .	County -	O.A.P		or	,,,,,,	ااه	100 00
Address Leau		,	Complete F	uneral		\$.700
Order given by Barbar	h Halilea	4	Burial Vau	t or Box	(State Kind)		
How Secured			Embalming	Body	(State Kind) (Name of Embalz		
Occupation kousew	ye v	ione	Barber, \$		lair Dressing	3, \$	
Name of Employer	(Social Sect	irity Number)	Dressing Be Suit or Dres		Underw		
Address			Slippers, \$.	3)	Hose, \$	or)	
Date of Death July 2	1945	6 PM.	Folding Ch	airs, \$. Tarpaulin,	\$	
Date of Birth Feb 9	18 55	(Hour)	Door Spray	m, \$, \$. Gloves, \$.		
Age. 90	.5		Funeral Car	r, \$	Ambulance,	\$	
Date of Funeral 7/3//45	(Months) (Days	2 P .	Autos to R.	to Cemeter, R. Station.	7@\$. @\$		
Services at At Home	(Day of Week)	(Hour)	Getting Re	mains from.			
Clergyman Wu Laraus	Ban		Taking Ren	nains to oner's Inque			
Religion of the Deceased	(Address)		Delivering 1	Box to			
Birthplace Cuglan	J		Deliver Flor Removal Cl	wers to			
	420.		Procuring E	urial Permit			
Resided in the State	r City or County) (Year	s) (Months)	Procuring E —Certif.C Pall Bearer	opiesof Deat	Certificates	No	
Place of Death			Pall Bearer	Service, \$. Use of Ch	apel, \$	
Cause of Death			rersonal Se	rvice			
Contributory Causes							
				for Sales Ta Lot		\$	
Certifying Physician . K : R.	(or Coroner)		Cremation.				
His Address Lamon					inPap		
Name of Father. Not ku			Flowers, \$.	(Names of N Palms	ewspapers) Matt	ing &	
His Birthplace. Sugl	Luel,		Rental of Te Opening of	ent, \$ of	remporary V	ault,\$00	
Maiden Name of Mother W.	ot known.		Opening of	Grave or To	mb. <i>40.43 .M.</i> owering Dev	ice 8	10 00
Her Birthplace Cugi	ary		Outlay for S	hipping Cha	rges		
Motor Remains to	·h·····		Clergyman, Railroad or Motor Tic	\$Singer	s,\$Orga	nist,\$	
Size of Casket D	()' *		Telegr., Pho	ne. Cable or	Radio Charg	vice,5	
Manufactured by R. V. O.			Cash Advar	ced			
Interment at	Kose Hill	{ Cemetery Crematory	Out of town	Undertaker	's Charges		
	Lot No. 54	7					
	Grave No 3		Sales Tax .	ng of Bill			110 00
		•••••	Less	ng or bin		\$	W
	Section No			F	alance	8	
Diagram of Lot or Vault	Owner	,,	Entered into			elow.	
Date	Amount Paid	Balance	Date	To Contract		Amount Paid	Balance
To Above Balance.		s		To Balanc	e Forward		s
By Payment	\$	\$		By Payme		\$	\$
" "	\$	\$		# #		\$	s
	\$	\$		" "		\$	\$
	\$	\$		и и		\$	\$
* *		\$		" "	***************************************	\$	\$
	8	9			************	8	\$
Y	Names of	- Landards To	- Jerrana da	Insurance	**********	e	s
Insurance \$ I hereby authorize the above Funeral, for the payment of aforesaid sum, and		that I have an	Molant rago	Insurance Companies			
for the payment of aforesaid sum, and	I I hereby covenant and	l agree to pay	the same within	cgany availal	(Firm)	Name of Funeral Dire m date. Interest	etors.)
maturity at the rate of	% per annum.	,,,,,,	Sign			date. Interest	to accrue from
Witness			Addı				************
	Con	spiled by F. J. Fl					

Total No. 2094 Yearly No	7. Date Aug. o	19#.5
Name of Deceased. Mary Elizabeth	Widowed □ Divorced (What Race	· · · · · · · · · · · · · · · · · · ·
Residence Cagleville, Mo.	Widowed Divorced Divorced Office Offic	O3 lake
Charge to Chas Blake	Complete Funeral	\$ 300 00
Address, Luglevelle, Mo	Control	
How Secured. (or informant)	Burial Vault or Box(State Kled) Embalming Body	
Commotion Drousewife none	Park a Hoir Drossing S	
Name of Employer. Our hour Social Security Number)	Dressing Body, \$	1250
Address	Slippers, \$	
Date of Death Aug 2 1945 7130AM	Folding Chairs, \$ Tarpaulin, \$	
Date of Birth. Aug 4 1885 (Hour)	Candelabrum, \$Candles, \$ Door Spray, \$Gloves, \$	
Age. 59 // 28	Funeral Car, \$Ambulance, \$ Limousines to Cemetery@ \$	
Age. 59 // 18 (Months) Date of Funeral. 5/45 (Months) (Days) 2/30 P.M.	Autos to R. R. Station @ \$	
Services at Englished, M. C. Church (Hour)	Getting Remains from	
Clergyman Rev Herbert.	Trip to Coroner's Inquest Delivering Box to	
Religion of the Deceased	Deliver Flowers to	
Birthplace Zhuigu Co. Ja	Removal Charges	
Resided in the State (or U.S. or Caty/ker Country) (Years) (Months)	Procuring Burial Permit (State Number and District) Certif. Copies of Death Certificates No. Pall Bearer Service, \$ Use of Chapel, \$	
Place of Death. Englished Mis	Pall Bearer Service, \$ Use of Chapel, \$	
Cause of Death Acute Congestiin Heart	Personal Service.	
Contributory Causes Relumnary Colema		2/0 50
Melmonary Colema	Outlay for Lot. #. 147.9 - A one Well	4000
Certifying Physician. CW M. Cartney	Cremation	
His Address Englisher Mis-		
Name of Father Parker Swilliams His Birthplace Kentucky	Flowers, \$ (Names of Newspapers)	
Maiden Name of Mother, Misey arrold	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb John Marchall.	12 00
Her Birthplace Renterely	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges	
Motor Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad or Motor Tickets, \$Aero-plane Service,\$	
Size of Carlot Tauke 12 Couch	or Motor Tickets, \$	
Manufactured by Rook state Coor and Number)	Cash Advanced	
Interment at Rose Hull Crematory	Out of town Undertaker's Charges	
Lot No. 147.5	Sales Tax	3/2
Grave No2	Total Footing of Bill	36762
Section No.	Less deset by lug 15th 15.6	\$
Diagram of Lot or Vault Owner.	Balance Amy Lo	357 99
374,111 (1.20)	Entered into Ledger, page or below.	
	Date P.	aid Balance
To Above Balance	To Balance Forward	\$
g s s	by Fayment. S	\$
* * \$ \$	a a\$	ss
# #	\$	\$
	a a\$	\$
* * S S	a a e	\$
Insurance \$ Names of Lodges.	Insurance	
I hereby authorize the above Funeral, and I hereby represent that I have s	ufficient resources I emiller 11.1.1	
for the payment of aforesaid sum, and I hereby covenant and agree to pay		Directors.) erest to accrue from
maturity at the rate of% per annum.	Signed	
Witness	Address	

Total No. 20.95	Yearly No		8	Date	g 10	19.	4.5
Name of Deceased	Bert W	Single	Widowed □ Div	vorced	(What Race)	·	
Residence: Lamai .	Ja			nd Wile Widow 711.a.	nie Flee	ť	
Charge to: Marie Melet		•••••	Complete Funer	al	\$	397.0	0.
Address					n4		·
	formant)		Burial Vault or	Box Albia Vous	2	7	
How Secured			Embalming Boo	(Name of Embalmer	0		
Occupation Merchant y Da	(Social Securi	Morrel ty Number)	Dressing Body,	\$Underwe	ar,\$		
Name of Employer			Suit or Dress	(State Kind and Color			
Address	10H5		Slippers, \$	\$ Hose, \$ Tarpaulin, \$			
Date of Death. (Date)	.1.9.4.5	(Hour)	Candelabrum, \$				
	.1.8.8.6		Door Spray, \$. Funeral Car. \$.	Gloves, \$Ambulance, \$			
Age. (Years) (Month	18) (Days)		Limousines to (Jemetery @ \$			
Date of Funeral. (Date) (Day of	U	(Hour) P. M.	Autos to R. R. S Getting Remain	Station @ \$ as from			
Services at Chapel	ð0		Taking Remain	s to			
Clergyman Roy Chevil	K (Address)		Trip to Coroner Delivering Box	's Inquestto			
Religion of the Deceased	, H		Deliver Flowers	to			
Birthplace Juchana			Removal Charg Procuring Buria	es			
Resided in the State	or County) (Yesf)	(Months)	Certif.Copie	of Death Certificates (State Physician's or vice, \$ Use of Cha	No		
	to Mo. Sa		Pall Bearer Serv	vice, \$ Use of Cha	pel,\$		
Cause of Death Conway	Accum	·	Personal Service	B			
Contributory Causes						487 0	20
Contifring Physician Leeb				Sales Tax			
			Cremation	Notices in Pap			
HIS Address.	mu. m	2.∴					
Name of Father. B. D. F.	<i>eu</i>		Flowers, \$	(Names of Newspapers) Palms, \$ Matti	ing, \$		
His Birthplace	· Mana		Rental of Tent,	\$of Temporary Y ve or Tomb. To A, W	ault, Sial	15	99.
Maiden Name of Mother. Hell	2030000		Lining Grave, \$	Lowering Dev	ice, \$		
Her Birthplace	· · · · · · · · · · · · · · · · · · ·		Outlay for Ship Clergyman, \$	ping Charges	nist,\$		
Motor Remains to	tak 10):	tone	Railroad or Motor Tickets	Singers,\$Orga s,\$Pane Ser	vice,\$		
Size of Casket Tue Lie Stand Co	lor and Number)		Telegr., Phone,	Cable or Radio Charg	es		
	ze Hill	Cemetery Crematory	Out of town Un	ndertaker's Charges			
		Crematory					
Lot	t No. 3.0.3		Sales Tax			4 8	~ /
Gr	ave No!		Total Footing		\$	2.06.8	5. 7
Sec	tion No		2 auch try	1 2500 by 1644	g. 10.76s		• • • • •
Diagram of Lot or Vault Ow	mer		The state of the s	Balance edger, pageor b	nelow.		
Date	Amount Paid	Balance	Date		Amount Paid	Balan	nce
To Above Balance		s		To Balance Forward		. s	
By Payment	. \$	\$		By Payment	\$	\$	
	. \$	\$		a a	\$. \$	
	. \$	\$		« «	\$. \$	
	.\$	\$			\$. \$	
	e	8		4 4	s	. \$	
	8	\$		4 4	s	8	
Na	mes of	13/-57		Insurance .Companies			
Insurance \$Loc I hereby authorize the above Funeral, and		that I have s	ufficient resources Le			********	
for the payment of aforesaid sum, and I h					Name of Funeral D om date. Intere	frectors.) est to accrue	from
maturity at the rate of % p	er annum.		Signed.				
Witness			Address				

Total No 2.0.96 Yearly No/	Date 15. 1945				
1 1 1 1	Date:				
Name of Deceased Sanah Cottes	ama yours				
Residence Lamoni Ca Single					
Charge to Shaut Jones					
Address Lauri	Complete Funeral				
Order given by	Casket				
(or informant)	Burial Vault or Box(State Kind)				
How Secured.	Embalming Body (Name of Embalmer) Barber, \$				
Occupation Mousewife ume (Social Security Number)	Dressing Body, \$ Underwear, \$				
Name of Employer	Suit or Dress				
Address	Slippers, \$				
(Date) (Hour)	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$				
Date of Birth. Nov. 29 1871	Door Spray, \$				
Age. (Years) (Months) (Days)	Funeral Car, \$				
Date of Funeral sept 16/45 Sun. 2:30 P	4. Autos to R. R. Station @ \$				
Services at Coliseum	Getting Remains from				
Clergyman . A. Sunsally.	Trip to Coroner's Inquest				
Religion of the Deceased.	Delivering Box to				
Birthplace Stark Co. Jel.	Removal Charges				
Paridad in the State 47 gm.	Procuring Burial Permit(State Number and District)				
Place of Death. A arrest	Procuring Burial Permit. Certif. Copiesof Death Certificates No. Certif. Copiesof Death Certificates No. Pall Bearer Service, \$. Use of Chapel, \$.				
1/ 4 2 00 1	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.				
	·				
Contributory Causes	Gross Total for Sales Tax				
3/ 11 11:00.	Outlay for Lot.				
Certifying Physician N. M. 1 Hill (or Coroner)	Cremation				
His Address Lauray	line Death Notices in Papers				
Name of Father forher Sullyan	Flowers, \$Palms, \$Matting, \$				
His Birthplace. Level fluidy	Rental of Tent, \$ of Temporary Vault, \$				
Maiden Name of Mother Christina folden	Opening of Grave or Tomb				
Her Birthplace. Mew. Mark.	. Outlay for Shipping Charges				
Motor Remains to	Clergyman,\$Singers,\$Organist,\$				
Size of Casket /3 //> Affitate Calor and Number)	Telegr., Phone, Cable or Radio Charges				
Manufactured by . A State Glor and Number)	Cash Advanced. Out of town Undertaker's Charges.				
Interment at Roze Hell Cemete	ry Out of town Ondertaker's Gnarges.				
Lot No 8.6.8.	Sales Tax 3 66				
Grave No. 3	Total Footing of Biller \$ 3/5 00				
	Less \$ 5/1 am 300 \$ 15 00				
Section No	Pd in Balance 1.0. 8 3.00,00				
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.				
Date Amount Paid Balanc	e Date Amount Paid Balance				
To Above Balance	To Balance Forward \$				
By Payment. S S.					
ssssss					
	····· s····· s····· s·····				
# # \$ \$	······································				
\$\$	····· s s s				
	Y				
Insurance \$ Names of Lodges.	Insurance				
I hereby authorize the above Funeral, and I hereby represent that I have	(Firm Name of Funeral Directors.)				
for the payment of aforesaid sum, and I hereby covenant and agree to partially at the rate of	for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within				
	Signed.				
Witness	Address				

Total No 2097	Yearly No	20		Date	de	st,	9	10 45
Name of Deceased	mis anka	2 Fe	lethorh	n Dillion		u)	10.7. 7.
Residence Lamou	Married :	Single 🔀		Divorced	1 6	(What Race)		1
Charge to . John Fe	ldhahn		or.,		if the	uk Fel	ana	44
Address. 208 W. X	Lexington Su	clesevole	Complete Fun	eral		\$	1.7.8	00
Order given by about	· · · · · · · · · · · · · · · · · · ·	· wo	Casket					
How Secured	(or informant)		Burial Vault o	r Box	tate Kind)			
Occupation	Un	e	Embalming Bo	(Nam	Dressing,	,		
Name of Employer	(Social Securi	ity Number)	Dressing Body	, \$. Underwe	ar,\$		
Address			Suit or Dress.	(State	Kind and Color			
	17 1945		Slippers, \$ Folding Chairs	H	ose, \$			
Date of Birth	17. 1945	(Hour)	Candelabrum,	\$C:	andles, \$			
Age84			Door Spray, \$ Funeral Car, \$	Am	loves, \$ bulance. \$			
Date of Funeral 9/19/45	(Months) (Days)	- P	Limousines to	Cemetery	@\$			
Services at . Charles	(Months) (Days) (Day of Week)	2. P M.	Autos to R. R. Getting Remai	ins from Ju	deficial	uer	17	50
. 1 .00	ev - Levis Las	Dilar	Taking Remain	ns to				
	A 13 (Address)		Delivering Box					
Religion of the Deceased	&		Deliver Flower Removal Char					
Birthplace Serve	····J······	• • • • • • • • • • • • • • • • • • • •	Procuring Buri	al Permit				
Resided in the State	S. or City or County) 1 (Years)	(Months)	Certif.Copi	esof Death C	ertificates	NO		
Place of Death. Dudy	of Colon		Procuring Buri —Certif.Copi Pall Bearer Ser Personal Service	vice, \$	Ise of Cha	pel, \$		
Cause of Death Caucer	of course		rersonal Servic					
Contributory Causes								
			Gross Total for Outlay for Lot			\$.1.7.5.	54
Certifying Physician	(or Coroner)		Cremation					
His Address				Notices in.				
Name of Father			Flowers, \$ Rental of Tent, Opening of Gra	(Names of Newsp. Palms, \$	apers) Matti	ng, \$		
His Birthplace			Rental of Tent,	\$of Ter	nporary Va	ult \$	12	00:
Maiden Name of Mother			Lining Grave,	\$Lowe	ering Devi	ce, \$		
Her Birthplace			Outlay for Ship	oping Charge	S	iet ¢		
Motor Ship Remains to	As asqualat.		Clergyman,\$ Railroad or Motor}Ticket Telegr., Phone,	s, \$	Aero- Serv	ice,\$		
Size of Casket	(State Color and Number)		Telegr., Phone, Cash Advance	Cable or Ra	dio Charge	s		
Manufactured by	Dogo Hill	Cemetery	Out of town U	ndertaker's (Charges			
Interment at		Crematory						
	Lot No !! !!		Sales Tax Au-	1780-				7.8.
	Grave No3		Total Footing	of Bill		:::00\$	209	28
	Section No		Less	and some	000	\$	8.	9.0
Diagram of Lot or Vault	Owner		Entered into L	in Bala	hel LEV	9/23\$	2.0.0	.3.8.
Date Date	Amount Paid	Balance	Date Date	euger, pages	yr septil be	Amount Paid	l Pal	ance
To Above Balar		Datatics		To Balance Fe		I I	Dai	I
By Payment.	ce		*	By Payment.			. \$	
# #	\$			a « .	s		S	
	\$\$			и и .			. \$	
	\$				\$. \$	
a a				и и .	\$. \$	
	\$,			\$. \$	
	Names of	harrielene.		Insurance			.18	d
Insurance \$	Names ofLodges			Insurance Companies				
I hereby authorize the above Fune for the payment of aforesaid sum,				gaily available t		ame of Funeral D	irectors.)	o from
maturity at the rate of		agree to pay	Signed		days from	unic. Intere	av to accri	ie itom
Witness.			Address					
viciness	Comp	oiled by F. J. FE						

ILCOND C	
Total No. 20 9.8 Yearly No	Date Seft 21 19.45
Name of Deceased George Masan X	followay. What Race)
Residence Rural un Hatfield, Wo	Husband Wile Wildow (Ecaucis L. Holloway
Charge to estate	orof }
	Complete Funeral
Address. ZONA Landows	Casket
Order given by Mis Jerua Landage (or informant)	Burial Vault or Box(State Kind)
How Secured	Embalming Body (State Almo) Barber, \$. Hair Dressing, \$
Occupation farming Mone (Social Security Number)	Dressing Body, \$
Name of Employer	Suit or Dress . The June 13 56
Address	Darrier, S. Underwear, \$
Date of Death . Sept 19 45 1130 AM	Candelabrum, \$Candles, \$
Date of Birth. Aug 10 1865 (Hour)	Door Spray, \$
Age. (Months) (Days)	Funeral Car, \$
Date of Funeral 9/21/41. Fig. 2 0 M.	Autos to R. R. Station
Services at Love Rock Church	Getting Remains from
Clergyman & Sleage, h.	Trip to Coroner's Inquest
Religion of the Deceased.	Delivering Box to
Birthplace Meer Hampton, Mo.	Removal Charges
Resided in the State	Procuring Burial Permit. (State Number and District)
Place of Death Acthany Mu. Held Houth	Procuring Burial Permit. —Certif.Copiesof Death CertificatesNo. Cartif.Copiesof Death CertificatesNo. Pall Bearer Service, \$ Use of Chapel, \$
	Personal Service.
Cause of Death	
Contributory Causes	Gross Total for Sales Tax
	Outlay for Lot.
Certifying Physician(or Coroner)	Cremation
His Address	line Death Notices inPapers
Name of Father Suy Holloway	Flowers, \$ (Names of Newspapers)
His Birthplace Pentucky	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Elvina Mc Lee	Opening of Grave or Tomb. Lining Grave, \$Lowering Device, \$
Her Birthplace wot known	Outlay for Shipping Charges
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$
Size of Casket 6/3- /2 Couch gray ray.	Telegr., Phone, Cable or Radio Charges
Manufactured by	Cash Advanced
Interment at Carta Lana Rocks Cemeter	
/3,_ Lot No.	2 99
\ >; \ \	Sales Tax Total Footing of Bill \$30149
Grave No	Less 1507 despt \$ 1507
Section No	But Balandel 8 166 42
Diagram of Lot or Vault Owner	Entered into Ledger, page. O. cor bell ty. 5
Date Amount Paid Balance	Date Amount Paid Balance
	To Balance Forward.
To Above Balance\$	By Payment \$ \$
By rayment.	" " \$
" " S S	
4 4 \$ \$	\$\$
	ss
ssss	ssss
Insurance \$	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have	
for the payment of aforesaid sum, and I hereby covenant and agree to pa	y the same within
maturity at the rate of % per annum.	Signed
Witness	Address
Compiled by F. J.	FEINEMAN, St. Louis, Mo.

