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RECORD OF FUNERAL

Total No. 1762 Yearly No. 49 Date Dec. 19, 1939
 Name of Deceased Sarah Ellen De Long
 Married Single Widowed Divorced (What Race)
 Residence Box 200, Harrison Co., Mo. Husband Wife Widow of John A. De Long
 Charge to John A. De Long
 Address Samoa

Order given by "
 How Secured 30 Day Contract (or Informant)
 Occupation Housewife (Social Security Number)
 Name of Employer
 Address
 Date of Death Dec. 18, 1939 1 a.m. (Date) (Hour)
 Date of Birth April 21, 1869 (Date) (Month) (Day) (Year)
 Age 70 7 27 (Years) (Months) (Days)
 Date of Funeral 2/19/39 8 a.m. 2 P. (Date) (Day of Week) (Hour) (M)
 Services at St. Ann's, M.O.
 Clergyman C. E. Harpe (Address)
 Religion of the Deceased
 Birthplace Appleton, Wis.
 Resided in the State (or U. S. or City or County) (Year) (Month)
 Place of Death St. Ann's, Bethany, Mo.
 Cause of Death Carcinoma of a Bre.
 Contributory Causes

Complete Funeral	\$ 212.00
Casket	
Burial Vault or Box <u>Red wood</u>	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress <u>Checked \$100.00</u>	6.12
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Bethany</u>	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to <u>Chas</u>	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pal Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax on Casket	\$ 2.12
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Pails, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	7.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Aero- plane Service, \$
or Motor } (State Kind and Color)	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	

Certifying Physician Wood (or Coroner)
 His Address Bethany, Mo.
 Name of Father P. J. Harris
 His Birthplace Scotland
 Maiden Name of Mother Abnera Cole
 Her Birthplace Michigan
 Motor } Remains to
 Ship }
 Size of Casket 34 x 6 Perf. Shroud - Steel Emb. Dr. (Style Color and Number)
 Manufactured by R. K. P.
 Interment at St. Ann's, Bethany, Mo. Cemetery Crematory

Flowers, \$	5.10
Opening of Grave or Tomb	7.00
Lowering Device, \$	
Singers, \$	
Organist, \$	
Aero- plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Pails, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	7.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Aero- plane Service, \$
or Motor } (State Kind and Color)	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	232.34
Less	
Balance	
Entered into Ledger, page	or below.

Diagram of Lot or Vault
 Lot No. 268
 Grave No. 2
 Section No.
 Owner

Date		Amount Paid	Balance	Date	SINGERS - Amount Paid	Balance
	To Above Balance				To Balance Forward	\$
	By Payment	\$			By Payment	\$
	"	\$			"	\$
	"	\$			"	\$
	"	\$			"	\$
	"	\$			"	\$
	"	\$			"	\$
	"	\$			"	\$
	"	\$			"	\$
	"	\$			"	\$

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 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 _____

RECORD OF FUNERAL

Total No. 1763 Yearly No. 50 Date Dec. 20, 1939

Name of Deceased Caroline Springer
 Married Single Widowed Divorced (What Race)

Residence Sumner, Iowa Husband Wife Widow of Franklin Springer

Charge to: Old Age Assistance Com.

Address: Franklin Springer

Order given by: Franklin Springer (Informant)

How Secured: _____

Occupation: _____ (Social Security Number)

Name of Employer: _____

Address: _____

Date of Death: Dec. 15, 1939 6 a.m.
(Date) (Hour)

Date of Birth: Nov. 14, 1858
(Date) (Hour)

Age: 81
(Years) (Months) (Days)

Date of Funeral: Dec 19, 1939 2 P.M.
(Date) (Day of Week) (Hour)

Services at: St. Francis Church

Clergyman: Rev. Shewille (Address)

Religion of the Deceased: _____

Birthplace: Ottawa, Illinois

Resided in the State: _____ (or U. S. or City or County) (Years) (Months)

Place of Death: Sumner, Iowa

Cause of Death: Bronchopneumonia

Contributory Causes: Senility

Certifying Physician: C. E. James (or Coroner)

His Address: _____

Name of Father: William

His Birthplace: _____

Maiden Name of Mother: _____

Her Birthplace: _____

Motor Ship } Remains to: _____

Size of Casket: 1/2 size case (Style, size and number)

Manufactured by: Rose Hill

Interment at: Rose Hill Cemetery Crematory

Lot No. 761

Grave No. 9

Section No. _____

Owner: _____

Diagram of Lot or Vault

Complete Funeral \$ 100.00

Casket _____

Burial Vault or Box None (State Kind)

Embalming Body _____

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress _____ (State Kind and Color)

Slippers, \$ _____ Hose, \$ _____

Folding Chairs, \$ _____ Tarpsaulin, \$ _____

Candelabrum, \$ _____ Candles, \$ _____

Door Spray, \$ _____ Gloves, \$ _____

Funeral Car, \$ _____ Ambulance, \$ _____

Limousines to Cemetery 1 @ \$ _____

Autos to R. R. Station _____ @ \$ _____

Getting Remains from _____

Taking Remains to _____

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. _____

Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

Personal Service _____

Gross Total for Sales Tax _____

Outlay for Lot _____

Cremation _____

_____ line Death Notices in _____ Papers

Flowers, \$ _____ (Names of Newspapers) _____

Palms, \$ _____ Matting, \$ 4.08

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 Service, \$ _____

Telegr., Phone, Cable or Radio Charges _____

Cash Advanced _____

Out of town Undertaker's Charges _____

Sales Tax _____

Total Footing of Bill _____ 111.08

Less _____

Balance _____

Entered into Ledger, page _____ or below.

Date	Particulars	Amount Paid	Balance	Date	Particulars	Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	"				"		
	"				"		
	"				"		
	"				"		
	"				"		
	"				"		
	"				"		
	"				"		
	"				"		

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 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: _____

RECORD OF FUNERAL

Total No. 1764 Yearly No. 1 Date Jan. 9 1940

Name of Deceased Mary E. Lisa Hilcoxson

Residence Collins St., Harrison Co., Mo. Married Single Widowed Divorced (What Race)
 of Harrison Co., Mo. Husband Wife Widow of J. H. Hilcoxson

Charge to J. H. Hilcoxson

Address Baggsville, Mo.

Order given by J. H. & Jane (or informant)

How Secured Wife (Social Security Number)

Name of Employer _____

Date of Death Jan. 7, 1940 11:55 P.M. (Date) (Hour)

Date of Birth March 20, 1857 (Date) (Month) (Day)

Age 86 9 17 (Years) (Months) (Days)

Date of Funeral 1/9/40 11:00 1 P.M. (Date) (Day of Week) (Hour)

Services at M. E. Church, Baggsville (Place) (City)

Clergyman C. E. Harpel, Harrison (Address)

Religion of the Deceased _____

Birthplace Lova

Resided in the State _____ (or U. S. City or County) (Years) (Months)

Place of Death Harrison Co., Mo.

Cause of Death Carcinoma of bladder

Contributory Causes Smoking

Certifying Physician E. E. Garish (or Coroner)

His Address Harrison

Name of Father Isaac Emanuel

His Birthplace Kentucky

Maternal Name of Mother Mary Funk

Her Birthplace Unknown

Motor Ship } Remains to Baggsville, Mo.

Size of Casket 34x50 Reg. In - Standard (State/Color and Number)

Manufactured by Robt.

Interment at Baggsville { Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault

Complete Funeral	\$ 212.00
Casket	✓
Burial Vault or Box <u>Redwood</u>	✓
Embalming Body <u>Robt. W. Harman</u>	✓
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress <u>Swiss</u>	No. Cig.
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery <u>1</u>	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to <u>Baggsville</u>	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 212.00
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	
Flowers, \$ <u>✓</u> <u>Palms</u> , \$	Matting, \$ <u>13.01</u>
Rental of Tent, \$ <u>✓</u> of Temporary Vault, \$	
Opening of Grave or Tomb	
Lining Grave, \$ <u>✓</u> Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$ <u>5</u> Singers, \$	Organist, \$
Railroad (or Motor) Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	<u>2 12</u>
Total Footing of Bill	\$ <u>227.12</u>
Less	\$
Balance	\$ <u>227.12</u>
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>P. P. Hilcoxson</u>	To Above Balance	\$	<u>J. H. & Jane Hilcoxson</u>	To Balance Forward	\$
<u>Everett Hilcoxson</u>	By Payment	\$	<u>Mrs. J. H. Hilcoxson</u>	By Payment	\$
<u>Clara</u>	" "	\$	<u>Mrs. Loretta Hilcoxson</u>	" "	\$
<u>Ma. Verne</u>	" "	\$	<u>Mrs. Loretta Hilcoxson</u>	" "	\$
<u>Paul</u>	" "	\$	<u>Mrs. Loretta Hilcoxson</u>	" "	\$
<u>Milo</u>	" "	\$	<u>Mrs. Loretta Hilcoxson</u>	" "	\$
<u>Ben Hill</u>	" "	\$	<u>Mrs. Loretta Hilcoxson</u>	" "	\$

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

Witness R. White Signed _____

RECORD OF FUNERAL

Total No. 1765 Yearly No. 2 Date Jan. 9 1940

Name of Deceased Infant of Roy and Mona Leonard (Female)
 Married Single Widowed Divorced (What Race)

Residence _____ Husband Wife Widow }
or _____ of }

Charge to: Roy Leonard

Address _____

Order given by " " (or informant)

How Secured Cash (or Informant)

Occupation none (Social Security Number)

Name of Employer _____

Address _____

Date of Death 1-9-40 10 a.m.
(Date) (Hour)

Date of Birth 11-24-39
(Year) (Month) (Days)

Age 0 1 15
(Years) (Months) (Days)

Date of Funeral 1/9/40 Wed M.
(Date) (Day of Week) (Hour)

Services at Cemetery

Clergyman _____ (Address)

Religion of the Deceased _____

Birthplace Stamington Shop, Decatur Co., Ga.