Total No. 2099. Yearly No. 29	2 Date Left 27 1945
Name of Deceased. Jachariah Heury	Hall Ward (White Bree)
Residence Lamoni La	Missband Wife Widow Rosa Hall Or or or
	Complete Funeral
Address. Order given by Mrs Rosa Hall	Casket
How Secured	Embalming Body
Occupation Farment Leaforer 708-12-0053	Embalming Body (Name of Embalmer) Barber, \$
Name of Employer Our farm & Q. Boulal Scenty Number)	Dressing Body, \$
Address	Slippers, \$
Date of Death Left 26 1945 1AN	Folding Chairs, \$ Tarpaulin, \$
Date of Birth. Oct 12 1868 (Hour)	Candelabrum, \$
Age 76 // /4	Funeral Car, \$Ambulance, \$
Date of Funeral 7/47/45 Thurs. 2 P. M	Limousines to Cemetery @ \$
Services at Morpel (Day of Week) (Hour)	Getting Remains from
	Taking Remains to. Trip to Coroner's Inquest
Clergyman Gleagu (Address)	Delivering Box to
Religion of the Deceased. Birthplace Harrison County Mo.	Deliver Flowers to Removal Charges
	Procuring Burial Permit.
Resided in the State. (or U. S. of City or County) (Years) foronths) Place of Death lecalus (nuty) rosp. Length	Removal Charges Procuring Burial Permit. Certificates of Districts Conservation Con
Place of Death Acate County Hosp. Along	Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death	Personal Service.
Contributory Causes	
	Gross Total for Sales Tax. 16 Tay \$
Certifying Physician K. R. Brown	Outlay for Lot.
His Address Lamoni Ja	line Death Notices inPapers
Name of Father Charles W Hall	(Names of Newspapers) Flowers, \$Palms, \$Matting, \$
His Birthplace unt know	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Sara aun Baker	Opening of Grave or Tomb
Her Birthplace not known	Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$Railroad Tickets, \$Paine Service,\$
8 A.O'	or Motor Tickets, \$
Size of Casket (State Color and Number) Manufactured by	Cash Advanced
Interment at Rose Hul Cemeter	y Out of town Undertaker's Charges
10/1/10/10	
Lot No. Pel	Sales Tax
Grave No	Total Footing of Bill
Section No	Less
Disgram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balance	
To Above Balance \$	To Balance Forward S
By Payment. \$ \$.	By Payment S S
# # \$ \$	" " S S
	ssss
	\$ \$
	\$ \$ \$
* * * * * * * * * * * * * * * * * * * *	
Numes of	Insurance
Insurance \$ Names of Lodges	Insurance Companies.
I hereby authorize the above Funeral, and I hereby represent that I have for the payment of aforesaid sum, and I hereby covenant and agree to pa	
maturity at the rate of% per annum.	y the same withindays from date. Interest to accrue from Signed
Witness	Address
Compiled by F. J.	

7.127 1/00	Date. Nov 2 3 1945
Total No. 1/00 Yearly No	Mavia
	Widowed □ Divorced (What Rate)
Residence Rural M. Kamoni	Husband Wife Widow or
Charge to:	Complete Funeral \$ 249.00
Address	Complete Funeral
Order given by Mus Davis	Casket Gaste Mind Vault 90 00 Embalming Body
How Secured	
Occupation	Paulou & Hair Dressing S
Name of Employer	Dressing Body, \$ Underwear, \$ 14 50 Suit or Dress # 78 3
Address	Slippers, \$
Date of Death. Nov. 10 1945 4/30 PM	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth	Door Spray, \$
	Funeral Car, \$ Ambulance, \$
Date of Funeral Date of Obaye (Daye) (Months) (Daye)	Autos to R. R. Station @ \$
Services at Charles (Day of Week) (Hour)	Getting Remains from
Clergyman Rev. Welgal Kellerton	Trip to Coroner's Inquest
Religion of the Deceased(Address)	Delivering Box to
	Removal Charges
Birthplace	Procuring Burial Permit. (State Number and District)
Resided in the State. (or U. S. or Gity or County) (Years) (Months) Place of Death. Jawa Caty: State Horpe	Procuring Burial Permit. (State Number and District) Certif. Copies of Death Certificates No. Certif. Copies of Death Certificates No. Pall Bearer Service, \$ Use of Chapel, \$
Cause of Death. asterio Sclerou	Pan Bearer Service, \$ Ose of Chaper, \$
Cause of Death. A Manager of Manager	,
Contributory Causes generalized heart	Change Total for Salar Tay 8 35350
disease	Gross Total for Sales Tax. \$ 3.53 5.0. Outlay for Lots #6949 685 sung \$
Certifying Physician. U. S. Sals: His Address Java City (or Coroner)	Cremation
INSTRUCTION TO THE PARTY OF THE	
Name of Father	Flowers, \$
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb. & J. Marshall 19 00
Maiden Name of Mother	Lining Grave, S Lowering Device, \$
Her Birthplace	Outlay for Shipping Charges. Clergyman,\$. Singers,\$. Organist,\$.
Motor Remains to	Clergyman,\$Singers,\$Organist,\$
Size of Casket 5600 A. Faur Invadlorm	or Motor) Telegr., Phone, Cable or Radio Charges Cash Advanced
Manufactured by And State Color and Number) Interment at Rose Nell (Cremeter	Out of town Undertaker's Charges 2895
Interment at	amb high to 2500 - 10 ga elly
Lot No 6 8.5. singl	
Grave No	Total Footing of Bill
Section No	Less . 5
	Balance of the later of below. Entered into Ledger, page of below.
Djagram of Lot of Vault	
Date Amount Paid Balan	
To Above Balance \$	To Balance Forward\$
By Payment \$ \$	
	я « g e
	" " S S
" " S S	
u u "\$	ж я \$ \$
a a s s	* "\$\$
Names of Lodges	Insurance
for the payment of aforesaid sum, and I hereby covenant and agree to	e sufficient resources Legally available to
maturity at the rate of% per annum.	Signed

The same of the sa

Total No. 2/.0/ Yearly No. 24.	Date Mov 24 194.4		
Name of Deceased. George Washin	igton Johnson		
☐ Married ☐ Single D	Widowed Divorced (What Race)		
Residence Lamoni La Charge to Ray Johnson	orof		
Address, Lamon	Complete Funeral \$ 360 00		
0 0 1	Casket		
Order given by Ray Johnson	Burial Vault or Box Aire Kind)		
How Secured	Empairing Body(Name of Embainer)		
Occupation Hurely (Social Security Number)	Barber, \$		
Name of Employer	Suit or Dress(State Kind and Color)		
Address Date of Death Nov. 12 1945 19M	Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.		
(Data) (Woord	Candelabrum, \$Candles, \$		
Date of Birth. Nov., 2 2 1855 (Hour)	Door Spray, \$ Gloves, \$. Funeral Car, \$ Ambulance, \$		
Age. 90 0 0 0 (Years) (Months) 4 (Davs)	Limousines to Cemetery @ \$		
Date of Funeral 11/2 4/45 SM 10 A.M.	Autos to R. R. Station @ \$		
Services at Chapel	Taking Remains to		
Clergyman Art Lave	Trip to Coroner's Inquest		
Religion of the Deceased	Delivering Box to		
Birthplace Van Duran Co, Mich	Removal Charges		
Resided in the State. (or U. S. or City or Caunty) (Years) (Months)	Procuring Burial Permit. (State Number and District) Certif Conject Death Certificates No.		
Place of Death Lamon Jowa	Procuring Burial Permit. (State Number and District) —Certif. Copiesof Death Certificates No. (State Physician's or Ceremits Pall Bearer Service, \$ Use of Chapel, \$		
Cause of Death.	Personal Service		
Contributory Causes.			
	Gross Total for Sales Tax. \$ 360 00		
Certifying Physician K. R. Osrow	Outlay for Lot.		
His Address Lammi (or Coroner)	line Death Notices in Papers		
Name of Father Daniel Johnson	Flowers, \$		
His Birthplace ust known	Rental of Tent, \$ of Temporary Yault, \$		
Maiden Name of Mother Sarah Goodhu	Opening of Grave or Tomb. 40 43 Marshell 12 .00		
Her Birthplace Canada	Lining Grave, \$Lowering Device, \$Outlay for Shipping Charges.		
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$Railroad \Tickets,\$plane Service,\$		
Size of Casket Oak	or Motor Tickets, \$		
Manufactured by Australia (State Color and Number)	Cash Advanced		
Interment at Rose Hul (Cemetery	Out of town Undertaker's Charges		
Lot No 9.8.			
	Sales Tax 360		
Grave No	Total Footing of Bill		
Section No	rich in feel 18 Balance \$ 357.60		
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.		
Date Amount Paid Balance	Date Amount Paid Balance		
To Above Balance. \$	To Balance Forward.		
	By Payment \$ \$		
" " \$ \$			
" " \$ \$			
" " \$ \$			

Names of	Insurance		
Insurance \$ Names of Lodges.	Insurance Companies		
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within			
maturity at the rate of% per annum,	the same withindays from date. Interest to accrue from Signed		
Witness,	Address		
Witness,			

Total No. 2/0 > Yearly No. 25	Date	
Name of Deceased.	Widowed Divorced (What Race)	
Residence Laurani	or Windsett of Dan Parish	
Charge to Estate M. Hyuden gran.	Complete Funeral	
Address Zamoui	Casket and usual services 178 00	
Order given by (or informant)	Casket and usual server 178 00. Burial Vault or Box (State Kind) 90 00	
How Secured	Embalming Body	
Occupation learnewife name (Social Security Number)	Barber \$ Hair Dressing \$	
Name of Employer	Dressing Body, \$ Underwear, \$ Suit or Dress. \$ Jean Kool and Color) \$ 1.5 Sippers, \$ Blook, \$ Polding Chairs, \$ Tarpaulin, \$ \$	
Address	Slippers, \$	
Date of Death. May 25 1995 5AA	Folding Chairs, \$ Tarpaulin, \$	
Date of Birth	Candelabrum, \$	
Age 8/	Funeral Car, \$ Ambulance, \$	
Date of Funeral 11/2 7/45 Tues (192 P.	Limousines to Cemetery @ \$	
Services at chopel + allandal (Hour)	Getting Remains from	
Clergyman Art Land	Taking Remains to Trip to Coroner's Inquest	
	Delivering Box to	
Religion of the Deceased	Deliver Flowers to Removal Charges	
Birthplace	Procuring Burial Permit.	
Resided in the State. (or U. S. or City or County) (Years) (Months) Place of Death. Clauda State Houghs	Certif.Copiesof Death CertificatesNo	
Place of Death. Clauda State Hoy	Procuring Burial Permit. Certif. Copiesof Death Certificates No. Pall Bearer Service, \$. Use of Chaplel, \$.	
Cause of Death singlify & broken hip .	Personal Service.	
Contributory Causes.	ARUES	
	Gross Total for Sales Tax. \$ 2.7.4.7.5. Outlay for Lot.	
Certifying Physician(or Coroner)	· Cremation	
His Address	line Death Notices inPapers	
Name of Father	Flowers, \$. Palms, \$. Matting, \$	
His Birthplace	. Rental of Tent, \$of Temporary value, \$	
Maiden Name of Mother	Opening of Grave or TombLining Grave, \$Lowering Device, \$	
Her Birthplace	Outlay for Shipping Charges	
Motor Ship Remains to Allandale Mo.	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$plane Service,\$	
Size of Casket 43 - kinge caf. gray Mon	Telegr., Phone, Cable or Radio Charges	
Manufactured by Ato T.	Cash Advanced	
Interment at Cellandale. Cemete	Out of town Undertaker's Charges July 10 00	
Lot No.	Tif to allowdale for fund 1000 Sales Tax	
	Total Footing of Bill	
Grave No	Ton vault (d for 10 8 9000	
Section No	Pardin Freel 2/27/46-266: \$ 20750	
Diagram of Lot or Vault Owner	- Entered into Ledger, pageor below.	
Date Amount Paid Balance	e Date Amount Paid Balance	
	To Balance Forward\$	
By Payment \$ \$		
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\$		
ss	* * * * * * * * * * * * * * * * * * * *	
	\$	
" " " "	# # g	
Names of	Insurance Companies.	
	Companies.	
Thereby such orize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Pirm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within		
maturity at the rate of% per annum. Signed.		
Witness	Address	
Compiled by P. T.	DESCRIPTION OF LOUIS Me	

Total No. 203 Yearly No	6 Date December 1/19.45				
Name of Deceased. Sarah Cu	ua York w				
Residence Rual was falfield Single	□ Widowed Divorced (What Race) □ Husband□ Wile□ Widow Les . York				
Charge to My Claude Redburn	orof)				
Address. Hatfield, Mo.	Complete Funeral \$ 3/7.00				
Order given by ebout	Casket. Burial Vault or Box				
How Secured (or informant)	Embalming Body (State Kind) [Name of Embalmer)				
Occupation . learnewife					
Name of Employer (Social Security Number)	Dressing Body, \$. Underwear, \$. Suit or Dress gray Blue 5.75 Slippers, \$. Hose, \$. 3.09				
Address	State Kind and Color) Glinnone Grant Kind and Color) Here 3 0 4				
Date of Death Dec. 8 1945 8 PM	Folding Chairs, \$ Tarpaulin, \$				
Date of Birth. June (Date) 1866 (Hour)	Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$				
Age 79 6 7	Funeral Car, \$ Ambulance, \$				
Date of Funeral 1/1/45 Tiles (Days)	Limousines to Cemetery @ \$				
Services at Leve Rock Week (Hour)	Getting Remains from				
	Taking Remains to.				
(Address)	Trip to Coroner's Inquest Delivering Box to				
Religion of the Deceased.	Deliver Flowers to				
Dirempiace	Removal Charges Procuring Burial Permit.				
Resided in the State (Yeary) (Months),	Certif.Copiesof Death CertificatesNo				
Place of Death Redfun hous in Hatheld	Procuring Burial Permit. —Certif.Copiesof Death CertificatesNo. Pall Bearer Service, \$. USe of Chappel, \$.				
Cause of Death	Personal Service.				
Contributory Causes					
	Gross Total for Sales Tax\$ 3.2.5 7.9				
Certifying Physician 191 Med	Outlay for Lot. Cremation				
His Address Scart City	line Death Notices in Papers				
Name of Father WM Tull	(Names of Newspapers)				
His Birthplace Sud.	Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$				
Maiden Name of Mother not known	Opening of Grave or Tomb				
Her Birthplace. Jud'	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.				
Motor Remains to	Clergyman,\$Singers,\$Organist,\$				
Size of Casket 6/3 1/2 couch . Heggen	Clergyman,\$. Singers,\$. Organist,\$. Railroad \ Tickets, \$. plane Service,\$.				
(State Color and Number) Manufactured by	Telegr., Phone, Cable or Radio Charges				
Paune. (Cemeter	Out of town Undertaker's Charges				
	y				
Lot No	Sales Tax 3 26				
Grave No	Total Footing of Bill				
Section No	Less 5.78 derect 16.65				
Diagram of Lot or Vault Owner	Pd. Decadarie \$				
Date Amount Paid Balance					
To Above Balance \$	To Balance Forward\$				
By Payment \$\$	By Payment \$ \$				
" " S S	sss				
# # s s					
# # \$ \$	" " s s				
sssssss	и « " ss.				
Names of Lodges.	Insurance Companies				
Insurance S. Companies. I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to. (Firm Name of Funeral Directors.)					
for the payment of anotesand sun, and I mosely coverant and agree to pay the same within					
maturity at the rate of % per annum,	Signed				
Witness	Address				
Compiled by F. J.	EINEMAN, St. Louis, Mo.				

248		RECO	RD	OF	FU	NER	AL		219	
Total No. 2	104	Yearly	No.	/			0	11111111	11	
Name of De	dr.	Comas &	leffe	110		ill Dat	ey.:	.,,0	7	1977.
		Married [Single	☐ Widov	od 🗆	Divorced		(What Race)		
	Lamoni				🗆 по	mband Wife	Widow ! 26	ell Hill	,	
	us to Shiel									100
Address A.	amori			Con	plete Fu	neral		\$	3.72	
Order given h	ру	informant)		Dur	ai vauit	or Box				
How Secured				Eml	alming E	ody	(State Kind)			
Occupation.	tarmer.		come	Barl	er, \$	Ĥ	(State Kind) Name of Embals air Dressin	mer) g, \$		
Name of Emp	ployer	(Social Sec	urity Numb		sing Bod or Dress	γ, φ	Olidel v	rear, φ		
Address					ers, \$	(50	ate Kind and Co Hose, \$	lor)		
Date of Death	h. Jaw 16	1946	9A	M Fold	ing Chair	s. \$	Tarnaulin.	\$		
Date of Birth	Jaw !!	6. 18.79.	(How	Can	ielabrum,	\$	Candles, \$ Gloves, \$.			
Age6	70 0	هه		rune	eral Car,	\$	Ambulance,	\$		
Date of Fune	ral 1/18/46	fu (Day	1:30 6	M Auto	ousines to	Cemetery Station	@\$			
Services at	Poliseum (Da)	r of Week)	(Hour)	Gett	ing Rema	ins from				
Clergyman.		Lay.		Trip	ng Rema to Coron	ins to er's Inques				
Religion of th	a Dearged W. C	(Address		Deli	rering Bo	x to				
Birthplace	slowell Co.	Ma.		Rem	er Flowe	oroc .				
Resided in the		F		Proc	uring Bur	ial Permit.	(State Number Certificate ate Physician's Use of Ch			
*	O (or U. S. or Cit	y or County) (Yea	rs) (Mont	hs)C	ertif.Cop	iesof Death	Certificate	and District)		
Place of Deatl		·9		Pall	Bearer Se mal Servi	rvice,\$. Use of Ch	apel, \$		
Cause of Deat				rerso	nai servi	ce				
Contributory	Causes	• • • • • • • • • • • • • • • • • • • •								
		.,,		Gros	Total fo	r Sales Tax t	·	\$	372	0.0
	ysician. N.C.W.	Helly		Crem	ation					
His Address	Jaman			1	ine Deatl	Notices in	1Pap	ers		
Name of Fath	er Marris H	ell		Flow		(Names of New	wspapers) Matt			
His Birthplace	Boone Co.	U o -		Rent	al of Tent	. S of T	emporary V	ang, \$		
Maiden Name	of Mother Luc	y Davi	ι	Open	ing of Gr	ave or Tor	nb			
Her Birthplace	e Boone Co.	Mo.		Outla	y for Shi	pping Char	wering Dev	rce, \$		
Motor Remain	is to Alban	y. Mo		Clerg	yman,\$.	Singers	Aero-Ser Nadio Charg	nist,\$		
Size of Casket		Acres de la constante de la co		or Mo	Ticket	Cobloan	plane Ser	vice,\$		
Manufactured		color and Number)		Cash	Advance	d		zes		
Interment at.	alban	7. Ms	Cemet	ery Out	of town U	ndertaker	Charges.	1:00		
			Coremac			1.3. 	auce, .	19		• • • • • •
	LC	ot No	•••••	4	Tax				3	72
	Gi	ave No			Footing		1		3/5	7.2.
	Se	ction No		Less .	5.72.13		in Figor	9.6::::\$	1.3.0	
Diagram of L	ot or Venit Ov	vner		Potos		and Ba	lanceor b	1	1303	.7.2.
Date		Amount Paid	Balan		Date	l page		1		A 85
		Amount Faid	Balan	ce	Date .			Amount Paid	Bala	ince
	To Above Balance By Payment		\$				Forward		. \$	
	a a		\$			By Paymen	t	\$. \$	
	и и	S	8				**********	\$	\$	
	и и	s	s				*********	\$	\$	
	и и	. 8	\$			и и		s		
	« «	. \$	\$			a u		s	8	
	и и	2	8			ır a		s	8	
Insurance \$	Nar Lod	nes of ges				Insurance Companies				
I hereby authorize the shove Funeral and I hereby represent that I have a Calent response I and I hereby represent that I have a Calent response I and I have been supported in the I have a Calent response I and I have been supported in the I have a Calent response I and I have been supported in the I have a Calent response I and I have been supported in the I have a Calent response I and I have been supported in the I have been supported in the I have a Calent response I and I have been supported in the										
for the payment of aforesaid sum, and I hereby covenant and sgree to pay the same within.										
maturity at the ra	te of% pe	r annum.								- TOIL
Witness					Address.					
		Com	piled by F. J	FEINEMAN	, St. Louis, M	lo.				*****

Total No. 2105 Yearly No	2 Date Feb 9	194.6.
Name of Deceased Petter Muceus	Widowed □ Divorced (What Race)	
Residence: Lamoni Ja	DHusband Wife Widow Curua Mu	iceus
Charge to Quina Mullus	Complete Funeral\$	269 00
Address Zamoni Ja	Casket	
Order given by active (or informant)	Burial Vault or Box	
How Secured.	Embalming Body(Name of Embalmer)	
Occupation Petried Messeoury none	Barber, \$	
Name of Employer & D. S. Chick Social Social Number)	Cruit on Dugge	
Address	Slippers, \$	
Date of Death Feb 5 1946 9 PM	Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$	
Date of Birth July 6 1871	Door Spray, \$ Gloves, \$	
Age. 74 6 29	Funeral Car, \$Ambulance, \$ Limousines to Cemetery@ \$	
Date of Funeral. 2/8/46 FM Days)	Autos to R. R. Station @ \$	
Services at . Clayel (Day of Week) (Hour)	Getting Remains from	
Clergyman .	Taking Remains to	
Religion of the Deceased L. D. J (Address)	Delivering Box to	
Religion of the Deceased.	Deliver Flowers to	
Resided in the State on, 4: 8 53 yrs. 15 yrs.	Procuring Burial Permit	
O (or U. S. or City or County) (Years) (Months)	Procuring Burial Permit. Certif.Copiesof Death Certificates No. (State Population or Certories) Pall Bearer Service, \$ Use of Chapel, \$	
Place of Death. Tamoru Ja	Pall Bearer Service, \$ Use of Chapel, \$	
Cause of Death	Personal Service.	
Contributory Causes		
	Gross Total for Sales Tax	269 00
Certifying Physician Un E.C. Lamet	Cremation	
His Address . A	line Death Notices inPapers	
Name of Father Johan Olsen	(Names of Newspapers)	
His Birthplace Morway	Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$./4
Maiden Name of Mother Hansine Muceus	Opening of Grave or Tomb. 49.71.///48974444.	d) 12 00 x
Her Birthplace. Marway	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges	
Motor Remains to	Clergyman, \$Singers, \$Organist, \$ Railroad or Motor Tickets, \$Plane Service, \$	
Cin of Contest 6/3 - 1/2 Couch - Monnose Mush	or Motor Tickets, \$ plane Service,\$ Telegr., Phone, Cable or Radio Charges	
Manufactured by (State Golor and Number)	Cash Advanced	
Interment at Rose Hill { Cemeter, Cremator,		
	Y	
Lot No. 15.83-	Sales Tax	269
Grave No	Total Footing of Bill \$ Less & Jackset 1358 by Feb 18th \$	28369
Section No		27.5.9
Diagram of Lot or Vault Owner	Entered into Ledger, page	258 11
Date Amount Paid Balance		
To Above Balance \$	To Balance Forward	
By Payment. \$ \$	By Payment. \$	
4 4 S S	« « §	8
	* * \$	s
		\$
" "		\$
· · · · · · · · · · · · · · · · · · ·	\$	\$
* *ss	и и \$	s
Names of Lodges	Insurance Companies	*************
I hereby authorize the above Funeral, and I hereby represent that I have		(Directors,)
for the payment of aforesaid sum, and I hereby covenant and agree to pa	y the same within days from date. Into	rest to accrue from
maturity at the rate of % per annum.	Signed	
Witness	Address	

Total No. 2/06 Name of Deceased	Jessie Doft	3 iter	Date	eb. 13	1	19 %.6.
Residence Lamoni	Married ☐ Single	Пни	Divorced shand Wife Widow Ale	(What Race)	ala	
Charge to Mis Selbert	² ole	or	of F		20.1	
Address albia Ja		Complete Fun	eral	\$	332	
Order given by Mus & Co-	le	Casket	D			
How Secured	(or informant)	Burial Vault o				
Occupation Taken	483-01-6736		ody(Name of Embal			
Name of Employer Lamou	i Chrouce (Social Security Number	Dressing Body	Wavy Islu Control (State Kind and Control Hose, \$	rear, \$	/6	00
Address Lamoni		Suit or Dress.	(State Kind and Co	lor)		
	1946 9 AM	Slippers, \$	s, \$ Tarpaulin	\$		
Date of Death Feb. 10 Date of Birth Aug. 29	Date) (Hour)	Candelabrum,	\$ Candles, \$			
Age. 6.9	S // (Months) / (Days)	Funeral Car, \$	Gloves, \$.	\$		
Date of Funeral. 2/13/4.6	(Months) (Days)	Limousines to	Cemetery @ \$ Station @ \$			
Services at County Services at County Services at County Services at Services at County S	Wed. 2- P. Day of Week) (Hour)		ins from			
		·· Taking Remai	ns to			
Clergyman . au Zau	(Address)	Delivering Box	k to			
Religion of the Deceased Birthplace . L. Louis	Ma ·	· · Deliver Flower Removal Char				
		Procuring Bur	ial Permit			
Resided in the State	City or County) (Years) (Months	Certif.Copi	ial Permit. (State Number esof Death Certificate (State Physician's rvice, \$ Use of C	esNo		
Place of Death Keur Con	10.1	Pall Bearer Ser Personal Servi	rvice, \$ Use of C	napel, \$		
Cause of Death . auto a	eccoun	rersonar servi	ce			
Contributory Causes					21/0	00
		Gross Total for	r Sales Tax t North /2 149	3	278	00
Certifying Physician	(or Coroner)	·· Cremation				
His Address			Notices in Pa			
Name of Father Eumann		·· Flowers, \$	(Names of Newspapers) Palms, \$ Mat , \$ of Temporary	ting, \$		
His Birthplace Burning	ghain oug	Rental of Tent	\$of Temporary	Yault \$	وز	
Maiden Name of Mother	estalle Cenclersan		ave or Tomb . A. H. \$ Lowering De	vice. \$	/:	
Her Birthplace. Slasg	ou scolland	Outlay for Shir	pping Charges			
Motor Remains to	La. A	Railroad Ticket	Singers,\$Org	anist,\$		
Size of Casket	tate- nte-Folor and Number)	· Telegr., Phone	, Cable or Radio Cha	ges		
	nter Color and Number) Co	. Cash Advance	d Indertaker's Charges.			
Interment at.	Oal Mill Cremate	ory	······			
	Lot No 14.9.3	·· Sales Tax			3	48
	Grave No3	Total Footing		s	383	48
	Section No.	Less .5/6 an 3	1750	\$	1.7.	5-9
	Owner	Pa	ich Balastall.	Folist. \$.	36.5.	#1.00
Diagram of Lot or Vault			edger, pageor	bel6w. / 4/6		10.00
Date	Amount Paid Balan	ce Date		Amount Paid	Bala	ance
To Above Balance.	\$		To Balance Forward		\$	
By Payment	\$		By Payment	. \$	\$	
	\$		" " ·······	. \$	\$	
	s s		и и	. 5	\$	
# #	\$		и и	. 3	\$	
# #	\$ \$. н и	. \$	\$	
и к	s		. и и	. \$	s	
Insurance \$	Names of		Insurance .Companies		1 1 1 1 1	
I hereby authorize the above Funeral,				Name of Funeral Di		
for the payment of aforesaid sum, and			······aays I	com date. Interes	t to accre	ue from
maturity at the rate of	% per annum.	Signed.				
Witness	***************************************	Address				

Total No. 2107 Yearly No	Date		
Name of Deceased. Raymond 3	Widnesd Diversed (What Race)		
Residence: Lamon			
Charge to: Edua Creveling	11 0 11 1		
Address. Lamoni	Complete Funeral \$ 2.77.		
Order given by	Burial Vault or Box Plastic Veult 90 00		
How Secured	Embalming Body		
Occupation Cento Michael 482-07-29	Barber, \$		
Name of Employer Doneldon With Co	Dressing Body, \$. Underwear, \$. Suit or Dress. (State Kind and Color)		
Address Zammu	Slippers. \$ Hose. \$		
Date of Death Feb 20 1946 (Boar)	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$		
Date of Birth. May 24. 1898	Door Spray, \$		
Age47. 10 20	Funeral Car, \$ Ambulance, \$		
Date of Funeral 2/23/46 Sat 2 P	M. Autos to R. R. Station		
Services at Machil (Day of Week) (Hour)	Getting Remains from		
Clergyman Willer Oxall	Trip to Coroner's Inquest		
Religion of the Deceased(Address)	Delivering Box to		
Birthplace Dicatus County	Removal Charges		
Resided in the State Lifeting	Procuring Burial Permit(State Number and District)		
Place of Death decature Co Harpital (Months	Procuring Burial Permit. (State Number and District) —Certif. Copiesof Death Certificates No. Pall Bearer Service, \$ Use of Chaple, \$		
Cause of Death Levelal Neurorappe	Pail Bearer Service, \$ Use of Chapel, \$ Personal Service.		
	······································		
Contributory Causes.	Gross Total for Sales Tax\$ 384 00		
	Outlay for Lot 110 1/2 #/467 20 00 Pd		
Certifying Physician R. R. W. W. (or Coroner)	Cremation		
His Address. Zea			
Name of Father. Clau Crewling	Flowers, \$\ \text{Palms}, \\$\		
His Birthplace Decatur Co - Da	Rental of Tent, \$ of Temporary Vault, \$		
Maiden Name of Mother Joan Mullan	Liming Grave, \$ Lowering Device, \$		
Her Birthplace Alexatur to Sa	Outlay for Shipping Charges.		
Motor Remains to	Clergyman,\$Singers,\$Organist,\$ Raifroad Tickets, \$plane Service,\$ Telegr., Phone, Cable or Radio Charges		
Size of Casket 6/6 / X (State Color and Number)	Telegr., Phone, Cable or Radio Charges		
Manufactured by Rose Hull Cemete	Cash Advanced		
Cremaco	ry		
Lot No	Sales Tax 389		
Grave No4	Total Footing of Bill		
Section No.	Less 57, a. 367 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10		
	Pardin Jul Balance 1 \$ 4.03 45		
	Entered into Ledger, page or below.		
Date Amount Paid Balan	ce Date Amount Paid Balance		
	To Balance Forward \$		
	By Payment \$ \$		
	\$\$		
a a s	" " S S		
* * \$ s	* * S S		
* *	* * \$\$.		
* * ss.	s s		
Names of Lodges	Insurance Companies.		
I hereby authorize the above Funeral, and I hereby represent that I have			
for the payment of aforesing sum, and I hereby covenant and agree to pay the same within			
maturity at the rate of% per annum.	Signed		
Witness	Address		

Total No. 2/08 Yearly No	5 Date Feb 25 1946
Name of Deceased. William Ed	ward Hart w
Residence Mursing forme, Mt ay da	Widowed Divorced (What Race) Hitsshand Wife Widow Mary francis Harr
Charge to . Denis Hart	100
Address. Lamani	Controt
Order given by Lewis Hart	Burial Vault or Box
How Secured. Occupation Returned Farmer une	Embalming Body
(Social Security Number)	Barber, \$
Name of Employer	Suit or Dress (State Kind and Color)
Data of Douth Feb 23 1946 94	Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$
Date of Birth. Apr 24 1863 (Hour)	Candelabrum, \$ Candles, \$
Age. 82 9 29	Door Spray, \$
Date of Funeral 2/25/46 Man, (Days)	Limousines to Cemetery @ \$
Date of Funeral 725/46 Mon. (Hour) Services at . (Date) (Day of Week) (Hour)	Getting Remains from
Clergyman Chas Harks Y Masour Lat	Taking Remains to Trip to Coroner's Inquest
Religion of the Decemend (Address)	Delivering Box to
Birthplace Harrison County, Mis.	Removal Charges
Resided in the State	Procuring Burial Permit
Resided in the State (or U. S. or City or County) (Years) (Months, Place of Death M. A. Murang, France	Procuring Burial Permit. (See Number and District) —Certif.Copiesof Death Certificates No. (Star Type and Corner's) Pall Bearer Service, \$. Use of Chapel, \$.
Cause of Death Cerebral Kenorhage	Personal Service
Contributory Causes	
	Gross Total for Sales Tax. \$ 285 00
Certifying Physician C. Walson Ma Corner	Outlay for Lot
His Address Diagonal " Wingolf Co.	line Death Notices inPapers
Name of Father. Wm Amos Hart	Flowers, \$ (Names of Newspapers) Matting, \$ Matting, \$
His Birthplace Ohio	Rental of Tent, \$of Temporary Yault, \$ Opening of Grave or Tomb. To A. Marshall 12.00
Maiden Name of Mother. Mary Suffiths Her Birthplace.	Lining Grave, \$Lowering Device, \$
Her Birthplace. Motor Ship Remains to	Outlay for Shipping Charges. Clergyman.\$ Singers \$ Organist \$
10 All Amel March and a NIL	Clergyman,\$Singers,\$Organist,\$ Railroad Tickets, \$Aero-Service,\$ or Motor) Tickets, \$plane Service,\$
Manufactured by Rista Com and Number)	Telegr., Phone, Cable or Radio Charges Cash Advanced
Interment at Rose Hill Cemeter	
Lot No 3.87	3
Grave No. 3	Sales Tax 285
	Total Footing of Bill \$ 299 85.
Section No	Od in Passiance s
Diagram of Let or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balanc	e Date Amount Paid Balance
To Above Balance \$	To Balance Forward \$
	By Payment \$ \$
* * \$ \$	* * * * * * * * * * * * * * * * * * * *
" " \$ \$	
* " \$	" " \$ \$
Names of Lodges.	Insurance S
Insurance \$Lodges I hereby authorize the above Funeral, and I hereby represent that I have	Insurance Companies sufficient resources Legally available as
for the payment of aforesaid sum, and I hereby covenant and agree to pa	sufficient resources Legally available to
maturity at the rate of % per annum.	Signed
Witness	Address

Total No 21.09	Yearly No			Date	Feb	?	.19.4.6
Name of Deceased	Tows Cd	gren m	Widowed DD	vorced	(What Ra		
	eri, La			and Wife Widow }	Luna (aist	deceas
Charge to: Estati			Complete Fune	Total Control of the	III EVALUATION OF	.8 35.	200
Address Ja Paint	······································	twaix	Casket	141			
Order given by My. E. G	(or informant)		Burial Vault or	Box(State	W-40	9.4	0.0
How Secured Zote			Embalming Bo		Embalmer) essing, \$		
Occupation . farmer	9,	oue.	Barber, \$	Hair Di	essing, \$ nderwear, \$		
Name of Employer	faru-		Dressing Body, Suit or Dress				650
Address			Slippers, \$		\$		
Date of Death . Feb 2	5 1996	5,30 AM	Folding Chairs, Candelabrum,	\$ Tarp:	aulin, \$		
Date of Birth . May . 2	2 1867		Door Spray, \$		s, \$		
Age	. 9 3 .		Funeral Car, \$				
Date of Funeral. 2/27/46	(Months) Weel (Days)	2 P M	Limousines to Autos to R. R.	Station	@\$		
Services at Christian	wich Kelle	rtch (Hour)	Getting Remai	ns from			
Clergyman Rev Chine	Rev Jones.		Taking Remair Trip to Corone				
Religion of the Deceased	(Address)		Delivering Box	to			
Birthplace Lisbon	Ja		Deliver Flowers	es			
Resided in the State.	Time				Sumber and Districts		
Place of Death. Helle	or City or County) (Years)	(Months)	Procuring Buri- Certif.Copie Pall Bearer Ser	esof Death Certi	ficatesNo		
Place of Death. A.	Detain the	The (?)	Pall Bearer Ser Personal Service	vice,\$Use	of Chapel, \$		
Cause of Death Augua	rectors 4 VN	.,					
Contributory Causes	singe's reform	7				11/5	· CO
autopsy abe not a	gree with about	·····	Gross Total for Outlay for Lot			.\$.7/6.8	
Control of the contro	Laudes		Cremation				
His Address Zut . Cu	m	,		Notices in	Papers		
Name of Father Johnat	hou F Paris		Flowers, \$	(Names of Newspaper Palms, \$	Matting. \$	1 1012	
His Birthplace	min		Rental of Tent,	\$of Tempo	rary Vault, \$		
Maiden Name of Mother.		sel	Opening of Grave.	ve or Tomb Lowerin	g Device, \$	*	
Her Birthplace	know		Outlay for Shir	pping Charges.			
	llerton		Clergyman, \$ Railroad \ Ticket	Singers,\$	Organist, \$ To-Service \$		
Size of Casket 4/39	ray brd as sto	ile	Clergyman,\$ Railroad or Motor}Ticket Telegr., Phone,	Cable or Radio	Charges		
Manufactured by	upsa		Cash Advanced	1			
Interment at	Cellerton	{ Cemetery Crematory	Out of town U	ndertaker's Cha	irges		
	Lot No		Sales Tax				4.6.8.
	Grave No			of Bill		8 47	3 18.
			Less			.\$	
	Section No			Balanc	e	.\$	
Diagram of Lot or Vault	Owner		Entered into L	edger, page	or below.	**	
Date	Amount Paid	Balance	Date	HE MENT	Amount	Paid]	Balance
To Above Balance	œ	\$		To Balance Forw	ard	\$	
By Payment	\$	\$		By Payment	\$	\$	
	\$	\$		a a	\$	\$	
	\$	\$			\$	\$	
	\$	\$			\$	\$	
		e		u u	e		
	s	8		# #	\$	s	
*	Names of			Insurance .Companies			
The board of the territory of the territ							
In hereby authorize the above Funeral, and I hereby represent that I have sunctent resources Legany available (Firm Name of Funeral Directors.) for the payment of aforesald sum, and I hereby covenant and agree to pay the same within							
maturity at the rate of			Signed.				
Witness			Address				
	Cor	npiled by F. J. F	EINEMAN, St. Louis.	Mo.			