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death _____

Cause of Death Blas. Bot. when Born.

Contributory Causes _____

Certifying Physician H. M. Hills (or Coroner)

His Address Lanham

Name of Father Roy Leonard

His Birthplace Dec. Co., Ga.

Maiden Name of Mother Mona Scott

Her Birthplace Dec. Co., Ga.

Motor } Remains to _____
Ship } _____

Size of Casket 7/0 Lanham (State Color and Number)

Manufactured by Wright

Interment at Davis City { Cemetery
Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$	10.00
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Funeral Car, \$		
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	@ \$	
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates		
Pall Bearer Service, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in		
Flowers, \$		
Rental of Tent, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Railroad Tickets, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$	10.00
Less	\$	
Balance	\$	10.00
Entered into Ledger, page		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	<u>Sold Casket & Several Papers only</u>	\$		" "	\$
	<u>7/0 Casket</u>	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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.) days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness [Signature] Address _____

RECORD OF FUNERAL

Total No. 1766 Yearly No. 3 Date January 19, 1940
 Name of Deceased Martha Ellen Kinder
 Married Single Widowed Divorced (What Race)
 Residence Harrison County Mo. Husband Wife Widow of Peter J. Kinder

Charge to State
 Address To Clifford Kinder, Fairfield, Mo.
 Order given by Maudie Richardson (or informant)
 How Secured _____
 Occupation Housewife (Social Security Number) None
 Name of Employer _____
 Address _____
 Date of Death January 17, 1940 (Date) 4:45 AM (Hour)
 Date of Birth September 14, 1863 (Date) _____ (Hour)
 Age 76 (Years) 7 (Months) 3 (Days)
 Date of Funeral 1/19/40 (Date) 2:30 (Day of Week) 10:00 (Hour) M.
 Services at St. Mary's Park Church, Res.
 Clergyman P. A. Beck (Address)
 Religion of the Deceased L. O.
 Birthplace Harrison Co. Mo.
 Resided in the State _____ (or City or Country) _____ (Years) _____ (Months)
 Place of Death St. Mary's Park Church, Res.
 Cause of Death Bempe pneumonia
 Contributory Causes Senility
 Certifying Physician E. E. Garisch (or Coroner)
 His Address _____
 Name of Father William Tull
 His Birthplace Unknown
 Maiden Name of Mother Eugenie Mathis
 Her Birthplace Unknown
 Motor Ship } Remains to Low Rock Cem.
 Size of Casket 7 1/2 x 3 1/2 x 11 1/2 (State Color and Number) Red - Poly
 Manufactured by Rock
 Interment at Low Rock (Cemetery) via Sled & Found (Lot No.)
 Diagram of Lot or Vault

Complete Funeral	\$ 197.00
Casket	
Burial Vault or Box	\$ _____
Embalming Body	\$ _____
Barber, \$	\$ _____
Hair Dressing, \$	\$ _____
Dressing Body, \$	\$ _____
Suit or Dress	\$ 10.00
Slippers, \$	\$ _____
Hose, \$	\$ _____
Wooling Chairs, \$	\$ _____
Tarpaulin, \$	\$ _____
Candelabrum, \$	\$ _____
Candles, \$	\$ _____
Door Spray, \$	\$ _____
Gloves, \$	\$ _____
Funeral Car, \$	\$ _____
Ambulance, \$	\$ _____
Limousines to Cemetery	@ \$ _____
Autos to R. R. Station	@ \$ _____
Getting Remains from	@ \$ _____
Taking Remains to	\$ _____
Trip to Coroner's Inquest	\$ _____
Delivering Box to	\$ _____
Deliver Flowers to	\$ _____
Removal Charges	\$ _____
Procuring Burial Permit	\$ _____
Certif. Copies of Death Certificates No.	\$ _____
Full Bearer Service, \$	\$ _____
Use of Chapel, \$	\$ _____
Personal Service	\$ _____
Gross Total for Sales Tax	\$ 2.07
Outlay for Lot	\$ _____
Cremation	\$ _____
line Death Notices in	Papers _____
Flowers, \$	\$ _____
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 Charges	\$ _____
Cash Advanced	\$ _____
Out of town Undertaker's Charges	\$ _____
Sales Tax	\$ 2.17
Total Footing of Bill	\$ 209.17
Less	\$ _____
Balance	\$ _____
Entered into Ledger, page	_____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$ _____		To Balance Forward	\$ _____
	By Payment	\$ _____		By Payment	\$ _____
	<u>Dr. S. C. Barrow</u>	\$ _____		" "	\$ _____
	<u>W. H. Anthony</u>	\$ _____		" "	\$ _____
	<u>Burman & Staley</u>	\$ _____		" "	\$ _____
	<u>Wm. S. ...</u>	\$ _____		" "	\$ _____
	" "	\$ _____		" "	\$ _____
	" "	\$ _____		" "	\$ _____

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 _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Witness [Signature] Signed _____ Address _____

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

RECORD OF FUNERAL

Total No. 1767 Yearly No. 4 Date January 21 1940

Name of Deceased Louise Phillet Butcher (What Race)

Residence Bundy Sup., Decatur Co., Iowa Married Single Widowed Divorced Husband Wife Widow or _____ of L. Hite Butcher

Charge to Decatur Co.

Address _____

Order given by Louise Butcher (Inf.) (Informant)

How Secured Relief O.K.

Occupation Farmer (Social Security Number) _____

Name of Employer _____

Address _____

Date of Death Jan. 19, 1940 1 a.m. (Date) (Hour)

Date of Birth Jan. 16, 1884 (Date) (Day of Week) (Hour)

Age 56 (Years) 0 (Months) 3 (Days)

Date of Funeral Jan 21, 1940 Sun. 10 a. (Date) (Day of Week) (Hour)

Services at St. Vincent's Church

Clergyman W. J. Lousack (Address) _____

Religion of the Deceased none

Birthplace Decatur Co., Ia.

Resided in the State 56 (Years) (Months)

Place of Death Dec. Co., Ia. (or U. S. or City or County)

Cause of Death Heart Distast

Contributory Causes _____

Certifying Physician J. P. Reed

His Address Davis City, Ia. (or Coroner)

Name of Father James Butcher

His Birthplace Putnam Co., Indiana

Maiden Name of Mother Harriet Suss

Her Birthplace Decatur Co., Ia.

Motor Ship } Remains to Terre Haute, Ia.

Size of Casket 33" Eng. Crk. Hrd. Cap. (State, and Number)

Manufactured by Fla. Crk. Hrd. Cap.

Interment at Terre Haute { Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$ 40.00
Casket	-
Burial Vault or Box	-
Embalming Body	-
Barber, \$	-
Dressing Body, \$	-
Suit or Dress	-
Slippers, \$	-
Folding Chairs, \$	-
Candelabrum, \$	-
Door Spray, \$	-
Funeral Car, \$	-
Limousines to Cemetery	-
Autos to R. R. Station	-
Getting Remains from	-
Taking Remains to	-
Trip to Coroner's Inquest	-
Delivering Box to	-
Deliver Flowers to	-
Removal Charges	-
Procuring Burial Permit	-
Certif. Copies of Death Certificates	-
Pall Bearer Service, \$	-
Personal Service	-
Gross Total for Sales Tax	\$ 70.00
Outlay for Lot	-
Cremation	-
line Death Notices in _____ Papers	-
Flowers, \$	2.70
Rental of Tent, \$	-
Opening of Grave or Tomb	-
Lining Grave, \$	-
Outlay for Shipping Charges	-
Clergyman, \$	-
Railroad or Motor Tickets, \$	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-
Out of town Undertaker's Charges	-
Sales Tax	80
Total Footing of Bill	\$ 43.50
Less _____	-
Balance	-

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness P. White Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1768 Yearly No. 5 Date January 22, 1940
 Name of Deceased Nettie J. Lane Married Single Widowed Divorced (What Race)
 Residence Lamoni, Iowa Husband Wife Widow or of Frank J. Lane

Charge to Frank Lane
 Address
 Order given by
 How Secured cash (or informant)
 Occupation Housewife (Social Security Number)
 Name of Employer

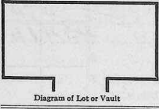
Date of Death January 20, 1940 5:00 P.M. (Date) (Hour)
 Date of Birth July 16, 1878 (Date)
 Age 61 (Years) 6 (Months) 3 (Days)
 Date of Funeral Jan 24 11:00 A.M. (Date) (Day of Week) (Hour) (P. M.)

Services at Funeral Home
 Clergyman Arthur Lane (Address)
 Religion of the Deceased
 Birthplace Lamoni, Missouri
 Resided in the State 32 (Years) (Months)

Place of Death Lamoni, Ia. (or U. S. or City or County) (Years) (Months)
 Cause of Death Myocardial Degeneration
 Contributory Causes Cholelithiasis
 Certifying Physician E. C. Slamer (or Coroner)

His Address
 Name of Father John Ford
 His Birthplace England
 Maiden Name of Mother Mary ?
 Her Birthplace England

Motor Ship } Remains to
 Size of Casket One Bluff Red Cap Crepe (State Code and Number)
 Manufactured by John Kelly
 Interment at Rose Hill { Cemetery Crematory
 Lot No. 1099
 Grave No. 4
 Section No.
 Owner



Complete Funeral	\$ 100.00
Casket	-
Burial Vault or Box <u>None</u> (State Kind)	-
Embalming Body	-
Barber, \$..... Hair Dressing, \$.....	-
Dressing Body, \$..... Underwear, \$.....	-
Suit or Dress (State Kind and Color)	-
Slippers, \$..... Hose, \$.....	-
Folding Chairs, \$..... Tarpaulin, \$.....	-
Candelabrum, \$..... Candles, \$.....	-
Door Spray, \$..... Gloves, \$.....	-
Funeral Car, \$..... Ambulance, \$.....	-
Limousines to Cemetery <u>2</u> @ \$.....	-
Autos to R. R. Station <u>2</u> @ \$.....	-
Getting Remains from <u>Res.</u>	-
Taking Remains to	-
Trip to Coroner's Inquest	-
Delivering Box to <u>Chm.</u>	-
Deliver Flowers to	-
Removal Charges	-
Procuring Burial Permit	-
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	-
Pall Bearer Service, \$..... Use of Chapel, \$.....	-
Personal Service	-
Gross Total for Sales Tax	\$ 100.00
Outlay for Lot	-
Cremation	-
line Death Notices in Papers	-
Flowers, \$..... (Names of Newspapers) Palms, \$..... Matting, \$.....	6.00
Rental of Tent, \$..... of Temporary Vault, \$.....	-
Opening of Grave or Tomb	7.00
Lining Grave, \$..... Lowering Device, \$.....	-
Outlay for Shipping Charges	-
Clergyman, \$..... Singers, \$..... Organist, \$.....	-
Railroad or Motor Tickets, \$..... Aero-plane Service, \$.....	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-
Out of town Undertaker's Charges	-
Sales Tax	2.00
Total Footing of Bill	\$ 115.00
Less	-
Balance	\$
Entered into Ledger, page or below.	-

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>P. P.</u>	By Payment	\$ 100.00		By Payment	\$
<u>John Vanderhulst</u>		\$		<u>Mrs. Pleasant Cole</u>	\$
<u>J. C. Campbell</u>		\$		<u>Mrs. Ralph L. Lane</u>	\$
<u>Mrs. Sarah</u>		\$		<u>Parish</u>	\$
<u>John Bergman</u>		\$		<u>Mrs. J. Loyd Matthews</u>	\$
<u>Paul Hecke</u>		\$		"	\$
		\$		"	\$

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 days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness W. H. White Signed..... Address.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1769 Yearly No. 6 Date Feb. 4 1940

Name of Deceased Laura Loreana Church (What Race)

Residence Lanham, Md. Married Single Widowed Divorced Husband Wife Widow of Chas. S. Church

Charge to Chas. S. Church

Address Lanham, Md.

Order given by Arthur Church (or informant)

How Secured Handwritten (Social Security Number) None

Occupation Handwritten

Name of Employer None

Address Lanham, Md.

Date of Death Feb. 1, 1940 1 P.M. (Hour)

Date of Birth Sept. 12, 1863 (Day) (Month) (Year)

Age 76 4 17 (Years) (Months) (Days)

Date of Funeral Feb. 4, 1940 Sun 2 P. M. (Day) (Month) (Year) (Hour)

Services at C. Colquhoun

Clergyman Dr. Soden, S. A. Beck, R. H. Howell (Address)

Religion of the Deceased Methodist

Birthplace Highland, Allegan Co., Ill.

Resided in the State 60 (Years) (Months)

Place of Death Lanham, Md.

Cause of Death Arteriosclerosis

Contributory Causes Myocardial degeneration, Cerebral hemorrhage

Certifying Physician E. E. Hardin (for Coroner)

His Address Lanham, Md.

Name of Father L. L. Loman, W. Smith

His Birthplace Ohio

Maiden Name of Mother Ellen Loman Snodgrass

Her Birthplace Ohio

Motor Ship } Remains to None

Size of Casket 817 Gray Broadwood State (Style and Number)

Manufactured by None

Interment at Rose Hill Cemetery Crematory

Lot No. 856

Grave No. 3

Section No. None

Owner None

Complete Funeral	\$ 298.00
Casket	—
Burial Vault or Box <u>Holm Perpetual</u>	92.00
Embalming Body	—
Barber, \$	—
Dressing Body, \$	—
Suit or Dress	—
Slippers, \$	—
Folding Chairs, \$	—
Candelabrum, \$	—
Door Spray, \$	—
Funeral Car, \$	—
Limousines to Cemetery 2 @ \$	—
Autos to R. R. Station @ \$	—
Getting Remains from <u>Per</u>	—
Taking Remains to	—
Trip to Coroner's Inquest	—
Delivering Box to <u>Chas.</u>	—
Deliver Flowers to <u>Per + Rel</u>	—
Removal Charges	—
Procuring Burial Permit	—
Certif. Copies of Death Certificates No. (State Number and District)	—
Pall Bearer Service, \$	—
Use of Chapel, \$	—
Personal Service	—
Gross Total for Sales Tax	\$ 791.00
Outlay for Lot	—
Cremation	—
line Death Notices in Papers	—
Flowers, \$	—
Palms, \$	—
Matting, \$	44.31
Rental of Tent, \$	—
Opening of Grave or Tomb	9.00
Lining Grave, \$	—
Lowering Device, \$	—
Outlay for Shipping Charges	—
Clergyman, \$	—
Singers, \$	—
Organist, \$	—
Railroad or Motor Tickets, \$	—
Aero-plane Service, \$	—
Telegr., Phone, Cable or Radio Charges	—
Cash Advanced	—
Out of town Undertaker's Charges	5.00
<u>C. Colquhoun Rental</u>	—
Sales Tax	4.84
Total Footing of Bill	\$ 754.15
Less	—
Balance	—
Entered into Ledger, page or below	—

Date	Amount Paid	Balance	Date	Amount Paid	Balance
P. O. To Above Balance	\$ 100.00	\$ 100.00	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
Wm. H. Hays	\$	\$	Wm. H. Hays	\$	\$
J. A. Hays	\$	\$	Wm. S. Beck	\$	\$
S. A. Hays	\$	\$	" "	\$	\$
J. A. Hays	\$	\$	" "	\$	\$
Wm. H. Hays	\$	\$	" "	\$	\$
Wm. H. Hays	\$	\$	" "	\$	\$
Wm. H. Hays	\$	\$	" "	\$	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

RECORD OF FUNERAL

Total No. 1770 Yearly No. 7 Date Oct 5, 1940

Name of Deceased Etha Jane Jagers Married Single Widowed Divorced (What Race)

Residence: Tamoni, Va. Husband Wife Widow of

Charge to: Old age assistance Com.

Address: Complete Funeral \$ 100.00

Order given by: Mary Kisher, Sup. Casket Burial Vault or Box None (State Kind)

How Secured: O.A.P. Embalming Body (Name of Embalmer)

Occupation: None Barber, \$... Hair Dressing, \$... Dressing Body, \$... Underwear, \$... Suit or Dress (State Kind and Color)

Name of Employer: None Slippers, \$... Hose, \$... Folding Chairs, \$... Tarpaulin, \$... Candelabrum, \$... Candles, \$... Door Spray, \$... Gloves, \$... Funeral Car, \$... Ambulance, \$... Limousines to Cemetery, 1.00 Autos to R. R. Station, 0.00 Getting Remains from, Mrs. Callaway, Conn. Taking Remains to, Callaway, Conn. Trip to Coroner's Inquest, Callaway, Conn. Delivering Box to, Callaway, Conn. Deliver Flowers to, Callaway, Conn. Removal Charges, Callaway, Conn. Procuring Burial Permit, Callaway, Conn. Certif. Copies of Death Certificates No. (State Number and District) (Name of Newspaper) (State Physician or Coroner's)

Date of Death: Oct. 2, 1940 4:40 P.M. (Date) (Hour)

Date of Birth: Jan. 18, 1868 (Date) (Hour)

Age: 72 (Years) (Months) (Days)

Date of Funeral: Oct 4, 1940 Mon. 1:30 P.M. (Date) (Day of Week) (Hour)

Services at: East Side Church

Clergyman: J. O. De Long (Address)

Religion of the Deceased: Methodist

Birthplace: near Kelleston, Va.

Resided in the State: 70 (or U. S. or City or County) (Years) (Months)

Place of Death: Tamoni, Va.