Total No. 2110 Yearly No	uderflight Date March 2 1946
TA Married Single	(What Race)
Residence Paral-west of Lamon	Brooked Broo
Charge to:	Complete Funeral
Address.	Casket
Order given by A mande Vanderflught	Burial Vault or Box
How Secured	Embalming Body(Name of Embalmer)
Occupation Farming name	Rarbor \$ Hair Dressing, \$
Name of Employer. M. farm (Social Security Number)	Dressing Body, \$. Underwear, \$. Suit or Dress. (State Kind and Color)
Address	Slippers, \$
Date of Death Feb 28 1946 12:05 AM	Folding Chairs, S Tarpaulin, \$
Date of Birth. Feb (Date) 1865 (Hour)	Door Spray, \$
Age. 81 0 27	Funeral Car, \$ Ambulance, \$
Age. (Carry) (Mosph) (Days) Date of Funeral 2/2/4/4 (Age of Wesk) (Hour)	Limousines to Cemetery@ \$
Services at Chapel (Day of Week) (Hour)	Getting Remains from
Clergyman Maroni Praxler	Taking Remains to
	Delivering Box to
Religion of the Deceased Birthplace Holland	Deliver Flowers to
Birthplace 70 Means	Procuring Burial Permit.
Resided in the State 70 Hears (or U. 5) or City or County (Years) (Months Place of Death. R. W. 1817, West of Lamon.	Procuring Burial Permit (State Number and District) — Certif. Copiesof Death Certificates No. (State Physicians or Corners) Pall Bearer Service, \$ Use of Chapel, \$
Place of Death. 11	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
Cause of Death	Personal Delvice.
Contributory Causes	
	Gross Total for Sales Tax. \$ 532 00. Outlay for Lot.
Certifying Physician N. R. Brown (or Coroner)	· Cremation
THE STATE OF	line Death Notices inPapers
Name of Father Webbil Vanderflught	Flowers, \$Palms, \$Matting, \$
Name of Father Webble Vanderflught His Birthplace Holland	Rental of Tent \$ of Temporary Vault \$
Maiden Name of Mother Wou Ver Marland	Opening of Grave or Tomb th Marchall 12 00 Lining Grave, \$ Lowering Device, \$
Her Birthplace. Halland'	Outlay for Shipping Charges
Motor Remains to	Clergyman,\$Singers,\$Organist,\$. Railroad }Tickets,\$plane Service,\$
Size of Casket 4/6 Solid Walnut	Telegr., Phone, Cable or Radio Charges.
Manufactured by Oscient (Staty Color and) (Staty C	Cash Advanced Out of town Undertaker's Charges
Interment at	ory Out of town Undertaker's Charges.
Lot No 1565	·· Sales Tax 5 32
Grave No2	Total Footing of Bill 8 54932
	Less 5/0 m 537, 32 - 26.87 8 26.87
Section No	Paul in Salamen 4/9.6 \$. 522 4.5 Entered into Ledger, page or below.
Disgram of Lot or Vault Owner	Entered into Ledger, pageor below.
Date Amount Paid Balan	ce Date Amount Paid Balance
	To Balance Forward \$
By Payment \$ \$	By Payment \$ \$
* *	\$ \$
· · · · · · · · · · · · · · · · · · ·	\$ \$
\$	····· \$ \$ \$
" " S S	\$\$
# # · . \$ \$	# # \$\$
Names of Lodges.	Insurance
Insurance \$Lodges I hereby authorize the above Funeral, and I hereby represent that I hav	
for the payment of aforesaid sum, and I hereby covenant and agree to	
maturity at the rate of% per annum.	Signed
Witness	Address

Total No2/1/ Yearly No	8 Date March 4 1946
Name of Deceased. Wilbur	Cochrair Widowed □ Divorced (What Race)
Residence: Lauren	or of Cochian
Charge to:	-10
Address	Caulest
Order given by(orinformant)	Burial Vault or Box . Concett
How Secured	Embalming Body(Name of Embalmer)
Occupation Postal Clerk une	Barber, \$
Name of Employer 4. S. Post Office Separity Number)	
Address	Slippers, \$
Date of Death. March 1 1946	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$
Date of Birth. May (Date) 1882 (Hour)	Door Spray, \$
Age. 62 10 1	Funeral Car, \$ Ambulance, \$
Date of Funeral 3/4/46 Men (Days) \$130 M	Limousines to Cemetery @ \$
Services at Collection (Day of Week) (Hour)	Getting Remains from
- Cheville	Taking Remains to
Religion of the Deceased L. D. P. (Address)	Delivering Box to
Troughou or the December 11111	Deliver Flowers to Removal Charges
Birthplace Lauren Ja	Procuring Burial Permit.
Resided in the State (Months)	Certif.Copiesof Death CertificatesNo
Place of Death. Zamen	Procuring Burial Permit. Certif.Copiesof Death Certificates No. Certif.Copiesof Death Certificates No. Pall Bearer Service, \$ "Use of Chapel, \$ "
Cause of Death auncular Febrilletin	Personal Service.
Contributory Causes	2.60 %
	Gross Total for Sales Tax. \$ 3 5.7. Do. Outlay for Lot.
Certifying Physician. James (or Coroner)	Cremation
His Address Saman	line Death Notices inPapers
Name of Father asa Cochian	Flowers, \$
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb Z. A. Maurialt 14 00
Maiden Name of Mother Makel Church	Opening of Grave or Tomb & M. Machael (7) Lining Grave, \$Lowering Device, \$
Her Birthplace. A luo	Outlay for Shipping Charges
Motor Ship Remains to	Clergyman,\$Singers,\$Organist,\$
6/2 /2 Couch -	or Motor Tickets, \$
Manufactured by A out	Cash Advanced
Interment at Rose Hill Cemeter Cremator	Out of town Undertaker's Charges
Lot No. 7/8-/	
	Sales Tax Total Footing of Bill. 3 7 6 5 9
Grave No	Total Footing of Bill \$ 37.6 39. Less 57.6 3. \$ 1.3 . \$ 1.3
Section No	
Diagram of Lot or Vault Owner.	Entered into Ledger, page or below.
Date Amount Paid Balance	
To Above Balance.	To Balance Forward \$
By Payment S S	By Payment \$ \$
" " S S	" " S S
s s	" " s s
	" " s s
	ss
· · · · · · · · · · · · · · · · · · ·	\$
Insurance \$ Names of Lodges	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have	sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pa	y the same withindays from date. Interest to accrue from
maturity at the rate of % per annum.	Signed
Witness	Address

Total No. 21.12. Yearly No	9 Date March 14 1946
Name of Deceased. Quas Mile	Jackson (What Race)
Residence	or of Julia fackson
Charge to:	
Address. Order given by John L. Jackson	Complete Funeral S 778 06 Casket Burial Vault or Box Alberta Hault 90 00
How Secured Cash (Ser informant)	Burial Vault or Box . (State Kind)
	Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$
Occupation Carfeester usual (Social Security Number) Name of Employer.	Dressing Body, \$Underwear, \$
Address	Suit or Dress (State Kind and Color)
Date of Death. March 12 1946	Slippers, \$Hose, \$Folding Chairs, \$Tarpaulin, \$
Date of Birth. (Hour)	Candelabrum, \$ Candles, \$
Age. 7.5	Door Spray, \$
Date of Funeral 3/14/46 Thus Days)	Limousines to Cemetery
(Date) / (Day of Week) (Hour)	Autos to R. R. Station
Services at . Charlel.	Taking Remains to
Clergyman (Address)	Delivering Box to
Religion of the Deceased.	Deliver Flowers to Removal Charges.
Birthplace Jasku Co. Ja Resided in the State Left Line	Procuring Burial Permit.
Place of Death. Les Moules Ja (Months)	Procuring Burial Permit. Certif. Copies of Death (State Number and District) Certif. Copies of Death (State Physical Corner's) Pall Bearer Service, State Physical Corner's) Pageonal Service.
Cause of Death Crebial Kemorkye	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
	A cisonal pervice.
Contributory Causes.	C
	Gross Total for Sales Tax. \$ \$ \$ 3 . 6 . 9 Outlay for Lot.
Certifying Physician	Cremation
His Address. Name of Father John Jachron	
Name of Father. Jahl Jackson. His Birthplace. wot la union	Flowers, \$ (Names of Newspapers) Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Yault, \$
Maiden Name of Mother wot kurum	Opening of Grave or Tomb & Marshall 19 00
Her Birthplace	Lining Grave, \$Lowering Device, \$
Motor Remains to	Outlay for Shipping Charges. Clergyman,\$Singers,\$Organist,\$
Size of Casket 6/3 Huge Cope. gray mole.	Clergyman,\$Singers,\$Organist,\$
Manufactured by Rey (State Colof and Number)	Telegr., Phone, Cable or Radio Charges
Interment at Rose Hill (Cemeter Cremator	
Lot No	
	Sales Tax Total Footing of Bill
Grave No3	
Section No	Polin Balance 3/19/46 \$ 2.8.6.4.3.
Diagram of Let or Vault Owner	Less . 3./0
Date Amount Paid Balance	Date Amount Paid Balance
	To Balance Forward \$
By Payment \$ \$	By Payment \$\$
	······································
# # \$ 2	
\$\$	
" " \$ S	s s
Names of Lodges.	Insurance
I hereby authorize the above Funeral, and I hereby represent that I have s	sufficient resources Legally available to
for the payment of anoresald sun, and I hereby covenant and agree to pa	f the same within
maturity at the rate of% per annum.	Signed
Witness	Address

Total No. 21/3 Yearly No	10 Date March 30 19.46
Name of Deceased Curua Cather	ine el hoota What Race)
Residence Mear Blytheolate, Mo	Itusband Wild X Widow } John Shoots
Charge to Mrs Bert Slaughter Address Blythedale, Mo	Complete Funeral \$ 285 00
Order given by above	Casket
(or informant)	Burial Vault or Box
How Secured. Occupation Housewife nous	Embalming Body (State Kind) (Name of Embalmer) Barber, \$. (Name of Embalmer) Hair Dressing, \$.
Occupation Houseville Name of Employer . 9000 house (Social Security Number)	Dressing Body, \$
Address	Suit or Dress
Date of Death March 28 1946 914	Slippers, \$. Hose, \$. Folding Chairs, \$. Tarpaulin, \$.
Date of Birth. March 31 1866 (Hour)	Candelabrum, \$Candles, \$
Age. 7.9 (1) 2.7	Door Spray, \$
	Limousines to Cemetery @ \$
Date of Funeral 330/46 Services at Audover (Hour)	Getting Remains from
Clergyman Rev. Campbell , Davis Cily	Taking Remains to. Trip to Coroner's Inquest
Religion of the Deceased Church of Christ	Delivering Box to
Birthplace Juchana	Deliver Flowers to Removal Charges
	Procuring Burial Permit. —Certif.Copiesof Death CertificatesNo. (State Styniches' or Conserver. Pall Bearer Service, \$. Use of Chapel, \$.
Resided in the State. 76 yr. Place of Death. Rual Way Only of County Wears Months Place of Death. Rual Way Many	Certif. Copiesof Death Certificates No. (State Physician's or Coroner's)
Place of Death. July . recot vargocom, no	Pall Bearer Service, \$ Use of Chapel, \$ Personal Service.
Cause of Death Myo Carche	
Contributory Causes. Agherleutin	Gross Total for Sales Tax \$ 285 00
& La. 7	Gross Total for Sales Tax. \$ 285.00
Certifying Physician.	Cremation
His Address Zamon Jer	
Name of Father andrew (b. arth	Flowers, \$
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother Amauela Putulun	Lining Grave, \$ Lowering Device, \$
Her Birthplace	Outlay for Shipping Charges Clergyman.\$ Singers.\$ Organist.\$
Motor Remains to Cudauch Rikes of Pares pl	Clergyman, \$. Singers, \$. Organist, \$. **Railroad Tickets, \$. plane Service, \$. **Telegr., Phone, Cable or Radio Charges.
Size of Casket 19 1/2 CMU, Manufactured by Risiate Gor and Number)	Telegr., Phone, Cable or Radio Charges
Interment at Quelove Cemete	Out of town Undertaker's Charges
Interment at Cremato	ry
Lot No	Sales Tax
Grave No	Total Footing of Bill
Section No	Less La
Diagram of Lot or Vault Owner.	Entered into Ledger, page or below.
Date Amount Paid Balan	
To Above Balance \$ \$ \$	To Balance Forward \$
a a S S	* * \$ \$
« " \$ \$	
# # \$ \$	
\$ \$	
Names of	Insurance
Insurance \$. Names of Lodges.	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have for the payment of aforesaid sum, and I hereby covenant and agree to p	
naturity at the rate of% per annum.	Signed.
	Address
Witness	f. FEINEMAN, St. Louis, Mo.

Total No. 2114 Yearly No	Date April 9 1946
Name of Deceased. Martin John of	xulding w
Residence Thurst & Dak.	Widowed Divorced (What Race) [Husband Wite Wildow Leve of pauleling or of
Charge to Simes Spaulding	
Address. A account	Complete Funeral
Order given by(grinformant)	Burial Vault or Box (State Kind)
How Secured	Embalming Body (State Kied) (Rome of Embalmer) (Barber, \$. Hair Dressing, \$.
Occupation (Social Security Number)	Barber, \$
Name of Employer	Dressing Body, \$. Underwear, \$. Suit or Dress (State Kind and Color) Slippore \$ Hope \$
Address	
Date of Death(Date) (Hour)	Folding Chairs, \$. Tarpaulin, \$. Candelabrum, \$. Candles, \$.
Date of Birth	Door Spray, \$
Age. (Years) (Months) (Days)	Funeral Car, \$Ambulance, \$Limousines to Cemetery@ \$
Date of Funeral 4/9/46 Tues 2 P M	Autos to R. R. Station @\$ Getting Remains from Pls Moure 15 00
Saminar at (Market	Taking Remains to
Clergyman J. Ban. Tour Williams	Trip to Coroner's Inquest Delivering Box to Nove Will / 00
Religion of the Deceased. A. D. S. (Address)	Deliver Flowers to
Birthplace	Removal Charges
Resided in the State (or U.S. or City of County) (Years) (Months)	Contif Conjugat Death Contificates Number and District)
Place of Death Menol J. Dah	Pall Bearer Service, \$ Use of Chanel \$
Cause of Death	Personal Surial Permit. Certif. Copiesof Death Certificates No. Pall Bearer Service, State Psychiatry a Country, Personal Service. 3, 1989, 10 (Appelle, Service), Personal Service. 3, 1989
Contributory Causes	·······
	Gross Total for Sales Tax All sewick w tax \$
Certifying Physician.	Outlay for Lot
(or Coroner)	Cremation
Name of Father	
His Birthplace.	Flowers, \$. Palms, \$. Matting, \$ Rental of Tent, \$. of Temporary Yault, \$ Opening of Grave or Tomb. Je A. Mattall. /4.00
Maiden Name of Mother.	Opening of Grave or Tomb. To di Mandall. 12 00
Her Birthplace	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.
Motor Remains to	Clergyman,\$Singers,\$Organist,\$\
01 t 01t	Clergyman,\$. Singers,\$. Organist,\$
Manufactured by (State Color and Number)	Telegr., Phone, Cable or Radio Charges
Interment at	Out of town Underfaker's Charges. /5 06 Use of Charlet Court /5 06 Use of Charlet Court /5 06
	like Emetay existement 500
Lot No 4.6.5	Sales Tax
Grave No. 3.7. 9.	
Section No	Less\$
Diagram of Lot or Vault Owner	Balance\$ Entered into Ledger, pageor below.
Date Amount Paid Balance	
To Above Balance S	January Late Datance
By Payment S S	To Balance Forward
" " S. S.	x " c e
" " " \$ \$	" " S S
я я \$ \$	
······ss	
Insurance \$ Names of Lodges	Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have su	
for the payment of aforesaid sum, and I hereby covenant and agree to pay maturity at the rate of % per annum.	the same withindays from date. Interest to accrue from
	Signed
Witness	Address

RECORD O	F FUNERAL		2
Total No. 2 115 Yearly No	Date Opril	14	94.6
Total No. X M. For			
Name of Deceased. Fulderick For	Widowed Divorced (What Race)	11	
Paridonas Laman da	GHusband Wile Wildow Lovina !	t-ura.	
Charge to Mis Clarence Bohall		2691	00
Address Lauren	Complete Funeral		
Order given by perfore.	Burial Vault or Box(State Kind)		
How Secured	Embalming Body(State Rind) (Name of Embalmer)		
- Essmen-return wiche	Barber, S		
Occupation	Dressing Body, \$ Underwear, \$ Suit or Dress.		
4.13	Slippers, \$. (State Kird and Color) Slippers, \$		
Date of Death. April 11 1946 4(30 PM) Date of Birth. Fell 3 7 Date of Birth.	Folding Chairs, \$ Tarpaulin, \$		
Date of Birth. Feb 37 (Bate) 1871 (Hour)	Candelabrum, \$Candles, \$ Door Spray, \$Gloves, \$		
	Funeral Car, \$ Ambulance, \$		
Age. (Years) (Months) (Days)	Limousines to Cemetery @ \$		
Date of Funeral 4/14/46 Sau. 2 M.	Getting Remains from		
Services at Clicabel (Day of Week) (Hour) Clergyman Call Ballantyus - J. Barr	Taking Remains to Trip to Coroner's Inquest		
Clergyman. Call Ballactiful - 0 (Address)	Delivering Box to		
Religion of the Deceased.	Deliver Flowers to		
Birthplace Margan County, Illinois	Procuring Burial Permit.		
Resided in the State	Procuring Burial Permit. (State Number and District) —Certif.Copiesof Death Certificates No. (State Physician; or Coroners. Pall Bearer Service, \$ Use of Chapel, \$		
Place of Death Lauru de	Pall Bearer Service, \$ Use of Chapel, \$		
Cause of Death	Personal Service		
Contributory Causes			
		269	00
Certifying Physician & & Samet	Outlay for Lot.		
Tie Adding Lauren	line Death Notices inPapers		
Name of Father John Ford	(Names of Newspapers)		
His Birthplace Eugland,	Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$		
Maiden Name of Mother Mary Witworth	Opening of Grave or Tomb . M. Marshall .	/?	00
Her Birthplace. Eugland	Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges		
Motor) -	Clergyman, \$Singers, \$Organist, \$		
Ship Remains to Size of Casket # 232 - 1/2 Carch - Makey Homandy	or Motor Tickets, \$ Paro Service, \$		
Manufactured by A of Golden and Number)	Telegr., Phone, Cable or Radio Charges Cash Advanced		
Interment at Rose Hull Commeter	Out of town Undertaker's Charges		
(Oremator,	у		· · · ·
Lot No. 1516	Sales Tax	005	67
Grave No	Total Footing of Bill\$	283	6.8.
Section No.	Less\$		
Diagram of Lot or Yault Owner	PA 4/3/46 - 175 00 Balance Full\$ Entered into Ledger, page or below.		
Date Amount Paid Balance		id Br	alance
	To Balance Forward		
To Above Balance \$	By Payment \$	\$	
a a S S	« « s	\$	
* * \$ \$	ss	\$	
	ss	\$	
# "		\$	
" "		\$	
sss		\$	
Insurance \$ Names of Lodges	Insurance		

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.

(Firm Name of Funeral Directors.) maturity at the rate of % per annum. Signed..... Address.....

Total No. 2.116	Yearly No	/.3		Date	enl 25		19.46
Name of DeceasedC	harly aus	tin	Mc Cu	llough	(What Race)		
Residence. Lamani	Sa Names	·,·····	Allust	ivorced and□Wife□Widow} of}	mma/He C	ulla	41
Charge to . Howard	Me Cullong	·		ral		21.7.	0.0
Address. Zamon Order given by Howar	I Me Cullons	eh.	Casket	Box Cellia (State Kir	orierete.	40	00
	(or informant)		Burial Vault or	Box (State Kir	id)		
How Secured			Limbumme Do	dy(Name of Em Hair Dress	halmer)		
Occupation . Farmer	(Social Security	Number)	Dressing Body	\$	erwear,\$		
Name of Employer			Suit or Dress	(State Kind and	Color)		
Address	13 1846 /	' an	Slippers, \$, \$ Hose, \$. Tarpaul			
11	23 1946 4	(Hour)	Candelabrum,	\$Candles	, \$		
1/2-	.151871		Door Spray. \$	Gloves,	\$		
Age. (Years)	(Months) (Days)		Limousines to	Cemetery @	\$		
Date of Funeral. 4/25/46	(Day of Week) (H	O.P.M.		Station @ ns from			
Services at . Chap	cl		Taking Remain	ns to			
Clergyman C .: Horpe	(Address)		Trip to Corone	r's Inquest to			
Religion of the Deceased	(4441699)		Deliver Flower	s to			
Birthplace Sareby	Share. Ita		Removal Char	ges			
Resided in the State 4. 4	of City or Country) (Years)	(Months)	Certif Conic	as rermit(State Num	ber and District)		
Place of Death. Lamo	mi da		Pall Bearer Ser	al Permit. (State Num esof Death Certific (State Physicia vice, \$ Use of	n's or Coroner's; Chapel, \$		
Cause of Death . Stro	he		Personal Service	e			
Contributory Causes							
	.5		Gross Total for		\$	307	00
Certifying Physician.	9. Hells		Cremation				
His Address Laure	u Ja		line Death	Notices in	Papers		
Name of Father. Cuch	y 110 Culling	h	Flowers \$	(Names of Newspapers) Palms, \$ M	atting \$		
His Birthplace	us	,	Rental of Tent.	\$of Temporar	v. Vault. S.		00
Maiden Name of Mother,	olly any oly	Apr.	Opening of Grave	ve or Tomb. 4.	Povice S	!7.	
Her Birthplace In	va		Outlay for Shir	ming Charges	4-02-00-00-00-00-00-00-00-00-00-00-00-00-		
Motor Remains to			Clergyman,\$	Singers,\$C	Organist,\$		
	Couch gray. (State Color and Number)		Telegr., Phone.	Singers,\$C s, \$ Aero- plane Cable or Radio Cl	arges		
Manufactured by			Cash Advance	1			
Interment at	28 Hell (c	Cemetery	Out of town U	ndertaker's Charge	S		
A SECULAR SECURAR SECU	Lot No. 14 21		0.1 m			3	07
	Grave No 4	•••••	Sales Tax Total Footing	of Dill		324	07
		•••••	Less . J. Ja . M.		Jul 8		
	Section No			Balance			
Diagram of Lot or Vault	Owner		Entered into L	edger, page	or below.		
Date	Amount Paid	Balance	Date		Amount Paid	Bal	ance
To Above Balance	pe\$			To Balance Forward		. \$	
By Payment	\$\$			By Payment	\$. \$	
	\$			и и	\$. \$	
	\$\$. \$	
	\$\$				\$	\$	
и а	e e			а «		\$	
	\$ 8			и и	\$	\$	1
	Names of			Insurance .Companies			
Insurance \$ I hereby authorize the above Funer.	Lodges	t I have su	fficient resources Le				*****
for the payment of aforesaid sum, a					Firm Name of Funeral I s from date. Inter	est to accr	ie from
maturity at the rate of	% per annum.		Signed.				
Witness			Address				
	Compiled	by F. J. FE	INEMAN, St. Louis, 1	Mo.			