Cause of Death: Carcinoma of sigmoid

Contributory Causes: None

Certifying Physician: E. C. Samuels (or Coroner)

His Address: None

Name of Father: Silas Jagers

His Birthplace: Indiana

Maiden Name of Mother: Emma Brown

Her Birthplace: Ohio

Motor Ship } Remains to 332 E. Crepe - High Cap (State Color and Number)

Size of Casket: 332 E. Crepe - High Cap

Manufactured by: Pine Hill

Interment at: Ruggles Co. - Callaway Cemetery Crematory

Gross Total for Sales Tax \$ 100.00

Outlay for Lot: None Cremation: None line Death Notices in Papers: None Flowers, \$... Palms, \$... Matting, \$... Rental of Tent, \$... of Temporary Vault, \$... Opening of Grave or Tomb: None Lining Grave, \$... Lowering Device, \$... Outlay for Shipping Charges: None Clergyman, \$... Singers, \$... Organist, \$... Railroad } Tickets, \$... Aero } Telegr., Phone, Cable or Radio Charges: None Cash Advanced: None Out of town Undertaker's Charges: None

Sales Tax: State Clig - no Tax

Total Footing of Bill \$ 114.00

Less: None

Balance: None

Entered into Ledger, page... or below.

Lot No. None

Grave No. None

Section No. None

Owner: None

Date	Amount Paid	Balance	Date	Amount Paid	Balance
P. B.	To Above Balance	\$ 100.00		To Balance Forward	\$ 100.00
E. C. Samuels	By Payment	\$ 0.00		By Payment	\$ 0.00
J. O. De Long	"	\$ 0.00		"	\$ 0.00
Miss Vanduffute	"	\$ 0.00		"	\$ 0.00
John Schofield	"	\$ 0.00		"	\$ 0.00
John Thompson	"	\$ 0.00		"	\$ 0.00
John Vance	"	\$ 0.00		"	\$ 0.00
	Names of Lodgen			Insurance Companies	

Insurance \$... Lodgen... 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... days from date. Interest to accrue from maturity at the rate of... % per annum.

Signed: None

Witness: None

Address: None

RECORD OF FUNERAL

Total No. 1771 Yearly No. 8 Date Feb 10 1940

Name of Deceased Ellen S. Gayer
 Married Single Widowed Divorced
 Husband Wife Widow
(What Race) Christian S. Gayer, Jr.

Residence Samaria, Iowa
Charge to: E. state

Address
Order given by Mrs. Anna Redinbaugh (or informant)
How Secured Contd.
Occupation Homemaker
Name of Employer None (Social Security Number)

Date of Death Feb. 8, 1940 11:2 AM
Date of Birth May 21, 1858
Age 81 (Years) 8 (Months) 17 (Days)
Date of Funeral Feb. 10, 1940 (Date) 2 P.M. (Day of Week) (Hour)

Services at General Home
Clergyman N. A. Curwille (Address)
Religion of the Deceased B. D.
Birthplace Ireland, Ill.
Resided in the State Iowa (Year) 27 (Months)
Place of Death Samaria, Iowa (State Color and Number)
Cause of Death Myocardial Infarction
Contributory Causes

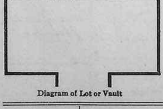
Certifying Physician E. G. Stanek (or Coroner)
His Address
Name of Father Osmond Thomason
His Birthplace Norway
Maiden Name of Mother Julia Sundseth
Her Birthplace Rugen, Norway
Motor } Remains to
Ship }
Size of Casket 81.9 (State Color and Number)
Manufactured by F. G. H.
Interment at Rose Hill Cemetery Crematory

Complete Funeral	\$ 367.00
Casket	
Burial Vault or Box	Rick wood (State Kind)
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery, 1 @ \$	
Autos to R. R. Station, 2 @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	

Gross Total for Sales Tax \$ 367.00
Outlay for Lot
Cremation
line Death Notices in Papers

Flowers, \$	Palms, \$	Matting, \$	13.71
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb			7.00
Lining Grave, \$	Lowering Device, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$	Organist, \$	
Railroad or Motor } Tickets, \$	Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			

Sales Tax \$ 3.67
Total Footing of Bill \$ 391.28
Less \$
Balance \$
Entered into Ledger, page or below.



Lot No. 459
Grave No. 243
Section No.
Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Y. P. S.	To Above Balance	\$ 391.28		To Balance Forward	\$.00
W. E. Kiser	By Payment	\$ 25.00		By Payment	\$.00
D. H. Hanson		\$ 25.00		" "	\$.00
G. W. Hanson		\$ 25.00		" "	\$.00
O. C. Hanson		\$ 25.00		" "	\$.00
R. W. Hanson		\$ 25.00		" "	\$.00
S. W. Hanson		\$ 25.00		" "	\$.00

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 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
Address

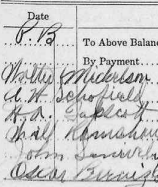
RECORD OF FUNERAL

Total No. 1772 Yearly No. 9 Date Feb 12 1940
 Name of Deceased Margaret Almira Allen
 Married Single Widowed Divorced (What Race)
 Residence: Lama, Iowa Husband Wife Widow or _____ of Geo. Henry Allen, Dec.
 Charge to: State

Address _____
 Order given by Mrs. Mary Jones & Mrs. Willie Baker
 (or informant)
 How Secured Cont.
 Occupation Cash Operator None
 (Social Security Number)
 Name of Employer Self
 Address _____
 Date of Death Feb. 9, 1940 4:15 P.M.
 (Date) (Hour)
 Date of Birth Jan. 14, 1872
 (Date) (Hour)
 Age 67 0 25
 (Years) (Months) (Days)
 Date of Funeral Feb 14 MON 1:30 P.
 (Date) (Day) (Hour)
 Services at Lama, Iowa
 Clergyman Rev. J. V. Long
 (Address)
 Religion of the Deceased _____
 Birthplace near Lama, Iowa
 Resided in the State Iowa
 (or U. S. or City or County) (Years) (Months)
 Place of Death Lama, Iowa
 Cause of Death Pneumonia
 Contributory Causes Cerebral Hemorrhage
 Certifying Physician E. C. Jamet
 (or Coroner)
 His Address _____
 Name of Father James Martin Allison
 His Birthplace Illinois
 Maiden Name of Mother Kath. Elizabeth Mearns
 Her Birthplace Indiana
 Motor } Remains to _____
 Ship }
 Size of Casket #201 Orchid Velvet
 (State Color and Number)
 Manufactured by Rochester
 Interment at Lilly { Cemetery
 Crematory

Complete Funeral	\$ 32.20	00
Casket	\$ 2.00	00
Burial Vault or Box	\$ 7.20	00
Embalming Body	\$ 1.00	00
Barber, \$	\$ 1.00	00
Dressing Body, \$	\$ 1.50	00
Suit or Dress	\$ 1.00	00
Slippers, \$	\$ 1.00	00
Folding Chairs, \$	\$ 1.00	00
Candelabrum, \$	\$ 1.00	00
Door Spray, \$	\$ 1.00	00
Funeral Car, \$	\$ 1.00	00
Limousines to Cemetery	\$ 1.00	00
Autos to R. R. Station	\$ 1.00	00
Getting Remains from	\$ 1.00	00
Taking Remains to	\$ 1.00	00
Trip to Coroner's Inquest	\$ 1.00	00
Delivering Box to	\$ 1.00	00
Deliver Flowers to	\$ 1.00	00
Removal Charges	\$ 1.00	00
Procuring Burial Permit	\$ 1.00	00
Certif. Copies of Death Certificates No.	\$ 1.00	00
Pall Bearer Service, \$	\$ 1.00	00
Personal Service	\$ 1.00	00
Gross Total for Sales Tax	\$ 4.20	00
Outlay for Lot	\$ 5.60	00
Cremation	\$ 1.00	00
line Death Notices in _____ Papers	\$ 1.00	00
Flowers, \$	\$ 5.60	00
Rental of Tent, \$	\$ 1.00	00
Opening of Grave or Tomb	\$ 1.00	00
Lining Grave, \$	\$ 1.00	00
Outlay for Shipping Charges	\$ 1.00	00
Clergyman, \$	\$ 1.00	00
Railroad or Motor Tickets, \$	\$ 1.00	00
Telegr., Phone, Cable or Radio Charges	\$ 1.00	00
Cash Advanced	\$ 1.00	00
Out of town Undertaker's Charges	\$ 1.00	00
Sales Tax	\$ 5.50	00
Total Footing of Bill	\$ 6.70	10
Less <u>allowance for Bot.</u>	\$ 8.00	00
Balance	\$ 4.50	10
Entered into Ledger, page _____ or below.		

Diagram of Lot or Vault



Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>2/12</u>	To Above Balance			To Balance Forward	\$
	By Payment			By Payment	\$
<u>Walter Michelson</u>	\$		<u>"</u>	\$	
<u>A. H. Schofield</u>	\$		<u>"</u>	\$	
<u>A. A. Gable</u>	\$		<u>"</u>	\$	
<u>Paul Kramshaw</u>	\$		<u>"</u>	\$	
<u>John Sweeney</u>	\$		<u>"</u>	\$	
<u>Edna Burleigh</u>	\$		<u>"</u>	\$	

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 _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum. Signed _____
 Witness A. H. White Address _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1773 Yearly No. 10 Date Feb 13, 1940

Name of Deceased Carol Peter Schuchter Heldt
 Married Single Widowed Divorced (What Race)
Residence 6 Verly Iowa (near Spencer) or husband wife widow of June Kevanur Heldt

Charge to June J. Heldt
Address Samon
Order given by M. W. Uddle Lawrence
(or informant)
How Secured
Occupation Carpenter
(Social Security Number)
Name of Employer

Date of Death Feb 9, 1940 4:30 P.M.
(Date) (Hour)
Date of Birth Feb 6, 1914
Age 26 0 3
(Years) (Months) (Days)
Date of Funeral Feb 14 Sun 2:30 P.M.
(Date) (Day of Week) (Hour)
Services at Funeral Home
Clergyman A. A. Churchill
(Address)
Religion of the Deceased
Birthplace Verly Iowa
Resided in the State Iowa 19
(or U. S. or City or County) (Years) (Months)
Place of Death Spencer, Iowa
Cause of Death Hodgkins disease
Contributory Causes

Certifying Physician J. M. Pether
(or Coroner)
His Address Spencer, Iowa
Name of Father John N. Heldt
His Birthplace Keystone, Ia
Maiden Name of Mother Therese Kuelper
Her Birthplace Iowa, Iowa
Motor Ship Remains to be provided by M. W. Uddle Lawrence, Ia.
Size of Casket
Manufactured by
Interment at V. Rose Hill Cemetery Crematory



Lot No. 1130
Grave No. 4
Section No.
Owner

Complete Funeral	\$	200.00
Casket		
Burial Vault or Box	(State Kind)	
Embalming Body	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress	(State Kind and Color)	
Slippers, \$	Hose, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from <u>Des Moines, Ia</u>		16.50
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to <u>Cem</u>		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
—Certif. Copies of Death Certificates No.	(State Number and District)	
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		

Gross Total for Sales Tax	\$	47.50
Outlay for Lot # <u>1130</u>		20.00
Cremation		
line Death Notices in	Papers	

Flowers, \$	Palms, \$	Matting, \$	9.75
Rental of Tent, \$	Temporary Vault, \$		
Opening of Grave or Tomb			7.00
Lining Grave, \$	Lowering Device, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$	Organist, \$	
Railroad (or Motor) Tickets, \$	Aero plane Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			

Sales Tax		
Total Footing of Bill	\$	78.25
Less <u>Cem. Lot. & Of. Ia.</u>	\$	2.7
Balance	\$	51.25
Entered into Ledger, page		or below

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>P.B.</u>					
To Above Balance	\$ <u>51.25</u>		To Balance Forward	\$	
By Payment			By Payment		
<u>Carl Ballantyne</u>	\$		<u>Body Shipped to Des. Mo.</u>	\$	
<u>Ray Craybill</u>	\$		<u>by R. A. Burson, Ia.</u>	\$	
<u>W. D. Madala</u>	\$		<u>Spencer, Ia.</u>	\$	
<u>Don Martin</u>	\$				
<u>Charles Hoon</u>	\$		<u>Mr. M. H. 11:15 P.M. Milwaukee</u>		
<u>J. H. Anthony</u>	\$		<u>Train at Des. Moines 7:12/40</u>		

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 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 _____ Address _____

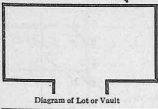
Witness A. White

RECORD OF FUNERAL

Total No. 1774 Yearly No. 11 Date March 29, 1940
 Name of Deceased Albert Gustav Stolberg
 Married Single Widowed Divorced (What Race)
 Residence: Lamoni, Iowa Husband Wife Widow
 or _____ of _____ of _____

Charge to: estate - white adm.
 Address: _____
 Order given by: Mrs. Emma Neftzger
 (or informant)
 How Secured: _____
 Occupation: farmer - old job none
 (Social Security Number)
 Name of Employer: _____
 Address: _____
 Date of Death: Sept 6, 1899
 (Date) (Hour)
 Date of Birth: March 27, 1940
 (Date) (Hour)
 Age: 60 6 21
 (Years) (Months) (Days)
 Date of Funeral: Mar 29, 1940 2 P.
 (Date) (Date, Week) (Hour) M.
 Services at: Funeral Home
 Clergyman: T. S. Williams; J. D. Sall
 (Address)
 Religion of the Deceased: _____
 Birthplace: Decatur Co., Iowa
 Resided in the State: 55
 (of U. S. or City or County) (Years) (Months)
 Place of Death: Dec. Co. Hosp., Alton, Iowa
 Cause of Death: Thrombosis - right femoral artery
 Contributory Causes: arteriosclerosis
hypertension
 Certifying Physician: C. E. James
 (or Coroner)
 His Address: _____
 Name of Father: John Stolberg
 His Birthplace: Germany
 Maiden Name of Mother: Anna Hansen
 Her Birthplace: Illinois
 Motor Ship) Remains to _____
 Size of Casket: #768 Wood Case - Eng Case
 (State Color and Number)
 Manufactured by: Robt. Hill
 Interment at: Robt. Hill {Cemetery
 Crematory

Complete Funeral	\$ 163.00
Casket	-
Burial Vault or Box	-
Embalming Body	-
Barber, \$	-
Dressing Body, \$	1.84
Suit or Dress	-
Slippers, \$	-
Folding Chairs, \$	-
Candelabrum, \$	-
Door Spray, \$	-
Funeral Car, \$	-
Limousines to Cemetery, \$	-
Autos to R. R. Station	-
Getting Remains from	-
Taking Remains to	-
Trip to Coroner's Inquest	-
Delivering Box to	-
Deliver Flowers to	-
Removal Charges	-
Procuring Burial Permit	-
Certif. Copies of Death Certificates No.	-
Pall Bearer Service, \$	-
Personal Service	-
Gross Total for Sales Tax	\$
Outlay for Lot	-
Cremation	-
line Death Notices in	Papers
Flowers, \$	3.06
Rental of Tent, \$	7.00
Opening of Grave or Tomb	-
Lining Grave, \$	-
Outlay for Shipping Charges	-
Clergyman, \$	-
Railroad or Motor Tickets, \$	-
Telegr., Phone, Cable or Radio Charges	-
Cash Advanced	-
Out of town Undertaker's Charges	-
Sales Tax	1.62
Total Footing of Bill	\$ 176.53
Less	-
Balance	-
Entered into Ledger, page _____ or below.	



Lot No. 167
 Grave No. 1
 Section No. _____
 Owner _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>PPS</u>	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
<u>Mr. Meyer</u>		\$	<u>Mr. & Mrs. H. H. Gold</u>		\$
<u>A. H. Vandertate</u>		\$	<u>J. W. Anderson</u>		\$
<u>Walter Horn</u>		\$	<u>Doris Robinson</u>		\$
<u>Cliff Merritt</u>		\$	<u>Pratt - Mrs. Lloyd Mollenbrot</u>		\$
<u>Nov. Ken</u>		\$			\$
<u>Delvey White</u>		\$			\$

Insurance \$ _____
 Names of Lodges _____
 Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to 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.
 Witness: White Signed _____
 Address _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1775 Yearly No. 17 Date April 11 1940

Name of Deceased Nettie Abigail Blair Married Single Widowed Divorced (What Race)

Residence O. A. P. Husband Wife Widow of

Charge to O. A. P. Complete Funeral \$ 100.00

Address _____
Order given by Amey Kopp, Esq. (Informant)
Burial Vault or Box _____ (State Kind)

How Secured 1446 Harding Road, Apt. 7
Embalming Body (Name of Embalmer)
Barber, \$ _____ Hair Dressing, \$ _____
Dressing Body, \$ _____ Underwear, \$ 50 5.00

Occupation Des Moines (Social Security Number)
Name of Employer _____
Suit or Dress _____ (State Kind and Color)

Address _____
Slippers, \$ _____ Hose, \$ _____
Date of Death April 10, 1940 1:30 AM (Date) (Hour)
Folding Chairs, \$ _____ Tarpsulin, \$ _____

Date of Birth Sept 12, 1867 (Date) (Month) (Day) (Year) (Month) (Day) (Year)
Candelabrum, \$ _____ Candles, \$ _____
Age 72 6 28 (Years) (Months) (Days)
Door Spray, \$ _____ Gloves, \$ _____
Date of Funeral Thu 14.0 1:30 P. M. (Date) (Day of Week) (Hour)

Services at Des Moines (Address)
Furnal Car, \$ _____ Ambulance, \$ _____
Limousines to Cemetery @ \$ _____
Autos to R. R. Station @ \$ _____
Getting Remains from Des Moines 10.00

Clergyman Marvin Prosser (Address)
Taking Remains to _____
Religion of the Deceased A. P. S. (Address)
Trip to Coroner's Inquest _____
Delivering Box to Chm _____

Birthplace Amboy, Illinois (State and City or County)
Procuring Burial Permit _____ (State Number and District)
Resided in the State _____ (Years) (Months) (Days)
Certif. Copies of Death Certificates No. _____
Place of Death Des Moines 1446 Harding Rd. (State Physician's or Coroner's)

Cause of Death Tobac Pneumonia (State Physician's or Coroner's)
Personal Service _____
Removal Charges 4 _____

Contributory Causes _____
Gross Total for Sales Tax \$ 110.50

Certifying Physician St. St. Hensell (Address)
Outlay for Lot _____
His Address Des Moines (or Coroner)
Cremation _____
line Death Notices in _____ Papers

Name of Father Wm. Blair (Names of Newspapers)
Flowers, \$ _____ Palms, \$ _____ Matting, \$ 2.50

His Birthplace Ind. Ark.
Rental of Tent, \$ _____ of Temporary Vault, \$ _____
Maiden Name of Mother Esther Cox Hill
Opening of Grave or Tomb _____ 7.00

Her Birthplace Arkansas
Lining Grave, \$ _____ Lowering Device, \$ _____
Outlay for Shipping Charges _____

Motor } Remains to Des Moines
Size of Casket 3 Paul 24x24x14 (State) (Color) (No.)
Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____
Railroad } Tickets, \$ _____ Aero- plane Service, \$ _____
or Motor }
Telegr. Phone, Cable or Radio Charges _____