Total No. 2117 Yearly No	14 Date May 16 199	46
Name of Deceased. Charles A. W.	ickle	
Residence. Lamour Sa	GHashand Wite Widow Lorothy Wichen	
Charge to Marquet Wicker June	Complete Funeral \$ 238 0	D
Address.		
Order given by. (orinformant)	Casket Burial Vault or Box Englower 125 03	2
How Secured. Occupation Printy Painty & Osfe Houge - Uni	(Name of Embalmer)	**
Occupation Winter, January Conference Constitution Occupation Winter, January Number)	Barber, \$Hair Dressing, \$Dressing Body, \$Underwear, \$	
Name of Employer	Suit or Dress(State Kind and Color)	
Address Date of Death May 13 1946 601	Slippers, \$Hose, \$ Z Folding Chairs, \$Tarpaulin, \$	• •
	Candelabrum, \$Candles, \$	
Date of Birth. March 24 1856	Door Spray, \$	
Age. (Years) (Months) (Days)	Limousines to Cemetery	
Date of Funeral. (Date) (Day of Week) (Hour)	M. Autos to R. R. Station @ \$	
Services at . Chapel (Day of Week) (Hour)	· Taking Remains to	
Clergyman. T S. Milhains , J. Ban (Address)	Trip to Coroner's Inquest Delivering Box to	• •
Religion of the Deceased.	Deliver Flowers to	
Birthplace Muchegan	Removal Charges	• •
Resided in the State	Certif.Copiesof Death CertificatesNo	
Trace of Death	Procuring Burial Permit Certif. Copiesof Death Certificates No. Certif. Copiesof Death Certificates No. Pall Bearer Service, (Sussemple of Chapel, \$	
Cause of Death Stroke	Personal Service.	• •
Contributory Causes. Alel Age	3/3 6	
Certifying Physician N. M. Hells.	Gross Total for Sales Tax. \$ 36.3 6.0 Outlay for Lot.	
	Cremation	
Name of Father.	Flowers, \$ Palms, \$ Matting, \$	
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb Acad Mandall	
Maiden Name of Mother	Lining Grave, S Lowering Device, S	
Her Birthplace Motor Remains to	Outlay for Shipping Charges Clergyman,\$Singers,\$Organist,\$	
Size of Casket Perf. Shrine - May	Clergyman,\$. Singers,\$. Organist,\$. Rallroad Tickets, \$. Aero-Service,\$. plane Service,\$.	
Manufactured by . (Style Color and Number)	Telegr., Phone, Cable or Radio Charges	• •
Interment at	Out of town Undertaker's Charges	
The state of the s	ry	
Lot No 2.2.3	Sales Tax 3 63	
Grave No	Total Footing of Bill	
Section No.	Parel in Jull- May 16/96 \$ 9.6.3.32	• •
Diagram of Lot or Vault Owner.	Balance	
Date Amount Paid Balance		
To Above Balance \$	To Balance Forward.	-
By Payment \$ \$	By Payment S S	
	" " s s	
	ssss	
	\$ \$	
\$	\$ \$	
# # g		
Names of Lodges.	Insurance	**
Insurance \$ Lodges Lodges	Insurance Companies.	
for the payment of aforesaid sum, and I hereby covenant and agree to p		om
maturity at the rate of % per annum.	Signed	All
Witness,	Address	•
Compiled by F. J		**

Total No. 12/18 Yearly No	Date May 20	194.6.
Name of Deceased. Bessie O. val	B-ell W] Widowed □ Divorced (What Rare)	
Residence Zamoni Ja	Husband Wife Widow Mark le	sell
Charge to Mark Bell		285 00
Address. Launu	Complete Funeral	.00.1.
Order given by Mark Bell	Burial Vault or Box(State Kind)	
How Secured	Embalming Body(State Kind)	
Occupation Housewife Cash	Embalming Body	
Name of Employer. (Social Security Number)	Dressing Body, \$	12 50
Address	Slippers, \$	
Date of Death May 18 1846 1 AM	Folding Chairs, \$ Tarpaulin, \$	
Date of Birth. Aug. 16. 1889 (Hour)	Candelabrum, \$Candles, \$	
Age. 57 9 2	Door Spray, \$	
(Years) (Months) (Days)	Limousines to Cemetery @ \$	
Date of Funeral 129/16 Man. 2.9. M. Services at Chaptel (Day of Week) (Hour)	Autos to R. R. Station @ \$	
	Taking Remains to	
Clergyman Chas Harpe (Address)	Trip to Coroner's Inquest Delivering Box to	
Religion of the Deceased.	Deliver Flowers to	
Birthplace Mear Capleville, Mo	Removal Charges	
Resided in the State. 6 90 (Months) (Years) (Months)	(State Number and District) Certif.Copiesof Death Certificates No.	
Place of Death Laure	Procuring Burial Permit. Gate Number and Districty Certif.Copiesof Death Certificates No. Gate Physician's or Coroner's Pall Bearer Service, \$ Use of Chapel, \$	
Cause of Death	Personal Service	
Contributory Causes	***************************************	
,	Gross Total for Sales Tax\$	297 50
Certifying Physician. H. M. Hull	Outlay for Lot.	
His Address Lausin (or Coroner)	line Death Notices in Papers	
Name of Father Leony Ballew	Flowers, \$ (Names of Newspapers) Matting, \$	
His Birthplace No ,	Rental of Tent, \$of Temporary Vault, \$	
Maiden Name of Mother Christing Allan	Opening of Grave or Tomb	
Her Birthplace 200	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges	
Motor Remains to West of Caylwell	Clergyman,\$Singers,\$Organist,\$	
Size of Casket 4/3 Oct gray Regui	Clergyman,\$Singers,\$Organist,\$Railroad } Tickets, \$plane Service,\$Telegr., Phone, Cable or Radio Charges	
Manufactured by (State Colog and Number)	Telegr., Phone, Cable or Radio Charges Cash Advanced	
Interment at Hybland (Cemetery Crematory	Out of town Undertaker's Charges	
Interment at		
Lot No	Sales Tax	298
Grave No	Total Footing of Bill\$	300 48
Section No.	Less 5% - week descaret \$	1500
	Od in Balance\$	285 48
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.	
Date Amount Paid Balance	Date Amount Pai	d Balance
To Above Balance \$	To Balance Forward	\$
By Payment		\$
		\$
	" "s	\$
	" « \$	\$
" " s e	и и	
	и и s	
Names of Lodges.	Insurance Companies	
Insurance \$Lodges. I hereby authorize the above Funeral, and I hereby represent that I have su	m.t	
for the payment of aforesaid sum, and I hereby covenant and agree to pay		Olrectors.)
maturity at the rate of	Signed	eat to accrue from
Witness.	Address	**************
HARRIST TO THE PARTY OF THE PAR	Acceptable 20 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	***********

Total No. 2/19. Yearly No.	. 16	6	Date	une 6		19.4.6
Name of Deceased Many Jane	mª C	all		W (Wilest Reco)		
Residence Near English Mis.	gle LA W	□Huabs	vorcea und□WifeŒWidow} of }	no & MIC	Call	
Charge to My Molly Helstens			ral		297	00
Address. Eaglwill, Mo Order given by. Mus Halfand (daughte		asket				
Order given by Mus Halstand (alaught	E	urial Vault or				
How Secured	E	mbalming Bo	(State Kind			
Occupation Houseville un	ne E	arber, \$	Hair Drocci	nor \$		
Name of Employer. (Social Security	Number) I	Pressing Body,	\$	wear, \$		75
	S	uit or Dress	\$ Junder Under	Color)		
Address	0	uppers, p	\$Tarpauli			
Date of Death June 5 1946 / Date of Birth (Date)	(Hour) C	andelabrum,	Candles,	\$		
	I	Door Spray, \$	Gloves, \$	۰		
Age. 90 (Months) (Days)	I	imousines to	Cemetery @ :	\$		
Date of Funeral (Date) (Days) (Days) (Days)	- 30 PM. A	utos to R. R.	Station @	\$		
Saminos at Mit O'leasant Practice chere	~ 7	letting Remain				
- Ron Nerhet Cagler	ille 1	rip to Corone	r's Inquest			
Religion of the Deceased		Delivering Box				
Birthplace Bushvell, Ill	T	Deliver Flowers Removal Charg	rog			
Birthplace (Division Co.) . 5.9	, F	rocuring Buris	al Permit	er and District)		
Resided in the State. (or U. S. or City or County) (Years)	(Mont)(i) -	Certif.Copie	al Permit. (State Numb sof Death Certifica (State Physician vice, \$ Use of (tesNo		
	F.	all Bearer Ser	vice,\$ Use of (Chapel, \$		
Cause of Death Chanic Myscarditis	F	ersonal Servic	e			
Contributory Causes						
		Gross Total for	Sales Tax	\$	303	.7.5
Certifying Physician Da Broyles .		Outlay for Lot Cremation				
His Address Suthary Mo			Notices in P	apers		
Name of Father Dottom F Easter			(Names of Newspapers)			
His Birthplace	F	Clowers, \$	(Names of Newspapers) Palms, \$ Ms \$ of Temporar	atting, \$		
Maiden Name of Mother Cepulling July		pening of Gra	ve or Tomb	, vauic, v		
Her Birthplace	I	ining Grave,	ve or Tomb Lowering D	Device, \$		
15-41		Dutiay for Snip	pping Charges	rganist.\$		
Motor Remains to Size of Casket 43- 12 Couch # 232 - Selve New Size of Casket 43- 12 Couch # 232 - Selve New State Colored New Selve of	welling o	tailroad Ticket	Singers,\$O. s, \$ Aero- plane Cable or Radio Ch	Service,\$		
Size of Casket ./ (State Color and Number)		l'elegr., Phone,	Cable or Radio Ch	arges		
Manufactured by Rose Color and Number)	Cemetery	Jash Advanced Out of town II	l	s		
Interment at Mt Pleasant {	Crematory .					
Lot No.		Sales Tax			3	04
Grave No		Total Footing	of Bill	s	306	79
		Less 4./2		16th s		
Section No		Pai	- · (IFT - 0/4	:		
Diagram of Lot or Vault Owner			edger, page	or below.		
Date Amount Paid	Balance	Date	10 1 November 1	Amount Pai	d Ba	lance
To Above Balance\$		80,000	To Balance Forward .		\$	
By Payment\$		l	By Payment	ss	\$	
				\$	\$	
\$\$			и и	\$	\$	
			и и	\$	\$	
* *			a a	\$	\$	
* * \$ \$			4 4	\$	\$	
s		<u> </u>		\$		
Names of Lodges			Insurance .Companies			
I hereby authorize the above Funeral, and I hereby represent t	hat I have suff	icient resources Le		irm Name of Funeral	Directors.)	
for the payment of aforesaid sum, and I hereby covenant and	agree to pay t	he same within		s from date. Inte	est to acc	rue from
maturity at the rate of % per annum.		Signed.				
Witness	died by F I VE	Address NEMAN, St. Louis,				
Comp	men by F. e. F.					

		1		
Total No. 2/20 Yearly No	(.1.1),	Date June 3	19.4.	6
Name of Deceased Ellen Lucretia C	hamberle	un w		
Residence Lamon Ja Single	Widowed Div	nd Willo Willow I Stonaro Cha	nderlain	
Charge to			100	-
Address. Lean:		al\$	7.00	
Order given by Mrs Cecil Relate	Casket Burial Vault or	D		
How Secured . (or informant)	Embalming Bod	(State Kind)		
Occupation housewife none	The second second	(Name of Embalmer)Hair Dressing, \$		
Name of Employer our hour (Social Security Number)	Dressing Body,	\$Underwear, \$		
Address	Suit or Dress	(State Kind and Color)		
Date of Death June 29 1996 6 1M (Hour)	Folding Chairs,			
Date of Birth. June 28 /855 (Hour)	Candelabrum, \$			٠
Age. 9/ 0 1	Door Spray, \$. Funeral Car. \$.	Gloves, \$		
(Years). (Monthsit (Days)	Limousines to C	Cemetery @ \$		
Date of Funeral 43 / 16 Sec. 2/30 f.M. (Hour)	Getting Remain	Station @ \$		
Services at Chapel	Taking Remains	s to		
Clergyman all Laue		's Inquestto		٠
Religion of the Deceased	Deliver Flowers	to		
Birthplace Underhill Vermont	Removal Charge	es		
Resided in the State #5 Ylars (Years) (Months)	Cortif Conies	I Permit		ě
Place of Death Lamon (Months)	Pall Rearer Serv	(State Physician's or Coroner's) rice, \$ Use of Chapel, \$		
Cause of Death.	Personal Service	3		
	,			
Contributory Causes	Gross Total for	Salan Tax Tres true	<u> </u>	-
Je & Samet	Outlay for Lot.			
Certifying Physician. C. C. Garman	Cremation	Notices in Papers		
His Address				
Name of Father. Oxyor.	Flowers, \$	(Names of Newspapers) Palms, \$ Matting, \$		
His Birthplace	Rental of Tent,	\$of Temporary Vault, \$		
Maiden Name of Mother Elizabeth Day	Lining Grave, \$	ve or Tomb Lowering Device, \$		
Her Birthplace	Outlay for Ship	ping Charges		8
Motor Ship Remains to	Railroad Tickets	Singers,\$Organist,\$,\$plane Service,\$		
Size of Casket O. A. Chand Shapes	Telegr., Phone,	Cable or Radio Charges		
Size of Casket	Cash Advanced			
Interment at Rose Hill Crematory	Out of town Un	dertaker's Charges		
Lot No 7.9.9.				
	Sales Tax		100 00	=
Grave No3	Less	f Bill\$		
Section No.	Less	Balance	*******	-
Diagram of Lot or Vault Owner	Entered into Le	dger, page or below.		
Date Amount Paid Balance	Date	Amount Pa	id Balance	-
To Above Balance S.		To Balance Forward	Damine	-
By Payment. S S	***	By Payment\$	\$	
a a e e		a a g		
" " S S		« « <u>s</u>	\$	
" " S S		и и \$	s	
\$\$		« «	\$	
4 4 \$ \$		и и	\$	
и и s s		« «s	\$	
Names of Lodges Lodges		Insurance Companies	3-75324	
I hereby authorize the above Funeral, and I hereby represent that I have s	ufficient resources Leg	ally available to		
for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within	(Firm Name of Funeral	Directors.) rest to accrue from	n
maturity at the rate of % per annum,	Signed			ø
Witness	Address.			

	KECOKE					licla	- 4		1984	
Total No. 2121	Yearly No	/			Date	. J				
Name of Deceased	Ice Spuried Single	Widow	ed Div	rorced		CVI	at Race)	11.	mi	11
Residence Lockhort	- Del		Husba	md 🗗 W	Vite□Widow	Harry	00	ope	vii	-
Charge to: Hany B. L.	lusnes fr:	····· Con	plete Fune			pip. J	us\$			
Address		····· Cas	ket							
Order given by Celove (or	rinformant)		ial Vault or calming Bo		(Sta	te Kind)				
How Secured			ber, \$		Hair	of Embalmer) Dressing, \$				
Occupation	(Social Security Nu	mber) Dre	ssing Body,	\$		Underwear,				
Name of Employer			or Dress pers, \$		(State K	ind and Color) Se, \$.,
Address		Fol	ding Chairs	, \$	Tai	paulin, \$				
Date of Death(Dat	(io)	Do	ndelabrum, or Spray, \$		Glo	ves. \$				
Date of Birth	3 10	En	neral Car, \$ nousines to		MIIII	Julance, φ				
Age7.6	fonths) (Days)	ar Au	tos to R. R.	. Stat	tion	10. @ \$1 A			300	
A (Date)	ay of Week) (Hou	m-	tting Rema king Remai	no to	000	is Hill			500	
Services at	L(0'	Tr	ip to Corone livering Bo	er's I	inquest	ose Hill	,		100	
Religion of the DeceasedM.	(Address)	De	liver Flowe	rs to						
Birthplace										
	urunyellari	Months)	_Certif.Cop	iesof	Death C	ate Number and a ertificates No Physician's or Co Ise of Chape	oner's . (- 1			
Place of Death. Lock for	City or County (Years)	Pa	Il Bearer Se	rvice	e,\$ T	Ise of Chape	1, \$ 1.9	1	10 00	
Cause of Death. Corono	ry Throuta	les Pe	rsonal Serv	ice						
Contributory Causes						all serves	1. /			
		G	ross Total for atlay for Lo	or Sa	les Tax.	all serve	tar.			
Certifying Physician E. A.	Rugston	C	remation			Paper				
Certifying Physician E. A.S. His Address. Lockel	ot, Il.		Dear	CU IN	ouces m.					
Name of Father		F	lowers, \$	P	alms, \$.	Matting mporary Var	g, \$ ilt. \$:			
His Birthplace		R	ental of Ter pening of G	rave	or Tom	b vering Devic	OT		50	· · ·
Maiden Name of Mother										
Her Birthplace			lergyman,		.Singers,	\$Organi Aero-Servi	st,\$			
Motor Remains to		0	Motor Tick	cets, ne. C	\$R	adio Charge	ε			
	State Color and Number)		losh Advan	ced.						
Manufactured by	ze Hill	Cemetery Crematory	Out of town	Unc	iertaker s					
Interment account	Lot No 8 3 6		Sales Tax .							
	Grave No		Total Footi					.\$	26 0	0
			Less					.\$		
	Section No					alance eor be	low	.\$		
Diagram of Lot or Vault	Owner		-	o Le	ager, pag	e,bi	Amount	Paid	Bala	nee
Date	Amount Paid	Balance	Date	-		n		9		
To Above Balan	ce \$				To Balanc By Payme	e Forward	\$			
By Payment	\$\$				# #		s			
	\$	\$			4 4		\$		B	
# #	\$	\$			a a		\$		\$ e	
	, , \$	\$					S		\$	
	\$	\$			и и		\$		8	
	Names of				Insurance Companie					
Insurance \$	Lodges	that I have s	ifficient resour	ces Le	gally availa	ble to	Name of Fu	neral Dir	ectors.)	
	, and I hereby covenant an	d agree to pay	the same with	in		days fr	om date.	Interes	t to acen	ge from
maturity at the rate of	% per annum.		51	gneu.						
Witness		model by E. T. I	Areineman, St.	ddress Louis						
	Ce	mpated by F1913								

266	RECO	RD (OF FU	UNER	AL			
Total No. 2.122	Venrly	No /	9	- Da	to I	uly a	1	19.4
Name of Deceased.	Dr James	No. Ver	Best h	1cel	Loy	- 4	ب	
/	Married [Single [☐ Divorced	0	(What Rate)	0 00	
Residence. a aum	ic co			Husband Wife	Willow Cec	un M	cu	Ty.
Charge to . Cyruu M	cery			Funeral			396	00
Address Laman			Casket	runerat				
Order given by. above	(or informant)		Burial Va	ult or Box 🔊	(State Kind)	reffloreiun E, \$.0.6.
How Secured			Embalmin	g Body	(Name of Embala	ner)		
Occupation Veterina		coul rurity Number)	Barber, \$.		Hair Dressin	g, \$		
Name of Employer.	pracues		Suit or Dr	souy, ф ess	······································			
Address			puppers, a		. 110Se, φ			
Date of Death . July		9 PN	Candelahr	hairs, \$ um, \$. Tarpaulin, Candles, \$	\$		
Date of Birth. July	25 1872		Door Spra	y, \$. Gloves, \$.			
Age. (Years)	// 2. (Months) (Day		Funeral C	ar, \$s to Cemeter	Ambulance,	\$		
Date of Funeral. 72/74	(Day of Weak)	. 3. P.M.	Autos to F	R. R. Station .	@\$.			
Services at Colistu	m.	(11011)		emains from . mains to				
Clergyman	(Address)		Trip to Co	roner's Inque	st			
Religion of the Deceased	(Address)			Box to				• • • • •
Birthplace . Rugol	d Co. Ja		Removal (harges				
Resided in the State	or City or County) (Year	11124112	Procuring	Burial Permit Copiesof Deat	(State Number	and District)		
Place of Death. & aug	Mi (Year	s) (Months)	Pall Bearer	r Service, \$	State Physician's of	sr Coroner's)		
Cause of Death			Personal S	ervice		apeι, φ		
Contributory Causes								
			Gross Tota	l for Sales Ta	ıx	8	516	00
Certifying Physician, A. He	els		Outlay for	Lot				
His Address. Laman	(or Coroner)		Cremation line D	eath Notices	in Par	ers		
Name of But to long N	enry In El	an						
His Birthplace Maiden Name of Mother	land		Flowers, \$	(Names of N Palms,	Matt	ing, \$		
Maiden Name of Mother	Yary Boule	en	Opening of	ent, \$ of Grave or To	mb. To A. Ma	idall	15	00
Her Birthplace.	uo'		Lining Gra	ve, \$L Shipping Cha	owering Dev	rice. \$		
Motor) -			Clergyman	\$Singer	rs,\$Orga	nist,\$		
a . a Dudley	State Wine	Bid Clo.	or Motor Ti	,\$Singer ckets, \$ one, Cable or	Aero- Ser	vice,\$		
Manufactured by	State Color and Number)		Cash Adva	one, Cable or nced	Radio Charg	ges		
Interment at	ose Hell	{ Cemetery Crematory	Out of tow	n Undertaker	's Charges.			
					• • • • • • • • • • • • • • • • • • • •			
	Lot No/.5.4		Sales Tax				15	16
	Grave No			ing of Bill		\$		
	Section No		Less.	· · · · · · · · · · · · · · · · · · ·	510	\$		
Diagram of Lot or Vault	Owner		Entered int	o Ledger, par	adance	elow.	510	1.0.
Date	Amount Paid	Balance	Date	Douger, pag		1	1	
To Above Balance		Datalice	Date			Amount Paid	Bala	nce
By Payment		\$	**		e Forward		\$	
a a	s	g		By Payme	ent	\$	\$	
	ss	s			**********	8	\$	
	\$	\$		и и		\$	\$	
" "	····· \$	\$		н и		\$	\$	
	\$	\$		и и		8	\$	
manufaction of the same	\$	\$		" "		s	s	
Insurance \$	Names of			Insurance Companies				
I hereby authorize the above Funeral	, and I hereby represent	that I have su	fficient resource	s Legally availab	ole to	Name of Fores-1 D		
for the payment of aforesaid sum, an maturity at the rate of		agree to pay			days fro	Name of Funeral Di m date. Interes	t to accru	e from
	75 Per unitalli.		Sign	ed				

Witness Address Address Compiled by P. J. FEINEMAN, St. Louis, Mo.