Manufactured by Paul Hill
Cash Advanced _____
Interment at Rock Hill (Cemetery) (Crematory)

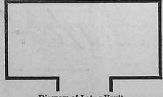
Out of town Undertaker's Charges _____
Sales Tax State - no tax

Lot No. 441
Total Footing of Bill \$ 120.00

Grave No. 1
Less Op. D. & Madman \$ 7.50

Section No. _____
Owner _____
Balance \$ 112.50

Entered into Ledger, page _____ or below.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>P. K.</u>	To Above Balance	\$ _____		To Balance Forward	\$ _____
	By Payment	\$ <u>Music</u>		By Payment	\$ _____
<u>Wm. Blair</u>		\$ _____	<u>Sept 12, 1867</u>	<u>Seconde Walden</u>	\$ _____
<u>Wm. Blair</u>		\$ _____		" "	\$ _____
<u>Wm. Blair</u>		\$ _____		" "	\$ _____
<u>Wm. Blair</u>		\$ _____		" "	\$ _____
<u>Wm. Blair</u>		\$ _____		" "	\$ _____
<u>Wm. Blair</u>		\$ _____		" "	\$ _____

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

Witness Nettie Blair Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1776 Yearly No. 13 Date May 22 1940

Name of Deceased J. Charles Spurlock
 Married Single Widowed Divorced (What Race)
 Husband Wife Widow or Survivor of } Rosetta Spurlock

Residence: St. Home, O.A.C.

Charge to: St. Home, O.A.C.

Address: Bishop Beck (or informant)

Order given by: Bishop Beck

How Secured: Ministry none (Social Security Number)

Name of Employer: none

Date of Death: May 20 1940 - 6 PM. (Date) (Hour)

Date of Birth: July 11 1863 (Date) (Hour)

Age: 76 10 9 (Years) (Months) (Days)

Date of Funeral: May 24 - Wed. 7:30 A.M. (Date) (Day of Week) (Hour)

Services at: L.D.S. Home

Clergyman: J. B. Fumolee; Arthur Kana (Address)

Religion of the Deceased: L.D.S.

Birthplace: Arkansas

Resided in the State: 6 1/2 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death: L.D.S. Home

Cause of Death: Old Age

Contributory Causes: none

Certifying Physician: H. M. Hill (or Coroner)

His Address: Lamar

Name of Father: John Spurlock

His Birthplace: Unknown

Maiden Name of Mother: Elena Estes

Her Birthplace: Unknown

Motor Ship) Remains to: Independence, Mo.

Size of Casket: 7yd. Cap. Case (State Color and Number)

Manufactured by: Price, St. Louis

Interment at: Mount Zion Cemetery Crematory

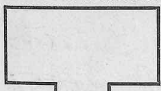
Lot No. 13

Grave No. 5

Section No. 1-B

Owner: none

Complete Funeral	\$ 100.00	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress (State Kind and Color)		
Slippers, \$	Hose, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from St. Home		
Taking Remains to <u>Independence</u>	20.00	
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. (Names of Newspaper or Coroner's)		
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in Papers		
Flowers, \$	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 Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$ 120.00	
Less		
Balance	\$	
Entered into Ledger, page or below.		



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" " "	\$	\$	" " "	\$	\$
" " "	\$	\$	" " "	\$	\$
" " "	\$	\$	" " "	\$	\$
" " "	\$	\$	" " "	\$	\$
" " "	\$	\$	" " "	\$	\$
" " "	\$	\$	" " "	\$	\$

Names of Lodges Insurance Companies

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

Witness: O. A. Marshall

RECORD OF FUNERAL

Total No. 1777 Yearly No. 14 Date May 29 1940
 Name of Deceased Kate Emilie Vredenburg *White*
 Married Single Widowed Divorced (What Race)
 Residence Lamoni Iowa of David Milton Vredenburg
 Charge to D. M. Vredenburg
 Address _____
 Order given by _____ (or informant)
 How Secured _____
 Occupation Housewife none (Social Security Number)
 Name of Employer _____
 Address _____

Date of Death May 27, 1940 - 5 P.M.
 Date of Birth May 11, 1886
 Age 54 0 16
 Date of Funeral May 29, 1940 Wed. 3:30 P.M.
 Services at C. Olmstead
 Clergyman D. B. Soden, I. A. Beck
 Religion of the Deceased D. S.
 Birthplace Soldier, Missouri Co., Iowa
 Resided in the State 13 days
 Place of Death St. Joseph Hosp., Centerville, Iowa
 Cause of Death Certeritis

Complete Funeral \$ 457.00
 Casket ✓
 Burial Vault or Box Galvin Purpus 93.00
 Embalming Body Dub. Nat. Co.
 Barber, \$ ✓ Hair Dressing, \$ ✓ masking
 Dressing Body, \$ ✓ Underwear, \$ _____
 Suit or Dress _____
 Slippers, \$ _____ Hose, \$ _____
 Folding Chairs, \$ _____ Tarpaulin, \$ _____
 Candelabrum, \$ _____ Candles, \$ _____
 Door Spray, \$ _____ Gloves, \$ _____
 Funeral Car, \$ _____ Ambulance, \$ _____
 Limousines to Cemetery @ \$ _____
 Autos to R. R. Station @ \$ _____
 Getting Remains from Centerville - Mo. City
 Taking Remains to Cent.
 Trip to Coroner's Inquest _____
 Delivering Box to _____
 Deliver Flowers to Church
 Removal Charges _____
 Procuring Burial Permit _____
 Certif. Copies of Death Certificates No. _____
 Pall Bearer Service, \$ ✓ Use of Chapel, \$ _____
 Personal Service ✓

Contributory Causes Intestinal Obstruction
Sanguine of Small Bowel
 Certifying Physician R. K. Edwards
 His Address Centerville, Iowa
 Name of Father Chas. F. Oubusum
 His Birthplace Grand Rapids, Mich.
 Maiden Name of Mother Harvey M. Ballentyne
 Her Birthplace Dow City, Iowa
 Motor Sleigh } Remains to Lamoni
 Size of Casket #107 Black Walnut Standard
 Manufactured by Rock
 Interment at Rose Hill Cemetery Crematory

Gross Total for Sales Tax \$ 55.00
 Outlay for Lot # 1484 & 85 \$ 100.00
 Cremation _____
 _____ line Death Notices in _____ Papers _____
 Flowers, \$ ✓ Palms, \$ ✓ Matting, \$ 112.86
 Rental of Tent, \$ ✓ of Temporary Vault, \$ _____
 Opening of Grave or Tomb _____ \$ 7.00
 Lining Grave, \$ _____ Lowering Device, \$ ✓
 Outlay for Shipping Charges _____
 Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____
 Railroad or Motor } Tickets, \$ _____ Aero-plane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Undertaker's Charges _____

Diagram of Lot or Vault
 Lot No. 1485
 Grave No. 4
 Section No. _____
 Owner D.M.V.

Sales Tax Casket 457 Vault 186 \$ 643
 Total Footing of Bill \$ 778.29
 Less Comm. 40 Cent. 41 \$ 109.04
 Balance \$ 669.29
 Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>5/27</u>	To Above Balance	\$ <u>778.29</u>		To Balance Forward	\$ _____
	By Payment	\$ <u>112.86</u>		By Payment	\$ _____
	<u>J. A. Moore</u>	\$ _____		" "	\$ _____
	<u>A. C. Lewis</u>	\$ _____		" "	\$ _____
	<u>J. E. Davidson</u>	\$ _____		" "	\$ _____
	<u>G. D. Stedek</u>	\$ _____		" "	\$ _____
	<u>Chas. Hyde</u>	\$ _____		" "	\$ _____

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 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 _____ Address _____
 Witness W. White

RECORD OF FUNERAL

Total No. 1778 Yearly No. 15 Date June 1 1940

Name of Deceased Irvin, Marlin Married Single Widowed Divorced (What Race)
 Residence Cleveland College, Heath Hall Husband Wife Widow
 Charge to Samuel A. Martin of _____ of _____

Address Bridgeport, Ohio
 Order given by _____ (or informant)
 How Secured Paid
 Occupation Student (Social Security Number) None
 Name of Employer _____
 Address _____

Date of Death June 1, 1940 12:35 PM
 Date of Birth April 24, 1921
 Age 19 1 7
 Date of Funeral _____ M.
 Services at Bridgeport, Ohio
 Clergyman _____ (Address)

Religion of the Deceased _____
 Birthplace Bridgeport, Ohio
 Resided in the State Ohio (or U. S. or City or County) (Years) (Months)
 Place of Death Deacon Co. Hosp. (4 days)
 Cause of Death Cerebral Hemorrhage - Convulsion
 Contributory Causes Central Injury, Fracture of left tibia & fibula
 Certifying Physician C. E. Gault (or Coroner)

His Address _____
 Name of Father Samuel A. Marlin
 His Birthplace Antioch, Mason Co., Ohio
 Maiden Name of Mother Blaude Kimble
 Her Birthplace Lawsence Co., Ohio
 Remains to Bellevue, Ohio
 Size of Casket Wd. 24, Hgt. 18 (State, City and Number)
 Manufactured by Prime Bluff
 Interment at _____ { Cemetery Crematory

Complete Funeral	\$ 100.00		
Casket			
Burial Vault or Box			
Embalming Body			
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$		
Suit or Dress			
Slippers, \$	Hose, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Spray, \$	Gloves, \$		
Funeral Car, \$	Ambulance, \$		
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from	<u>Hospital</u>		
Taking Remains to	<u>Oshtola</u>		
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No.			
Pall Bearer Service, \$	Use of Chapel, \$		
Personal Service			
Gross Total for Sales Tax	\$ 100.00		
Outlay for Lot			
Cremation			
line Death Notices in	Papers		
Flowers, \$	Palms, \$	Matting, \$	10.00
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Lowering Device, \$		
Outlay for Shipping Charges			49.68
Clergyman, \$	Singers, \$	Organist, \$	
Railroad Tickets, \$	Aero-planes Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
<u>Ambulance to Hospital</u>			5.00
Sales Tax			1.00
Total Footing of Bill			\$ 165.68
Less <u>Expenses</u>			\$ 49.68
Balance			\$ 116.00
Entered into Ledger, page _____ or below.			



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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>6/1</u>	By Payment	\$		By Payment	\$
<u>6/1</u>	<u>Samuel A. Martin</u>	\$	<u>6/1</u>	<u>Howard H. Wilson</u>	\$
<u>6/1</u>	<u>Howard H. Wilson</u>	\$	<u>6/1</u>	<u>Howard H. Wilson</u>	\$
<u>6/1</u>	<u>Howard H. Wilson</u>	\$	<u>6/1</u>	<u>Howard H. Wilson</u>	\$
<u>6/1</u>	<u>Howard H. Wilson</u>	\$	<u>6/1</u>	<u>Howard H. Wilson</u>	\$
<u>6/1</u>	<u>Howard H. Wilson</u>	\$	<u>6/1</u>	<u>Howard H. Wilson</u>	\$

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 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 M. White Address _____

RECORD OF FUNERAL

Total No. 1779 Yearly No. 16 Date June 7, 1940

Name of Deceased Stella Philena Newberry Downey
 Married Single Widowed Divorced (What Race)
Residence Wm. Ramon, Iowa Husband Wife Widow of J. E. Downey, Dec.

Charge to 6 Children
Address _____

Order given by A. B. Newberry
(or informant)

How Secured Contract signed

Occupation _____ (Social Security Number) _____
Name of Employer _____

Address _____
Date of Death June 4, 1940 7 PM
(Date) (Hour)

Date of Birth Aug. 28, 1864
(Date) (Month) (Days)

Age 75
(Years)

Date of Funeral June 4, 1940 2 P. M.
(Date) (Day of Week) (Hour)

Services at Federal Home
Clergyman Rev. D. B. Jordan
(Address)

Religion of the Deceased _____
Birthplace Sandwich, Illinois

Resided in the State Ill.
(or U. S. or City or County) (Years) (Months)

Place of Death Albany, Ill., Dec. Co., Ill.
Cause of Death Cancer of stomach

Contributory Causes _____
Certifying Physician Dr. C. M. Walker
(or Coroner)

His Address Wallerston, Iowa

Name of Father Valentine White
His Birthplace Unknown

Maiden Name of Mother Drish
Her Birthplace Unknown

Motor } Remains to _____
Ship } _____

Size of Casket #133 P.M. Velan 1/2 C.
(State Color and Number)

Manufactured by Rock Hill { Cemetery
Crematory

Interment at _____
Lot No. 351

Grave No. H
Section No. _____

Owner _____
Diagram of Lot or Vault

Complete Funeral	\$254.00
Casket	
Burial Vault or Box <u>14x17 Redwood</u>	
(State Kind)	
Embalming Body	
(Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress #841	
(State Kind and Color)	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery <u>1 @ \$</u>	
Autos to R. R. Station <u>1 @ \$</u>	
Getting Remains from <u>Pa</u>	
Taking Remains to _____	
Trip to Coroner's Inquest	
Delivering Box to <u>Pa</u>	
Deliver Flowers to _____	
Removal Charges _____	
Procuring Burial Permit _____	
(State Number and District)	
Certif. Copies of Death Certificates No. _____	
State Physician's or Coroner's	
Pall Bearer Service, \$ <u>1</u>	Use of Chapel, \$ <u>1</u>
Personal Service _____	
Gross Total for Sales Tax	\$3.64 06
Outlay for Lot _____	
Cremation _____	
line Death Notices in _____ Papers	
Flowers, \$ _____	Palms, \$ _____
Matting, \$ <u>28.00</u>	
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, \$ _____
or Motor } _____	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Out of town Undertaker's Charges _____	
Sales Tax <u>Cash 2.14</u> <u>Drum 30</u>	<u>2.84</u>
Total Footing of Bill	\$304.00
Less <u>Gr. P. - Fed. & Ind.</u>	\$ 9.81
Balance	\$294.07
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
<u>1-8</u>	<u>Stanton</u>	<u>Jack, Wayne, Kenneth</u>	<u>Asbury, Coz, Donald</u>		
<u>S.M.A.R.S.</u>	<u>Mrs. Ed. Downey</u>	<u>Mrs. P. Cole</u>	<u>Andy Park</u>		
	<u>Chas</u>	<u>Mrs. Aug. S. Stuppach</u>			

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

Witness R. H. H. H. Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1780 Yearly No. 17 Date June 12, 1940

Name of Deceased John Albert Godfrey
 Married Single Widowed Divorced (What Race)
 Residence Lansoni, Ia
 Charge to Sons - Geo. & Albert or Wife Marj Elizabeth Godfrey of _____ of _____

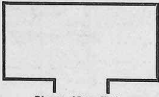
Address _____
 Order given by Geo. & Albert Godfrey
 How Secured Mtg. on 2nd 1504 18
 Occupation Blacksmith none
 Name of Employer _____
 Address _____

Date of Death 6-6-40 11:20 PM
 Date of Birth 11-17-65
 Age 74 6 19
 Date of Funeral 6/10/40 Mon 2 P. M.
 Services at Funeral Home

Clergyman D. B. Jordan
 Religion of the Deceased D. D.
 Birthplace Michigan
 Resided in the State Ia
 Place of Death Lansoni, Iowa - Ia
 Cause of Death Coronary Occlusion
 Contributory Causes _____

Certifying Physician E. E. Daniel
 His Address _____
 Name of Father Unknown
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____

Motor Ship } Remains to _____
 Size of Casket Oct. Steel Plus 1/2 C.
 Manufactured by 790-Kan
 Interment at Roll Hill Cemetery
 Lot No. 1568
 Grave No. 1
 Section No. _____
 Owner _____



Complete Funeral	\$ 237.00
Casket	
Burial Vault or Box <u>Redwood</u>	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousine to Cemetery <u>1. @ \$</u>	
Autos to R. R. Station <u>1. @ \$</u>	
Getting Remains from <u>Red</u>	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to <u>Chm</u>	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. _____	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	

Gross Total for Sales Tax	\$ 227.00
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	
Flowers, \$ <u>+</u> <u>Palms</u> , \$ _____	Matting, \$ <u>7.00</u>
Rental of Tent, \$ _____	of Temporary Vault, \$ _____
Opening of Grave or Tomb	
Lining Grave, \$ _____	Lowering Device, \$ _____
Outlay for Shipping Charges	
Clergyman, \$ _____	Singers, \$ _____
Organist, \$ _____	
Railroad or Motor } Tickets, \$ _____	Aero-plane Service, \$ _____
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	2.27
Total Footing of Bill	\$ 229.27
Less _____	
Balance	\$ 226.27

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>O. B.</u>	To Above Balance	\$ _____	<u>June 12</u>		
	By Payment	\$ _____		To Balance Forward	\$ _____
<u>Loan Halifax</u>		\$ _____		By Payment	\$ _____
<u>(B.S.) Mabel Hutchings</u>		\$ _____		<u>Sept 24 Halifax</u>	\$ _____
<u>Geo. Lane</u>		\$ _____		<u>Wm. Leaver</u>	\$ _____
<u>John W. Long</u>		\$ _____		<u>Mr. Wm. J. N. Anthony</u>	\$ _____
<u>Paul Roberts</u>		\$ _____		" "	\$ _____
<u>Am. Church</u>		\$ _____		" "	\$ _____
		\$ _____		" "	\$ _____

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 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 _____
 Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 1781 Yearly No. 12 Date June 11, 1940

Name of Deceased Laranna Maty Anderson
 Married Single Widowed Divorced (What Rate)

Residence Laranna, Iowa Husband Wife Widow or of

Charge to E. va Anderson

Address

Order given by

How Secured Key in hand (or Informant) W. C. I. Co.

Occupation W.P.A. Housewife No. 481-16-544 (Social Security Number)

Name of Employer W.P.A.