Total No. 2.123 Yearly No	Date July 24 1946
Name of Deceased. A ullie May 9.	Widowed
Residence Lamoni Ja	□Husband [WHo] W. W. Thomas
Charge to:	Complete Funeral \$.238 00
Address. Order given by Cecil of homas	Casket
(orinformant)	
How Secured	Embalming Body
Occupation (Social Security Number)	Dressing Body, \$Underwear, \$
Name of Employer	Suit or Dress (State Kind and Color) Slippers, \$ Hose, \$
Address 1846 4 AN	Folding Chairs, \$ Tarpaulin, \$
Date of Death. (Date) (Hour)	Candelabrum, S Candles, S
Date of Birth. Lec. 25 1977	Door Spray, \$ Gloves, \$ Funeral Car, \$
Age (Years) (Months) (Days)	Limousines to Cemetery @ \$
Date of Funeral. 7/2 4/46 Wild (Days) 2. A. M.	Autos to R. R. Station
Corrigon of	Taking Remains to
Clergyman Carl B cellantyne (Address)	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased, A. A	Deliver Flowers to
Birthplace Ooch County, Ja	Removal Charges.
Resided in the State	Certif.Copiesof Death Certificates No
Place of Death. Lamon Ja	Procuring Burial Permit. Certif. Copies of Death Certificates No.
Cause of Death	Personal Service.
Contributory Causes	
•	Gross Total for Sales Tax\$ 238
Certifying Physician Dr Samet	Outlay for Lot.
His Address . Laman (ar Coroner)	line Death Notices in Papers
Name of Father Brice Stuart	Flowers, \$(Names of Newspapers) Palms, \$Matting, \$
His Birthplace	Rental of Tent. S of Temporary Vault, S
Maiden Name of Mother Martha Wickey	Opening of Grave or Tomb to A. Marshall 12 20. Lining Grave, \$Lowering Device, \$
Her Birthplace	
Motor Ship Remains to	Outcay for simpling Charges Clergyman, \$. Singers, \$. Organist, \$. Railroad Tickets, \$. plane Service, \$. Outcay for Motor Tickets, \$. plane Service, \$.
Size of Casket (Size Color and Number) Manufactured by Rosel Color and Number)	Telegr., Phone, Cable of Radio Charges
Manufactured by R. Contract Contrac	Cash Advanced
Interment at Rose Hill Cremato	
Lot No 7.00	Sales Tax 238
Grave No	Total Footing of Bill \$ 2 5 7 38
	Less 5 /2 /2 Quegs 12 8 /2 00
Section No	Balance well \$ 2.45.38
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.
Date Amount Paid Balan	ce Date Amount Paid Balance
To Above Balance	To Balance Forward \$
By Payment	\$ \$ \$
Carl . U. (s /6/2 / 8 s	
	" " S S
\$ 1.6 3.9 s	" " \$ \$
s s	sss
Names of Lodges	Insurance Companies
Insurance \$	
for the payment of aforesaid sum, and I hereby covenant and agree to	(Firm Name of Fuseral Directors.) pay the same within
maturity at the rate of % per annum.	Signed
Witness	Address

Total No 21.24	Yearly No	21.		Date.		ug.	ž1	1946
Name of Deceased?		19	illilano	L		(What Race)		• • • • • •
Residence Lamoni	Married ☐ Single	□ w	idowed Di	varced and∰Wife∏Wid	ow Mina	m. 9.	uhla	ul.
Charge to . Airam of	fillifand					8	297	06
Address. Lamon	Ja		Complete Fune	ra1				
Order given by	(orinformant)	E	Casket	Box all	ia Com	rele	90.	0.0
How Secured	(orintormant)	E	Embalming Boo	ly	me of Embalme			
Occupation Justwy	185-12-916							
Name of Employer.	(Social Security Numb	S	Dressing Body, uit or Dress					
Address		· · · · S	lippers, \$	H	.ose, \$			
Date of Birth Jan	1 1946 3A	M. F	olding Chairs, Candelabrum,	\$T	arpaulin, S	i		
Date of Birth. Jan.	1895	I	Door Spray, \$.	G	loves, \$			
Age51	6 30	F	uneral Car, \$ imousines to	An	nbulance, \$	\$		
Date of Funeral. 8/2/46	Friday 2:30	PM. A	autos to R. R.	Station	@\$			
Services at. Chapel	(Day of Week) (Hour)		letting Remain					
Clergyman . S. J	leager	T	rip to Coroner	's Inquest				
Religion of the Deceased.	. S. (Address)		Delivering Box Deliver Flowers					
Rirthnlace		F	Removal Charg	es				
Resided in the State 5.1	yrs.	F	rocuring Buris	and Donth C	tate Number a	nd District)		
Place of Death, & euro	City or County) (Years) (Mor	ths) -	rocuring Buris —Certif.Copie Pall Bearer Ser	vice \$	e Physician's or	Coroner's)		
Resided in the State	ma of Stomac	L F	ersonal Servic	e				
Contributory Causes								
	,		Gross Total for			\$	3.8.7.	90
Certifying Physician.	Same		Outlay for Lot Cremation					
His Address & auth	u		line Death	Notices in.	Pap	ers		
Name of Father. Heft	Lavell	F	lowers S	(Names of News Palms, \$	papers) Matti	no. S		
His Birthplace. De Mon	ines, Co. Ia	B	lowers, \$ Rental of Tent, Opening of Gra	\$ of Te	mporary V	ault,\$		
Maiden Name of Mother Se	ne Maria Oleson	1	pening of Gra Jining Grave, \$	ve or Tom	ering Dev	ice. \$		
Her Birthplace	mara.	C	Outlay for Ship	ping Charg	es			
Motor Remains to	Court. Plush	R	Clergyman,\$ ailroad Tickets Telegr., Phone,	singers,	Aero- Ser	nist,\$ vice.\$		
	(State Color and Number)	j	Celegr., Phone,	Cable or R	adio Charg	es		
Manufactured by R.	f 1/210		Cash Advanced Out of town Un	l ndertaker's	Charges			
Interment at	al Hell Cerr	atory						
	Lot No	8	Sales Tax			• • • • • • • • • • • • • • • • • • • •	3	87
THE RESERVE	Grave No		Total Footing	of Bill			405	87
	Section No	I	Less .5.10.04	Dugiz.	1954			
				Bal	lance Pd	1 1 18	3.86	572.
Diagram of Lot or Vault	Owner		Entered into L	edger, page	aug of b	7 19 x	1	
Date	Amount Paid Ba	lance	Date			Amount Pa	id Ba	lance
To Above Balance	e\$			To Balance			\$	
By Payment	\$ \$			By Payment		\$	\$	
	\$					\$	\$	
и и	2 2						\$	
	\$\$			и и		\$	\$	1
	\$			и и		\$	\$	
	sss			а и		\$	\$	
Insurance \$	Names ofLodges			Insurance Companies				
I hereby authorize the above Funer	al, and I hereby represent that I h			gally available	to	6111194111		
for the payment of aforesaid sum, a		to pay th			days fro	Name of Funeral m date. Inte	Directors.) Prest to acci	ue from
maturity at the rate of	% per annum.		Signed.					
Witness			Address					

Total No. 2.1.2.5	Yearly No			Date	au	914.		19.4.6
Name of DeceasedCd	Married &	clivard	Widowed D	ely livered		(What Race)		
Residence: Lamour	Ja		Hush	oand Wife Widow }				
Charge to: QA	· · · · · · · · · · · · · · · · · · ·			eral		9	100	00
Address Fear	×a		Casket	The state of the s			.,	
Order given byQ. A Q	(or informant)		Burial Vault o	Box	Tied			
How Secured		:	Embalming Bo	dy(Name of	Embalmer			
Occupation Farming + &	lardowing 1	ique	Barber, \$	Hair D	ressing,	\$		
Name of Employer . A	williged		Dressing Body Suit or Dress					
Address			Slippers, \$		and Color)			
Date of Death . Gug !	1946	(Hour)	Folding Chairs	, \$Tarp \$Cano	aulin, \$			
Date of Birth	L 18.7.4		Door Spray, \$		es, \$			
Age	.7 2.6.			Ambu Cemetery				
Date of Funeral. 1/4/46 Services at . Charles	Wed (Days)	2130 M	Autos to R. R.	Station	.@\$			
Services at Charles	(Day of Week)			ns from				
Clergyman art Lane				r's Inquest				
Religion of the Deceased. L.	10 . A. (Address).		Delivering Box	to				
Birthplace Keokuk	Ja.	1	Removal Char	s to				
Resided in the State. 50	w.		Procuring Buri	al Permit	Number on	d District		
Place of Death. Lew.	City or County) (Years)	(Months)	Certif.Copie	al Permit (State esof Death Cert (State Phy vice, \$ Use	ificates	VO		
Place of Death.	last of the		Pall Bearer Ser Personal Servic	vice, \$ Use	of Chap	oel, \$		
Cause of Death Compound		mer	ersonar gervic					
Contributory Causes.	by train.							
				Sales Tax		\$		
Certifying Physician	(or Coroner)		Cremation					
His Address . Lamoni				Notices in				
Name of Father. Mugh /	Suvely		Flowers \$	(Names of Newspaper Palms, \$	Mattir	or S		
His Birthplace . Pile Co	unty, del		Kental of Tent,	\$of Tempo	orary Va	ult,\$		
Maiden Name of Mother	elen Wels			ve or Tomb Lowering				
Her Birthplace	claud.		Outlay for Shir	pping Charges.				
Ship Remains to			Clergyman,\$ Railroad los:-14	Singers,\$ s, \$ pl	Organ	ist,\$		
Size of Casket Q.A.	ate Color and Number)		r Motor / Ficket Telegr., Phone.	Cable or Radio	Charge	ce,\$		
Manufactured by R v.o.	7 ,		Cash Advanced	1				
Interment at R	ie Hill	{ Cemetery Crematory	Out of town U	ndertaker's Cha	irges			
	Lot No 3.9.7.			St. St. St.			700	00
	Grave No		Sales Tax/. Total Footing	con Pol	inf	ell	100	
			Local Footing	no dis	et "	9		
	Section No				е	s		
Diagram of Lot or Vault	Owner		Entered into L	edger, page		low.		
Date	Amount Paid	Balance	Date	man de manage de		Amount Paid	Bal	ance
To Above Balance		s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To Balance Forw	ard		s	1
By Payment	\$	\$		By Payment	\$		\$	
" "	\$	\$			\$		\$	
	\$	\$	ļ	и и	\$		\$	
	\$	\$		и и	s		\$	
	\$	\$			\$	*******	\$	
	\$	s		4 4	\$	*******	\$	1
73.33	Names of			Insurance .Companies		······································		diam.
Insurance \$	Lodges.,,,,,,,,,	that There	lalant vacannar - T -					
for the payment of aforesaid sum, an					(Firm N	ame of Funeral D	irectors.)	na from
maturity at the rate of					anya mon	. unte. Intere	or to neer	ae trom
Witness			Address		*******			
		The way to the same	The second secon					

RECORD OF FUNERAL

Aug. 20 1976

Potal No. R	Yearly No9	٠	Oh	Duto	,	w			
Name of Deceased	loyd B. Single	uu.	dowed Div	proed		What Race)		10	
Residence Rural, near	Lamerica Single	L ".	riner	all wind wildow	Ha	lyp &	uns	olley	
	y alley		or		<u>'</u>		1004	00	
Charge to Mis Blady	1.	C	omplete Funer	al		\$	25.7.		
Address. Zamon		C	asket						
Order given by	(or informant)	· · B	urial Vault or	Box	ate Kind)				
How Secured	/	E	mbalming Bod arber, \$	y(Name	of Embalmer)				
Occupation Farmer 9 lus	eary Hauler 483-16-28	80 B	arber, \$ ressing Body,	Hair	Dressing, a Underwear	\$			
Name of Employer. Lauren	Clarity Number	. S	uit or Dress	p	and Color)				
Address . Lamaii	da	0	linnare \$	Но	se, \$				
Date of Death. Aug. 18	- 1946 8 AL	ME	olding Chairs.	S Ta	rpaulin, \$.				
D (L	Date) 1890 (Hour		andelabrum, \$ loor Spray, \$.		IIαies, φ. · ·				
Date of Birth		F	uneral Car. \$.	Am	bulance, .				
Age(Years)	(Months) (Days)	I	imousines to (Cemetery	@				
Date of Funeral 8/20/46	Tues . 2,30 f	M. A	utos to R. R.	Station	@ \$				
Services at . Charlel		Т	aking Remain	s to					
Clergyman . Ray Chev	elle	Т	rip to Coroner	's Inquest .					
Religion of the Deceased.	D. S. (Address)	I	Delivering Box Deliver Flowers	to					
Religion of the Deceased.	- Ja-	T	Comoved Chara	og .					
Birthplace Moudanu	0	· I	Procuring Buris	l Permit	ate Number and	District)			
Resided in the State	r City or County) (Years) (Mont	hs) _	rocuring Buris Certif.Copie Call Bearer Ser	sof Death Co	ertificatesN Physician's or C	O			
Place of Death & aum	u de alta	M. I	Pall Bearer Ser	vice, \$ U	se of Chap	el, \$			
Cause of Death Lympho	rancous after		Personal Servic	e					
Contributory Causes. Melas	tas to liver y lun	9							
Continuoty Causes, 444	Y		Gross Total for	Sales Tax.		.00	\$. 29.7	00.	
Certifying Physician.	Samet	9	Outlay for Lot Cremation	No.1/2.#.	15.07.7.2				
	(or Coroner)		line Death	Notices in.	Paper	s			
His Address	e d llas								
Name of Father. James	E. Gunsalley]	Flowers, \$.Palms, \$	Mattir	g, \$			
His Birthplace	His Birthplace		Rental of Tent, \$of Temporary Vault, \$ Opening of Grave or Tomb						
Maiden Name of Mother	ace James	200	Lining Grave.	8Low	ering Devic	e, \$			
Her Birthplace	Ja		Outlay for Shir	pping Charg	es				
Motor Remains to			Clergyman, \$Singers, \$Organist, \$ Railroad Tickets, \$Paro-Service, \$ Or Motor Tickets, \$Plane						
Sim of Carlet 1/2 Core	ch grayphish		Telegr., Phone	Cable or Ra	dio Charge	s			
Manufactured by	State Color and Number)		Cash Advance	d					
Manufactured by		etery	Out of town U	ndertaker's	Charges				
Interment at		atory .							
	Lot No 150 7		Sales Tax					2 97	
	Grave No3		Total Footing	of Bill			.\$. 29:	9. 9.7	
			Less	S	un	w	.\$/		
	Section No			raud Ba	ance ful	4	\$ 2.89	1. 9.7	
Diagram of Lot or Vault	Owner		Entered into I	ædger, page	or b	elow.			
Date	Amount Paid Ba	lance	Date		6.000	Amount	Paid	Balance	
		1		m. D.l.	701				
To Above Balance	e\$			To Balance	ALLEY MARKET AND	•	\$		
By Payment	\$. By Paymen	b	•	\$		
	\$	1			**********		\$		
* *	\$				********	•	\$	****	
" "	\$				**********	•	2		
	\$ \$					9			
	\$					*******	\$		
" "	\$ 8			Insurance		φ			
Insurance \$	Names ofLodges			Companies.					
I hereby authorize the above Funer	al, and I hereby represent that I	have su	fficient resources I	egally availabl		Name of Fun	eral Director		
for the payment of aforesaid sum,	and I hereby covenant and agree	to pay	the same within.			m date.	interest to	accrue fr	
maturity at the rate of	% per annum.		Signed						
Witness			Addre						
thirms	Compiled by	F. J. F.	EINEMAN, St. Louis	, Mo.					

Total No 2.1.	2.7	Yearly No	24		, Date Aug			19.4.6
Name of Deceas		Married Sir	lu (Ci	idowed Divo		(What Race)		
Residence: Z	amou	Ja		Husband	S Wife Widow } Lych	a Roth	, dece	ugl.
Charge to:				A STREET WATER		s	285	00
Address				Complete Funera	1			
Order given by				Burial Vault or I	Box			
How Secured	,	····	1	Embalming Body	(Name of Embalmer)			
Occupation /	arming (retired) u	one.]	Barber, \$	Hair Dressing,			
Name of Employ	yer our farm	(Social Security	Number)	Dressing Body, \$ Suit or Dress	Underwea	ι,φ		
Address			§	Slippers, \$	(State Kind and Color) Hose, \$			
Date of Death.	aug. 19	1946 5	P.A.M.	Folding Chairs,	Tarpaulin, \$ Candles, \$			
Date of Birth	Jan. 29.	1867		Door Spray, \$	Gloves, \$			
Age	79 6	20.		Funeral Car, \$	Ambulance, \$ emetery@ \$			
Date of Funeral	8/21/46	Ved (Days)	130 P.M.	Autos to R. R. S	tation@ \$			
G P.	Makel . (Da	y of Week)		Getting Remains Faking Remains	to			
Cloreman A	Lew Faruly	am a Char	eury !	Trip to Coroner'	s Inquest			
	Deceased.	(Address)		Delivering Box t Deliver Flowers	o			
Birthplace . C.		, Jenn		Removal Charge	8			
Resided in the	U	ity or County) (Years)	m.	Procuring Burial	(State Number an	d District)		
Place of Death.	(or U.S. or C	ity or County) (Years)	(Months)	Certif.Copies	Permit. (State Number an of Death Certificates) (State Physician's or cice, \$ Use of Chap	Coroner's;		
Cause of Death	2 11	tarenua to	gran !	Personal Service		, ,		
Cause of Death Contributory C	10 .	corne of Ps	ni i				2	85
Contributory C	of region	al glands		Gross Total for	Sales Tax	\$	28.7	85
Certifying Phys		Jamet		Outlay for Lot. Cremation				
His Address	L.	(or Coroner)		line Death	Notices in Pape	rs		
Name of Fathe		Rold			Names of Newspapers)			
His Birthplace		berg, Pen	u.	Flowers, \$ Rental of Tent. S	Names of Newspapers) Palms, \$ Mattin S of Temporary Var re or Tomb. To A Ma	ng, \$ ault_\$		
Maiden Name		isau Larb	les	Opening of Grav	re or Tomb. to A.M.	ishall.	12	
Her Birthplace		Aero Pen	u'	Outlay for Shin	Lowering Devi-			
Motor Remain	s to	0		Clergyman,\$. Singers,\$Orgar ,\$Pare	nist,\$		
Size of Casket	1/2 core	1. tou		or Motor Tickets	, \$ plane Serv Cable or Radio Charge	nce, p		
Manufactured	by Room	Color and Number)		Cash Advanced				
Interment at	Ros	e Viel	Cemetery Crematory	Out of town Un	dertaker's Charges			
		Lot No. 396						
				Sales Tax	4 Dill		299	85
		Grave No	•••••	Total Footing of	· Allanta		2.6	78
		Section No		Appearal dis	Balance		3.7.1	,0.7.
Diagram of I	Lot or Vault	Owner		Entered into Le	iger, page or b	elow.	10/1	
Date		Amount Paid	Balance	Date		Amount P	id B	alance
	To Above Balance.		\$		To Balance Forward		\$	
	By Payment	\$	\$		By Payment	\$	\$	
	* *	\$	\$		* *	\$	\$	
		\$	\$			S	\$	
	# #	\$	3			\$	\$	
	n n	s	\$		a a	\$	\$	
	a a	s	s		и и	\$	8	<u>l</u> ,
· Insurance \$,		Names of Lodges			Insurance Companies			
I hereby authoris	ze the above Funeral,	and I hereby represent		fficient resources Le	gally available to (Firm	Name of Funer	l Directors.	
for the payment	of aforesaid sum, and	I hereby covenant an		the same within	days fro	om date. In	erest to ac	crue from
maturity at the	rate of	% per annum.						
Witness			moded by P. T. E	Address				

	KECUKD	Ol. I.O.	ATTACK YES	Aug 12				
Total No. 2 1.28	Yearly No	25	Date	aug. 22 1946				
Name of DeceasedF.	oud L RichA	RUSON	Divorced	(What Race)				
Residence. Dervey.	Colo-	☐ Widowed ☐	shand Wife Widow 1 //3	elle Richardson				
Charge to . Belle Of	icharden	or.	of s	id Alua				
Address.	ATATACA A A A A A A A A A A A A A A A A	Complete Fur		7.0003				
Order given by		Casket Burial Vault	D					
How Secured	(orinformant)	Embalming E						
Occupation		Barber \$	Hair Dressi	ng, \$				
Name of Employer	(Social Security Number	Dressing Bod Suit or Dress	y, \$Under	wear, \$				
Address		Slippers, \$		Color)				
Date of Death	18 1946	Folding Chair	s. \$ Tarpaulir	1, \$				
Date of Birth	(Date) (House) Candelabrum	\$Candles, Gloves, \$	ð				
Age. 61	5 4	Funeral Car,	\$Ambulance	3, \$				
Date of Funeral. 8/22/46.	(Months) (Days) Thus L', Jo f	Limousines to	Cemetery @ S	500 500				
Date) / /	(Day of Week) (Hour)	Getting Rem	Station	la 1000				
Services at Chefel	am & Marani Tra							
Clergyman . W. J	L. D. S (Address)	Delivering Bo	er's Inquest ox to	100				
	A:	Deliver Flow	ers to					
Birthplace		Procuring Bu	rial Permit	or and District)				
Resided in the State.	or City or County) O(Years) (Mont	ha)Certif.Con	iesof Death Certificat	esNo				
Place of Death	1141 . CPC	· · · Pall Bearer S	piesof Death Certifical (State Physician ervice, \$ Use of C ice, that of Can for	hapel, \$ 1500				
Cause of Death Use	uua	reisonal Berv	fel + alteride	of nothing				
Contributory Causes	med car	or Sales Tax. NOTa	4-20lays 15 00					
	Outlay for L	or Sales Tax. 7.9:55	7.042309944.5					
Certifying Physician	· · · Cremation							
His Address	Ine Dea	an inouices in	apers					
Name of Father	· · · Flowers, \$	(Names of Newspapers) Palms, \$ Ms t, and of Temporal rave or Tomb. To A	tting \$ 100					
His Birthplace		Rental of Ten	rave or Tomb. 40 A	Marchall 12 00				
Maiden Name of Mother		Lining Grave	\$Lowering D	evice, \$				
Her Birthplace		Outlay for Sh Clergyman.\$	ipping Charges, Singers, Aero- plane S e, Cable or Radio Ch	ganist \$ 400				
Motor Ship Remains to		··· Railroad Tick	ets, \$ Aero-S	Service,\$				
	(State Color and Number)	Telegr., Phon	e, Cable or Radio Ch	arges				
Manufactured by	re Hill (Cem							
Interment at	(Otem	tory						
	Lot No46.5	··· Sales Tax		100 42 00				
	Grave No3	Total Footin	a ' 11 un N	all: \$ 62 00				
	Section No	Less (follow.	\$				
	Owner	Entored into	Balance Ledger, pageo	\$				
Disgram of Lot or Vault			Ledger, page					
Date	Amount Paid Bal	ance Date		Amount Paid Balance				
To Above Balan	ce\$		To Balance Forward.					
By Payment	\$		By Payment	\$				
a a	8 8							
	s s		R R	s. s				
	\$ \$		и и	\$				
a a	\$		" "	\$				
* *	ss			\$				
Insurance \$	Names ofLodges		InsuranceCompanies	******************************				
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.								
for the payment of aforesaid sum,			days	from date. Interest to accrue fro				
maturity at the rate of	% per annum.	Signe						
Witness	Compiled by	Addr J. J. FEINEMAN, St. Lou						

Total No 21.29	. Yearly No	2	6	Date.		lest	. /	8	19.4.5
Name of Deceased	ou E. C	Cuvel Single	uig Widowed □ I			(What I)		
Residence. Laman Charge to Wallace Co			□Hus	band Wife Wi	dow}				
	200019.9.007.	4.4	Complete Fun	eral			\$	100	00
Address Order given by Wallace	Culling		Casket						
			Burial Vault o	r Box	(State Kind)			90.	00.
How Secured Cash			Embalming Bo	dy	······································				
Occupation farmer (1	(Social Securi	ty Number)	Barber, \$ Dressing Body	Ha	ir Dressing Underwe	, \$			
Name of Employer			Suit or Dress.					30	75
Address			Slippers, \$	I	e Kind and Cole Hose, \$				
Date of Death	5 1946	(Hour)	Folding Chairs Candelabrum,	, \$	Carpaulin,	\$			
Date of Birth. Cheg 28	859		Door Spray, \$		Gloves, \$				
Age 8.7	0 17		Funeral Car, \$ Limousines to	A	mbulance,	\$			
Date of Funeral 9/18/4.	(Months) (Days)	2.0 M	Autos to R. R. Getting Rema	Station	@\$.,				
Services at . Charles	(Day of Week)	(Hour)	Getting Remai	ins from	esseve	٠		1.0	.00
Clergyman all Law	a .		Trip to Corone	er's Inquest					
Religion of the Deceased	(Address)		Delivering Box Deliver Flower						
Birthplace Decateu	Co. Ja		Removal Char	ges					
Resided in the State.	time		Procuring Bur —Certif.Copi	al Permit.	State Number	nd Districts	.		
Place of Death . Harken	or City or County) (Years)	(Months)	Certif.Copi	esof Death	Certificates	No			,
		25.17, 9.34	Pall Bearer Se Personal Servi	rvice, \$	Use of Cha	pel,\$			
Cause of Death									
Contributory Causes								230	2 (-
			Gross Total fo Outlay for Lo				\$,,,,,,	
Certifying Physician	(or Coroner)		Cremation						
His Address			line Death	Notices in	Pap	ers			
Name of Father. Cleu C	revering in	·	Flowers, \$.Palms, \$.	spapers)Matt	ing, \$			
His Birthplace	?		Flowers, \$ Rental of Tent Opening of Gr	\$ of Te	mporary V	ault,\$,		00
Paiden Name of Mother. E.	erya succe	٠	Lining Grave,	\$Lov	vering Dev	ice, \$			
Her Birthplace	<u>۸</u>		Outlay for Shi	oning Chan	PAS				
Motor Remains to			Railroad Ticket	s. S	Aero- Ser	vice.\$			
Size of Casket . 4/3 - string	State Color and Number)		Clergyman,\$. Railroad or Motor Telegr., Phone	Cable or R	adio Charg	es			
Manufactured by Root			Cash Advance Out of town U	d			• • • •		
Interment at	eveling	Cemetery Crematory	· · · · · · · · · · · · · · · · · · ·		Onarges				
100000000000000000000000000000000000000	Lot No		Sales Tax						
	Grave No		Total Footing	of Bill			s	244	75
			Less Poll	y Walla	o Greya	ing	.\$.	144	75
	Section No		Re		lance		.\$.	100	00
Diagram of Lot or Vault	Owner		Entered into I	edger, page	or b	elow.			
Date	Amount Paid	Balance	Date			Amount	Paid	Bala	ince
To Above Balance		3		To Balance				\$	
By Payment	\$	S		By Payment		\$		\$	
	\$	3				\$		\$	
				a a			*****	ş	
a 8	8 9			и и		\$	*****	2	
	8			4 4		s		\$	
и и	ss			а и		\$		\$	
	Names of			Insurance Companies				3000	113
Insurance \$	l, and I hereby represent t	that I have su	fficient resources Le		to				
for the payment of aforesaid sum, as	nd I hereby covenant and				days fro	Name of Fun m date.	nteres	t to accru	e from
maturity at the rate of	.% per annum.		Signed.						
Witness			Address						
	Comp	plied by F. J. FI	INEMAN, St. Louis,	Mo.					

					0	14 .		
Total No. 2/30	. Yearly No		,	Date	ete	Pl	٠٠	19 %.6
Name of Deceased	valenah Sin	Has	Rus			(What Room)		
Residence Lamon	Married San	gte 🔲 1	□Hunb	and wire w	idow ! Che	es Ha	ski	u.
Charge to Chas Ha	skins						930	20
Address Lame	w		Complete Fune			\$	×.9.0.	
Order given by Chas X			Casket Burial Vault or	Box	Pine Or	4		
How Secured	(or informant)	Line I	Embalming Bo	dy	(State Kind)			
Occupation Lousew	Le nor	e	Barber, \$	Ha	ir Dressing	\$		
Name of Employer	(Social Security	Number)	Dressing Body,	\$	Underwe	ar,\$		
Address			Suit or Dress	(Sta	te Kind and Colo)		
Date of Death . Seft	20 1946	7, 20 AM	Slippers, \$ Folding Chairs,	\$	Hose, \$ Tarpaulin, §			
	(Date)	(Hour)	Candelabrum,	B	Candles, \$.			
Date of Birth			Door Spray, \$ Funeral Car, \$		Gloves, \$			
Age(Years)	(Months) (Days)		Limousines to	Cemetery.				
Date of Funeral.	(Day of Week) (E	. P. M.	Autos to R. R. Getting Remai	Station	shout	12.C.M	12	00
Services at . Charlel			Taking Remain	ns from				
Clergyman. Roy Ko. M.	· Jerylun	nce	Trip to Corone	r's Inquest				
Religion of the Deceased	(Address)		Delivering Box Deliver Flowers	to				
Birthplace . Caglevill	le Mo.	ST 1000	Removal Charg	res				
Resided in the State			Procuring Buri	al Permit.	State Number a	nd District)		
Place of Death. Charit	or City or Qunty) (Years)	(Months)	Procuring Buri —Certif.Copie Pall Bearer Ser	esof Death	Certificates to Physician's or	Coroner's;		
Cause of Death. Acute!	10 : Partia		Pall Bearer Ser Personal Servic	vice, \$ e	Use of Cha	pei, \$		
Contributory Causes			Gross Total for	Sales Tax		ss	248	00
Contifuing Dhamisian			Outlay for Lot					
Certifying Physician	(or Coroner)		Cremation			ers		
His Address			Flowers, \$					
Name of Father			Flowers, \$.Palms, \$	Matti	ng, \$		
His Birthplace			Rental of Tent, Opening of Gra	ve or Ton	ab. 6A Ma	whall.	12	00
Maiden Name of Mother		COLUMN TO SERVE	Lining Grave,	5 LO	wering Devi	ce, \$		
Her Birthplace	ira Wolak	earce	Outlay for Ship Clergyman.\$	oping Char	gesOrga	nist.\$		
Ship Remains to . C. Post	Ilerine gre	٠٠٠	Clergyman,\$ Railroad or Motor}Ticket Telegr., Phone,	s, \$	Aero-Ser	rice,\$		
Size of Casket	Lkrung gre State Color and Number)		Telegr., Phone, Cash Advanced	Cable or I	Radio Charg	es		
Manufactured by			Out of town U					
Interment at	_	Cemetery Crematory						
	Lot No ! 40 5		Sales Tax				2	.48,
	Grave No/		Total Footing			\$	262	48
	Section No			1	12	\$		
			Odmf		alance	\$	249	9.6
Diagram of Lot or Vault	Owner		Entered into L	edger, pag	eor b	elow.		
Date	Amount Paid	Balance	Date	Designation of the second		Amount Pa	d Ba	lance
To Above Balance	e\$.			To Balance	Forward		\$	
By Payment	\$ \$.			By Paymer	nt	\$	\$	
# #	\\$\\$.			16 4	·	\$	\$	
	\$				***********	\$	\$	
						\$	\$	
и и	s s			к и	***********	\$	\$	
	ss.			и и		8		
	Names of Lodges.	31191		Insurance .Companies.				
Insurance \$		at I have suff	ficient resources T.					
for the payment of aforesaid sum, a	nd I hereby covenant and as	gree to pay t	he same within	emy availab	(Firm)	Name of Funeral m date. Inte	Directors.)	
maturity at the rate of	. % per annum.		Signed.			date. Inte	rest to acc	rue from
Witness			Address			**********		
Witness	Compile	d by F. J. FE	INEMAN, St. Louis, 1			*********		

Total No. 2/3/ Yearly No. 2	8 Date Oct 2	5 1946			
Name of Deceased					
Residence Near audover, Mo.	Widowed Divorced (What Race) Husband Wife Widow or of				
Charge to Mes John Bergman & Mrs Keener Hami		297 00			
Address Lamon Ja	Casket				
Order given by Mus John Burgman (or informant)					
How Secured	Embalming Body				
Occupation - Country (Social Security Number)					
Name of Employer.	Dressing Body, \$	14 50			
Address	Slippers, \$				
Date of Death Probably act 20 or 21/1946 (Hour)	Folding Chairs, \$Tarpaulin, \$Candelabrum, \$Candles, \$				
Date of Birth. 20 (Bate) /86 / (Hour)	Door Spray, \$ Gloves, \$				
Age. (Years) (Months) (Days)	Funeral Car, \$ Ambulance, \$				
Date of Funeral 10/25/46 Friday 2.P.M.	Autos to R. R. Station @ \$				
Services at Chapel	Getting Remains from				
Clergyman Chas Harfl	Trip to Coroner's Inquest				
Religion of the Deceased	Delivering Box to				
Birthplace Sweden	Removal Charges				
District 33 years.	Couring Burial Permit. (State Number and District)				
Place of Death Louth of Audul Mo. (Months)	Procuring Burial Permit. Certif.Copiesof Death Certificates No. Pall Bearer Service, \$. Use of Chapel, \$.				
Cause of Death	Personal Service.				
Contributory Causes Found dlad in field					
where he had been cutting brush	Gross Total for Sales Tax\$	31150			
Certifying Physician for Whell, caroner	Outlay for Lot				
His Address Bethany (or Coroner)	Cremation				
Name of Father. Not known					
	Flowers, \$ (Names of Newspapers) Palms, \$ Matting, \$				
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb . Te.A. Manuall	12 00			
Maiden Name of Motherv.	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges				
Her Birthplace	Clergyman,\$Singers,\$Organist,\$				
Motor Remains to Size of Casket 3. gray 1/2 couch	Clergyman, \$ Singers, \$ Organist, \$ Railroad or Motor Tickets, \$ Plane Service, \$				
Manufactured by Singh Son Carry Carry C.	Telegr., Phone, Cable or Radio Charges				
Interment at Rose Hul { Cemeter Cremator	Out of town Undertaker's Charges				
	· · · · · · · · · · · · · · · · · · ·				
Lot No /558	Sales Tax ===	3/2			
Grave No		32662			
Section No	Less Direct of 15 73 ty lov 5th \$. 1.2. 1.2.			
Owner	Gaid in france of 3. 1/4 \$ Entered into Ledger, pageor below.	3/.8.1.1.			
Diagram of Lot or Vault Owner		Balance			
Date	To Balance Forward.	.			
To Above Balance\$	By Payment \$	s			
a a S. S.		\$			
u u\$\$	и и \$	\$			
a a	\$	\$			
\$	\$	\$			
\$ \$		\$			
	Transpage	3			
Names of Lodges.	Insurance Companies.				
	pufficient resources Legally available to. (Firm Name of Funeral Dir y the same within	ectors.)			
I hereby authorize the above 1 man, and I hereby covenant and agree to pa for the payment of aforesaid sum, and I hereby covenant and agree to pa maturity at the rate of	y the same within	- moorate group			
maturity at the rate of					
Address					

	212001				70-	+ 30		
Total No. 2/32	· / Yearly No	2.9	,,,,,,,,,	Date.	CVE	1	1	9.7.6
Name of Deceased	John Les	Single	Widowed 6	Divorced		(What Race)		
Residence Lamani	Married Da		- Office	band Wife W	dow! Mar	y Hin	uger	
Charge to . Mary Win		at .	or,		, of)		2,5	a 0
Address.	,		Complete Fun	eral		\$	2	
Order given by Mary L	Vininger.		Casket					
How Secured to be ca	(og informalit)		Burial Vault		(State Kind)			
How Secured	hant		Embalming B Barber, \$	ody	ame of Embalme	0		
Occupation De of Chiro	(Social Secur	rity Number)	Dressing Body	па 7.\$па	Underwe	ar,\$		
Name of Employer	•••••		Suit or Dress.		a Kind and Color			
Address			Slippers, \$	I	e Kind and Color Hose, \$			
Date of Death. Oet a	(Date)	6,30 PM	Folding Chair Candelabrum,	s, \$	Tarpaunn, a			
Date of Birth	7 1888		Door Spray, \$		rioves, a			
Age. 55	3 /5 (Months) (Days)		Funeral Car, S Limousines to	5A	mbulance,	B		
Date of Funeral 1930/16	(Months) (Days) (Day of Week)	2 P M.	Autos to R. R	. Station	@\$			
Services at . Chapel .	(Day of Week)	(Hour)	Getting Rema	ins from				
Clergyman Toru Will	(au)		Taking Remai	ns to or's Inquest				
Clergyman	(Address)		Delivering Bo	x to				
Religion of the Deceased			Deliver Flowe Removal Char					
Birthplace Kenti	- M		Procuring Bur	ial Permit.				
Resided in the State (or U. s.	of City or County) (Years	(Months)	Procuring Bur —Certif.Cop Pall Bearer Se	iesof Death	Certificates	No		
Place of Death Hear	Tamon on Ail	eay 69.	Pall Bearer Se	rvice, \$	Use of Cha	pel,\$		
Cause of Death. Auto	Recedent		Personal Servi	ce	• • • • • • • • • •			
Contributory Causes								
			Gross Total fo	r Sales Tax	.,	\$	325	00
Certifying Physician Bow	man co	roner	Outlay for Lo	t. 4.0. 12.	J. 14. ?		343	00
His Address Lea	(or Coroner)			h Notices in	Pap	ers		
Name of Father) A Reutucky			Flowers, \$					
Name of Father	Name of Father His Birthplace			Palms, \$	Matti	ng, \$		
His Birthplace	not know		Rental of Tent Opening of Gr	ave or Ton	emporary V	Marchall !	/2	00
Maiden Name of Mother			Lining Grave, Outlay for Shi	\$Lo	wering Dev	ice, \$		
Her Birthplace	enury		Outlay for Shi	ipping Char	ges	mint 0		
Motor Ship Remains to	9	state	Railroad Ticke	ts. S	Aero- Ser	vice.S		
Size of Casket . Ethe si	State Color and Number)	2124	Clergyman,\$. Railroad or Motor Ticke Telegr., Phone	, Cable or F	Radio Charg	es		
Manufactured by R.	24		Cash Advanced Out of town Undertaker's Charges					
Interment at	Pose Hill	{ Cemetery Crematory	·····	······	onarges			
	Lot No!46	7	Sales Tax					5.5
	Grave No						360	25
			Total Footing	O in h	ill	\$		
	Section No		0-1	illy many	lance			
Diagram of Lot or Vault	Owner		Entered into 1			elow.		
Date	Amount Paid	Balance	Date			Amount Paid	l Bo	lance
To Above Balance		s		To Balance	Powers		-	1
By Payment	\$	\$. By Paymen			\$	
и и	s	\$				9	. 5	
и и	s	\$. и и		s	· · · · · ·	
	s	\$. п и		\$	8	
		\$, и и		\$	S	
« «		\$, и п		\$. \$	
	\$	s		. 4 4		s		
Insurance \$	Names of			Insurance Companies .	**********			
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to. (Pres. Name of Pascul Directors.) days former of a foresaid sum, and I hereby covenant and agree to pay the same within. days former of a foresaid sum, and I hereby covenant and agree to pay the same within.								
for the payment of aforesaid sum, as maturity at the rate of	. % per annum	agree to pay			days fro	Mame of Funeral I m date. Inter	irectors.)	rue from
macurity at the rate of	,,, per minulii.		Signed					
Witness	Com		Addres	s				
	Con		AGUIN,	110.				-

Total No. 2/33 Yearly No	Date. 10V 1 1946					
Name of Deceased. Phoebe allen	.					
Residence. Deertrail Colo Single	Widowed					
Charge to	orof					
Address,	Complete Funeral Ship du \$					
	Casket					
Order given by Ruby Paulake	Burial Vault or Box(State Kind)					
How Secured	Empairing Body					
Occupation (Social Security Number)	Barber, \$ Hair Dressing, \$ Dressing Body, \$ Underwear, \$					
Name of Employer	Suit or Dress					
Address	Slippers, \$ Hose, \$					
Date of Death. Oct 30/46 (Hour)	Folding Chairs, \$. Tarpaulin, \$. Candelabrum, \$. Candles, \$.					
Date of Birth	Door Spray, \$					
Age	Funeral Car, \$Ambulance, \$Limousines to Cemetery@\$					
Date of Funeral	Autos to R. R. Station @ \$					
Services at Charle, (Day of Week) (Hour)	Getting Remains from Sicala /0 00. Taking Remains to					
Clergyman	Trip to Coroner's Inquest					
Religion of the Deceased	Delivering Box to Rese Will 100 Deliver Flowers to					
Birthplace	D 101					
	Procuring Burial Permit(State Number and District)					
Resided in the State (or H.S. or Sity or Gounty) (Years) (Months) Place of Death. A Children J. (Wonths)	Certif.Copiesof Death CertificatesNo					
Cause of Death Matural Cause	Semoval Charges Procuring Burial Permit. Certif. Copiesof Death Certificate and Finding Certif. Copiesof Death Certificate and Finding Base Population of Comments, Pall Bearer Service, 8. Use of Chaptel, 8. Personal Service 544-454, Carlotte, Certificate and Comments, Certificate Service, 8. Use of Chaptel, 8. Certificate					
	corretary equipment 9 attendents 2500					
Contributory Causes						
	Gross Total for Sales Tax\$ Outlay for Lot					
Certifying Physician. (or Coroner)	Cremation					
His Address	line Death Notices in Papers					
Name of Father	Flowers, \$ (Names of Newspapers) Flowers, \$ Palms, \$ Matting, \$					
His Birthplace	Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb . To Al Marshall					
Maiden Name of Mother	Lining Grave, \$ Lowering Device, \$					
Her Birthplace	Outlay for Shipping Charges Clergyman,\$Singers,\$Organist,\$					
Motor Ship Remains to	Clergyman, \$\Singers, \$\forall^O\text{Organist}, \$\forall					
Size of Casket (State Color and Number)	Telegr., Phone, Cable or Radio Charges					
Manufactured by	Cash Advanced					
Interment at						
Lot No	Sales Tax No Tot-all service					
Grave No	Total Footing of Bill \$ 5295					
	Tore , 1 00 \$					
Section No.	Pol in feet. \$					
Diagram of Lot or Vault Owner	Entered into Ledger, page or below.					
Date Amount Paid Balance	Date Amount Paid Balance					
To Above Balance \$	To Balance Forward\$					
By Payment \$ \$	By Payment					
" " \$ \$	" " \$ \$					
\$\$						
	a a 5 e					
g g s s	a a\$					
Names of Lodges.	Insurance Companies					
Insurance \$Lodges. I hereby authorize the above Funeral, and I hereby represent that I have a						
I hereby authorize the above Funeral, and I hereby lephosite that I have for the payment of aforesaid sum, and I hereby covenant and agree to pay	ufficient resources Legally available to					
for the payment of aforesaid sum, and the say	Signed					
	Address					
Witness Compiled by F. J.	PEINEMAN, St. Louis, Mo.					

Total No. 2/34	Yearly No	31	Date	Decemb	er 6.	19%:
Name of Deceased	isa Carey	Johnson	·			
Residence Elwood, Ne	Married Single	Widowed	Divorced	What Race)	Lusa	_
Charge to.			Husband Wife Widow	ven in prince		
Address		Complete	FuneralSh	if In s		
Order given by.		Casket				
(or in	nformant)		ilt or Box(State K	ind)		
How Secured	• • • • • • • • • • • • • • • • • • • •		g Body(Name of E	mbalmer)		
		Dressing E	Hair Dre	lerwear,\$		
Name of Employer	•••••	Suit or Dre	SS(State Kind ar	id Color)		
Date of Death J. C H. (Date)	1041	Slippers, \$	nairs, \$Tarpau			
Date of Birth. June 24	(Hos	r) Candelabri	ım, \$Candle	s, \$		
Date of Birth.	./8.%	Door Spra	y, \$	\$		
Age. (Years) (Ment) Date of Funeral (Date) (Day of (Day))	ths) (Days)	Limousine	to Cemetery @	\$		
Date of Funeral (Date) (Day	tha) (Days) Of Week) (Hour)	M. Autos to R	R. Station	\$		
Services at		··· I Taking Re	mains to			
Clergyman Win Shakesfe	(Address)	Trip to Co	roner's Inquest Box to Role A	lite		
Religion of the Deceased.		··· Deliver Flo	owers to			
Birthplace . Sarton ,		Removal C	Charges			
Resided in the State	or County) (Years) (Mon	Certif.C	Copies of Death Certific	nber and District)		3.
Place of Death. Quiel was	Elwood News	· · · Pall Bearer	Service, \$ Use of	Chapel, \$		
Cause of Death Cerebral N.	emandage	Personal Se	Burial Permit. Copiesof Death Certific (State Physicial Service, \$ Use of prvice. and smill	Thechery!		
Contributory Causes		- Auto-			50	00
		Gross Tota	l for Sales Tax Alla	ervice, hoTaxs		
Certifying Physician. Leo A. C	lack.	Outlay for	Lot			
His Address Clwood 9	(Corongr)	line De	eath Notices in	Papers		
Name of Father und hus	orun		(Names of Newspapers) Palmas, \$			
His Birthplace						
Maiden Name of Mother. Auch	basech	Opening of	Grave or Tomb To. A. ve, \$ Lowering	Maridall	· 12	00
Her Birthplace		Outlay for	Shipping Charges.	Device, \$		
Motor Remains to		Clergyman Railroad)	Shipping Charges. \$Singers,\$Qekets,\$plane	Organist, \$		
Size of Casket	lor and Number)	or Motor 110	ekets, \$ plane one, Cable or Radio Cl	Service,\$		
Manufactured by		Cash Adva	nced			
Interment at P. o. 2.8.	Hill { Ceme	tery Out of tow	n Undertaker's Charge	s		
Lot	No. 1508					
	ve No	Sales Tax .	ng of Bill	¿¿	/ 9	00
		Less		CX\$	60	
Sec	tion No		Balance.	\$		
Disgram of Lot or Vault Own	ner	Entered int	o Ledger, page			
Date	Amount Paid Bala		Maria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición dela	Amount Paid	Bala	
To Above Balance	\$		To Balance Forward		Dan	I
By Payment	s		By Payment	s.	· S	
« «	\$s		# #	s.	8	
	\$		" "	\$	\$	
	\$\$		" "	\$	\$	
u a	s s			\$	\$	
и и	ss.			\$	\$	
Insurance \$	es of		Insurance Companies	\$	ls	
I hereby authorize the above Funeral, and I	hereby represent that I have	e sufficient resources	Legally available			
for the payment of aforesaid sum, and I here	eby covenant and agree to	pay the same within	(F)	m Name of Funeral Di	octors.)	
maturity at the rate of % per	annum.	Signe		from date. Interes	t to accrue	from
Witness		Addr				

Total No. 2/35 Yearly No 3.2	Date Dec 8 1946
Name of Deceased John Martin	, w
Residence. I wal May Lamon	Widowed Divorced (What Race) Husband Wildow Elizafour Martin dec
Charge to Estate	
Address	Complete Funeral
Order given by Harry Martin	Casket Burial Vault or Box Salim Crystanium /25 00
How Secured	Embalming Body
Occupation Farure home	Barber, \$
Name of Employer. (Social Security Number)	Dressing Body, \$ Underwear, \$
Address	Suit or Dress Hay
Date of Death Dec 6 1946 1946 Date of Pint O. 10 3 0 (Bour) Date of Pint O. 10 3 0 (Bour)	Folding Chairs, \$Tarpaulin, \$
Date of Birth. Aug & 9 1860 (Hour)	Candelabrum, \$ Candles, \$
Age86 3 7	Door Spray, \$
Date of Funeral 17/8/16 Sur, (Days)	Limousines to Cemetery @ \$
Services at Charlel (Day of Week) (Hour)	Getting Remains from
Clergyman Chas Harpl	Taking Remains to
(Address)	Trip to Coroner's Inquest Delivering Box to
Religion of the Deceased	Deliver Flowers to
Birthplace Lewanel, Il	Removal Charges.
Resided in the State . 6 40 (Worths) (Years) (Months)	Certif.Copiesof Death Certificates No
Place of Death Ruel Rome, NEW Yamou (Months)	Procuring Burial Permit Certif. Copiesof Death Certificates No. Pall Bearer Service, \$\(\) (State Populations or Cornects \) Pall Bearer Service, \$\(\) (State Populations or Cornects \)
Cause of Death	Personal Service.
Contributory Causes	
	Gross Total for Sales Tax. \$ 425 75
Certifying Physician. E. E. Lawet.	Outlay for Lot.
His Address Lamon (or Groner)	line Death Notices in Papers
Name of Father Www Marting	Flowers, \$
His Birthplace England	Rental of Tent, \$ of Temporary Vault, \$
Maiden Name of Mother. Martha Tucker	Opening of Grave or Tomb to A Marshall 14 0 3 Lining Grave, \$ Lowering Device, \$
Her Birthplace. England	Outlay for Shipping Charges
Motor Remains to	Clergyman,\$Singers,\$Organist,\$
Motor Remains to Size of Casket ? ? ? * Her Conch, Han Clerk Manufactured by Roots and Number	or Motor Tickets, \$ plane Service, \$ Telegr., Phone, Cable or Radio Charges
Manufactured by Roo (State Color and Number)	Cash Advanced
Interment at Rose Hill (Cemeters	Out of town Undertaker's Charges
Lot No 364	Sales Tax 425
Grave No/	Total Footing of Bill \$ 444 0Q
Section No	Less 5 0 m 425 2 by les 18th 2125
Diagram of Lot or Vault Owner.	Total Footing of Bill Less 5 1 12 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Date Amount Paid Balance	Date Amount Paid Balance
To Above Balance\$	To Balance Forward \$
By Payment\$\$	
# #\$\$	
\$	
\$	
\$	" " S S S
	и и 5 2
Names of	Insurance
Insurance \$ Lodges. I hereby authorize the above Funeral, and I hereby represent that I have so	
I hereby authorize the above Funeral, and I hereby represent that I have so	the same within days from date. Interest to accrue from
for the payment of aforesaid sum, and I nerely coverage and and agreed maturity at the rate of% per annum.	Signed

RECORD OF FUNERAL				
Total No. 2/36 Yearly No. 33 Date dec // 19 46				
Name of Deceased Samuel Klin				
Residence Lamoni Ja La	Widowed Divorced [Hisaband Wife Widow] Marguet 2 or	Pline		
Charge to ekildren	Complete Funeral	238 00		
Address.	Casket			
Order given by Mus Kline (or informant)	Burial Vault or Box(State Kind)			
How Secured.	Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$			
Occupation Farmer returned - none	Barber, \$ Hair Dressing, \$ Dressing Body, \$ Underwear, \$			
Name of Employer	Suit or Dress (State Kind and Color)			
Address	Slinners S Hose, \$			
Date of Death Dec. 10 1996 2 AM	Folding Chairs, \$Tarpaulin, \$Candles, \$			
Date of Birth Jane 15 1860	Door Spray S Gloves, o			
Age. See 5 25	Funeral Car, \$Ambulance, \$ Limousines to Cemetery@\$			
Date of Funeral (Days) (Months) (Days) & P. M. (Days) (Days) (Bour) M. (Hour)	Autos to R. R. Station @ \$			
Services at	Getting Remains from			
Clergyman Carl Balloutyne	Trip to Coroner's Inquest			
Religion of the Deceased	Delivering Box to			
Birthplace Ohio	Removal Charges			
Resided in the State 60 900 . (or U. S. or City or Quarty) (Years) (Months)	Contif Comissof Dooth Contificates No.			
Place of Death Lamoni Jowa	Procuring Burial Permit. (State Number and District) Certif.Copiesof Death Certificates No. (State Propicious or Coroners) Pall Bearer Service, \$ Use of Chapel, \$			
Cause of Death	Personal Service.			
Contributory Causes.				
Contributory Gauses	Gross Total for Sales Tax\$	238 00		
Certifying Physician & & Samet.	Outlay for Lot			
His Address Lamani (or Corong)	Cremation			
Name of Father Curanul Kline	Flowers, \$			
His Birthplace. Rem.	Rental of Tent, \$ of Temporary Vault, \$			
Maiden Name of Mother. Kot kunn	Opening of Grave or Tomb. To A. Marshall.	1200		
Her Birthplace	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges.			
Motor Remains to	Clergyman,\$Singers,\$Organist,\$ Railroad or Motor}Tickets,\$Aero- plane Service,\$			
(est sario - gray, hear.	or Motor Tickets, \$ plane Service,\$			
Size of Casket	Telegr., Phone, Cable or Radio Charges			
Interment at Of mag Hill { Cemeter Cremator	Out of town Undertaker's Charges			
Lot No. 1057	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Sales Tax	2 38		
Grave No/	Total Footing of Bill \$ Less Showage - 112 by Decant \$	227 78		
Section No	Delan Coll			
Diagram of Lot or Vault Owner	Balance:			
Date Amount Paid Balance	Date Amount Pai	d Balance		
	To Balance Forward	s		
By Payment \$ \$	By Payment \$			
	" " ·······s	\$		
# # S S	\$	\$		
# # S S	* *	\$		
# " ss.		\$		
я и \$ \$	a aS.	e		
Names of Lodges	Insurance Companies			
The authorize the above Funeral, and I hereby represent that I have sufficient resources I are the state of t				
for the payment of aforesaid sum, and I hereby covenant and agree to pay	y the same within	Directors.)		
maturity at the Inc Co.				
Witness				

Total No. 4137 Yearly No. 35	Date Dec 2	v .		
Name of Deceased. Ower Frank	llin Hutton u	/	197. 5.	
Residence: Hear Cudover, His	Widowed □ Divorced (What Race) Missband□Wife□Widow Etter Hutt	m de	1800	
Charge to:	orof)	1		
Address.	Complete Funeral	372	00	
Order given by .C. E. Nutton	Casket. Burial Vault or Box (State Kind)			
How Secured	Embalming Body (State Kind) Raybon S (Name of Embalmer)			
Occupation Salesman, util				
Name of Employer (Social Security Number)	Dressing Body, \$ Underwear, \$ Suit or Dress. May		75	
Address	Slinners \$ (State Kind and Color)	7 .		
Date of Death Dec. 23 1946 10AM	Folding Chairs, p Larpaulin, p			
Date of Birth. Aug. 10 1871 (Hour)	Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$			
Age. 75 4 2 (Years) (Months) (Days) Date of Funeral 1/14/44 Title 2 (Days) (Days) (Day of Week) (Hour)	Funeral Car. \$ Ambulance \$			
Date of Funeral 1/24/46 Tues. 2 PM	Limousines to Cemetery			
Services at . Charlel . (Bay of Week) (Hour)	Getting Remains from			
Clergyman	Trip to Coroner's Inquest			
Religion of the Deceased. (Address)	Delivering Box to			
Birthplace . Lecatur County, Ja	P 1 Cl			
Resided in the State	Procuring Burial Permit. (State Number and District)			
Place of Death Man Guerral Wears) (Months)	Procuring Burial Permit. Certif. Copiesof Death Certificates No. (State Psysiciants or Coroner's) Pall Bearer Service, \$ Use of Chapel, \$ Personal Service			
Cause of Death	Personal Service			
Contributory Causes.				
Contributory Causes.	Gross Total for Sales Tax\$	387	75	
Certifying Physician Da J. A. Hyer	Outlay for Lot			
His Address Eaglevill, Mo-	Cremation			
Name of Father Marcifons Hutton				
His Birthplace. Blochore, July	Flowers, \$			
Maiden Name of Mother Augustraham	Opening of Grave or Tomb			
Her Birthplace Gallesburg, Jel.	Lining Grave, \$Lowering Device, \$ Outlay for Shipping Charges			
Motor)	Clergyman,\$Singers,\$Organist,\$			
Motor Remains to Size of Casket Rud Engl State, Shay Ouradcloth.	Clergyman,\$,Singers,\$Organist,\$ Railroad or Motor} Tickets, \$Plane Service,\$			
Manufactured by (State Color and Number)	Telegr., Phone, Cable or Radio Charges Cash Advanced			
	Out of town Undertaker's Charges			
			æ æ · ·	
Lot No	Sales Tax	201	10	
Grave No	Total Footing of Bill	391	5-8	
Section No	Paid if el Baley ser/46 \$	279	0.5	
Owner	Find inful Balance /46	.37.%		
Diagram of Lot or Vault Date Amount Paid Balance		d Bala	ance	
Date	To Balance Forward	9	T	
To Above Balance	By Payment \$	S		
By Payment. \$\$		\$		
* * \$\$		\$		
*\$		\$		
a a		\$		
\$	# # S			
* *	Insurance Companies.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Names of Insurance Companies Lodges				
I hereby authorize the above Funeral, and I hereby represent that I have s for the payment of aforesaid sum, and I hereby covenant and agree to pay	the same within	olrectors.) est to aceru	e from	
for the payment of aforesaid sum, and I hereby covenant and agree to paymaturity at the rate of % per annum.	Signed			
	Address			
Witness Compiled by F. J. FEINEMAN, St. Louis- Mo.				

-120	Date Dec 29 1946.		
Total No. 2/38 Yearly No 3.5	Date		
Name of Deceased. Milliam 9	Widowed Divorced (What Race)		
Residence Lauren, Ja Single [□Husband□Wife□Widow (
Charge to: QA, O	or		
Address	Complete Funeral		
Order given by Www Marsh	Casket		
(or informant)	Burial Vault or Box (State Kind) Embalming Body (State Kind)		
How Secured	Hoir Dressing, S.		
Occupation farmer, retried more (Social Security Number)	Dressing Body, \$ Under wear, \$		
Name of Employer	Suit or Dress		
Address	Slippers \$ HOSE, \$		
Date of Birth. July 3 Date of Birth. July 3 Date of Birth.	Candelabrum, \$Candles, \$		
Date of Birth. July 31 1863	Onor Spray, \$ Gloves, \$. Funeral Car, \$ Ambulance, \$.		
Age (Months) (Dave)	Limousines to Cemetery @ \$		
Date of Funeral. 1/30/46 Man. 10:30 AM (Date) (Bay of Week) (Hour) Services at. Clesco, Jan.	Autos to R. R. Station @ \$		
Services at Clesco, Say of Week) (Hour)	Getting Remains from		
Rev Verts Cresco da	Trip to Coroner's Inquest		
Religion of the Deceased	Delivering Box to		
Birthplace Philadelphia Pa.	Removal Charges		
so you	Procuring Burial Permit(State Number and District)		
(or U. S. or City or County) (Years) (Months)	Procuring Burial Permit (State Number and District) —Certif.Copiesof Death Certificates No. Pall Bearer Service, \$ Use of Chapel, \$		
Place of Death of amount da	Pall Bearer Service, \$ Use of Gnapel, \$ Personal Service		
Cause of Death Caronary Occusion			
Contributory Causes	- YuTan		
	Gross Total for Sales Tax. No Tax, \$ Outlay for Lot.		
Certifying Physician. 21 & Samet	Cremation		
His Address Lamain	line Death Notices inPapers		
Name of Father. Www Brierley	Flowers, \$ (Names of Newspapers) Flowers, \$ Palms, \$ Matting, \$		
His Birthplace England	Rental of Tent, \$ of Temporary Vault, \$		
Maiden Name of Mother Jun Bales	Opening of Grave or TombLining Grave, \$Lowering Device, \$		
Her Birthplace. Eugland	Outlay for Shipping Charges		
Motor Remains to Cesco	Clergyman, \$ Singers, \$ Organist, \$ Organi		
Size of Casket	or Motor / Tickets, \$plane Service, \$ Telegr., Phone, Cable or Radio Charges		
(State Color and Number) Manufactured by	Cash Advanced		
Interment at Oak Laur { Cemeter			
	у		
Lot No	Sales Tax		
Grave No	Total Footing of Bill		
Section No	Less\$		
	Balance\$		
Diagram of Lot or Vault Owner	Entered into Ledger, pageor below.		
Date Amount Paid Balanc	e Date Amount Paid Balance		
To Above Balance \$	To Balance Forward\$		
	\$ \$ \$ \$		
# # \$ \$			
	\$ \$ \$		
	\$ \$		
,\$\$			
	a a		
Names of	Insurance		
Insurance \$			
Insurance 9. Thereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to			
for the payment of aforesaid sum, and I hereby covenant and agree to permaturity at the rate of	ay the same within		
maturity at the rate of			
Witness			