Address

Date of Death June 9, 1940 2 PM (Date) (Hour)

Date of Birth March 18, 1882 (Date) (Year) (Month) (Days)

Age 58 (Years) 2 (Months) 21 (Days)

Date of Funeral 6/11/40 2 P.M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Ed. Rye (Address)

Religion of the Deceased

Birthplace Burlington, Iowa

Resided in the State Iowa (or U. S. city or County) (Years) (Months)

Place of Death Dec. Co. Hosp., Iowa

Cause of Death Excess of Excitement

Contributory Causes Excess of Excitement

Attempted Suicide by Attempted Smothering

Certifying Physician E. E. Lamb (or Coroner)

His Address

Name of Father John B. Anderson

His Birthplace Denmark

Maiden Name of Mother Mary Anderson

Her Birthplace Denmark

Motor Ship } Remains to

Size of Casket 3 Pearl Case (State Code and Number)

Manufactured by Ed. Rye

Interment at Fox Hill { Cemetery Crematory

Lot No. 827

Grave No. 4

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$ 227.00
Casket	100.00
Burial Vault or Box	
Embalming Body	
Barber, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery	
Autos to R. R. Station	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Personal Service	
Gross Total for Sales Tax	\$ 100.00
Outlay for Lot	\$ 227.00
Cremation	
line Death Notices in	Papers
Flowers, \$	
Rental of Tent, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Railroad or Motor Tickets, \$	
Telegr. Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	\$ 227
Total Footing of Bill	\$ 227.00
Less	\$ 103.00
Balance	\$ 124.00
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
P.B.	To Above Balance	\$ 124.00		To Balance Forward	\$ 124.00
Evan Walden	By Payment	\$ 50.00		By Payment	\$ 74.00
Mary Hatcher		\$ 24.00			\$ 50.00
Ed. Rye		\$ 10.00			\$ 40.00
Ed. Rye		\$ 10.00			\$ 30.00
Ed. Rye		\$ 10.00			\$ 20.00
Ed. Rye		\$ 10.00			\$ 10.00
Ed. Rye		\$ 10.00			\$ 0.00

Insurance \$ _____ Names of Lodges _____ Insurance Companies Mut. B. Tertruch

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 have the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness White Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1782 Yearly No. 19 Date June 20 1940

Name of Deceased John Riley D. Long

Residence Lamoni Iowa Married Single Widowed Divorced (What Race)

Charge to estate Husband Wife Widow of Lertie D. Long

Address S.O. 2d Wm D. Long

Order given by S.O. 2d Wm D. Long (or informant)

How Secured cash

Occupation City Marshall - None (Social Security Number)

Name of Employer Town of Lamoni

Address 6 1/2 St

Date of Death 6/18/40 4:05 P.M. (Date) (Hour)

Date of Birth Oct 2, 1874 (Date) (Hour)

Age 65 8 15 (Years) (Months) (Days)

Date of Funeral 6/20/40 11:00 2 P. (Date) (Day of Week) (Hour) M.

Services at Columbus

Clergyman P.A. Beck

Religion of the Deceased J.P.

Birthplace Decatur Co., Ia.

Resided in the State Ia. (or U.S. or City or County) (Years) (Months)

Place of Death Lamoni, Iowa

Cause of Death Carcinoma of Stomach

Contributory Causes

Certifying Physician E. E. Trench (or Coroner)

His Address Isaac Newton D. Long

Name of Father Isaac Newton D. Long

His Birthplace Indiana

Maternal Name of Mother E. Litta Brooks

Her Birthplace Kentucky

Motor } Remains to Ship } 76.8 Yod Cap. Crpt. (State Code and Number)

Manufactured by Adco

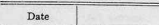
Interment at Rice Hill { Cemetery Crematory

Lot No. 109-2

Grave No.

Section No.

Owner



Complete Funeral	\$ 178.00
Casket	✓
Burial Vault or Box <u>Redwood</u>	✓
Embalming Body	✓
Barber, \$	✓
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
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	✓
Trip to Coroner's Inquest	✓
Delivering Box to	✓
Deliver Flowers to	✓
Removal Charges	✓
Procuring Burial Permit	✓
—Certif. Copies of Death Certificates No.	(State Number and District)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	✓

Gross Total for Sales Tax	\$ 178.00
Outlay for Lot	✓
Cremation	✓
line Death Notices in	Papers

Flowers, \$	✓	(Names of Newspapers)
Palms, \$	✓	Matting, \$
Rental of Tent, \$	✓	of Temporary Vault, \$
Opening of Grave or Tomb	✓	8.00
Lining Grave, \$	✓	Lowering Device, \$
Outlay for Shipping Charges	✓	Organist, \$
Clergyman, \$	✓	Singers, \$
Railroad } Tickets, \$	✓	Aero-plane Service, \$
or Motor } Tickets, \$	✓	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	✓	Cash Advanced
Out of town Undertaker's Charges	✓	Columbus Rental

Sales Tax	\$ 9.95
Total Footing of Bill	\$ 200.28
Less <u>Op. S. + Columbus</u>	\$ 12.00
Balance	\$ 187.28

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>6/18/40</u>	To Above Balance	\$	<u>6/18/40</u>	To Balance Forward	\$
<u>6/18/40</u>	By Payment	\$	<u>6/18/40</u>	By Payment	\$
<u>6/18/40</u>	<u>J. C. Danilem</u>	\$	<u>6/18/40</u>	<u>Mauda Perry</u>	\$
<u>6/18/40</u>	<u>W. S. Beck</u>	\$	<u>6/18/40</u>	<u>Bertuda Walden</u>	\$
<u>6/18/40</u>	<u>W. S. Walden</u>	\$	<u>6/18/40</u>	<u>Earl Walden</u>	\$
<u>6/18/40</u>	<u>Evay Walden</u>	\$	<u>6/18/40</u>	<u>Arnold Beck</u>	\$
<u>6/18/40</u>	<u>John Raymond</u>	\$	<u>6/18/40</u>	<u>Organist - Mrs. Beck</u>	\$
<u>6/18/40</u>	<u>E. M. Bell</u>	\$			\$

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

Witness M. White Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1783 Yearly No. 70 Date June 30 1940

Name of Deceased Leonard Dickey
 Married Single Widowed Divorced (What Race)
Residence Samoa, Iowa of Chas May Dickey

Charge to Children Complete Funeral \$354.00

Address Leo W. Dickey
Order given by Leo W. Dickey (or informant)
How Secured Cash

Occupation Barber 42-055-3920 (Social Security Number)
Name of Employer Retired

Address _____
Date of Death June 28, 1940 (Date) (Hour)

Date of Birth Sept. 23, 1872 (Date) (Hour)

Age 67 (Years) 9 (Months) 5 (Days)

Date of Funeral 6/30/40 Sun. 10 a. M.
(Day) (Day of Week) (Hour)

Services at St. Michaels Church
Clergyman Rev. S. B. Sorden (Address)

Religion of the Deceased _____
Birthplace Eagleville, Mo.

Resided in the State Mo. (or U. S. City or County) (Years) (Months)

Place of Death Dec. Co. Hosp., Dean, La.
Cause of Death Gun. S. S. Wound of Head

Contributory Causes Suicide

Certifying Physician Norman Doss M.D. Conover (Address)

His Address Dean, La.
Name of Father Hamilton Dickey

His Birthplace Mo.

Maiden Name of Mother Eliza Jane Milner

Her Birthplace Madison

Motor (Bicycle) Remains to Eagleville, Mo.
Size of Casket #222 C. N. Milner (State Color and Number)

Manufactured by R. B. Co.
Interment at Eagleville Cemetery Crematory

Lot No. _____
Grave No. _____

Section No. _____
Owner _____

Diagram of Lot or Vault _____

Casket	<u>Pine</u>
Burial Vault or Box	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	<u>Hair Dressing, \$</u>
Dressing Body, \$	<u>Underwear, \$</u>
Suit or Dress	(State Kind and Color)
Slippers, \$	<u>Hose, \$</u>
Folding Chairs, \$	<u>Tarpaulin, \$</u>
Candelabrum, \$	<u>Candles, \$</u>
Door Spray, \$	<u>Gloves, \$</u>
Funeral Car, \$	<u>Ambulance, \$</u>
Limousines to Cemetery	@ \$
Autos to R. R. Station	<u>Dec. Co. Hosp. - Mo. Co.</u>
Getting Remains from	<u>Eagleville, Mo.</u>
Taking Remains to	<u>Eagleville, Mo.</u>
Trip to Coroner's Inquest	<u>Eagleville</u>
Delivering Box to	<u>Eagleville</u>
Deliver Flowers to	<u>Eagleville</u>
Removal Charges	<u>Eagleville</u>
Procuring Burial Permit	(State Number and District)
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)
Pall Bearer Service, \$	<u>Use of Chapel, \$</u>
Personal Service	<u>Eagleville</u>
Gross Total for Sales Tax	<u>\$254.00</u>
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	<u>Palms, \$</u> <u>Matting, \$</u> <u>16.32</u>
Rental of Tent, \$	<u>of Temporary Vault, \$</u>
Opening of Grave or Tomb	
Lining Grave, \$	<u>Lowering Device, \$</u>
Outlay for Shipping Charges	
Clergyman, \$	<u>Singers, \$</u> <u>Organist, \$</u>
Railroad (or Motor) Tickets, \$	<u>Aero plane Service, \$</u>
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	<u>254</u>
Total Footing of Bill	<u>272.86</u>
Less	
Balance	
Entered into Ledger, page	_____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>P. B.</u>	To Above Balance	\$ <u>MUSIC</u>		To Balance Forward	\$
<u>Henry Milner</u>	By Payment	\$	<u>Wanda Perry</u>	By Payment	\$
<u>Grandson</u>		\$	<u>Thelma Dickey</u>		\$
<u>Cliff Smith</u>		\$	"		\$
<u>Ed. Jensen</u>		\$	"		\$
<u>Art Malden</u>		\$	"		\$
<u>Frank Shipman</u>		\$	"		\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness Hamilton Dickey Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1784 Yearly No. 21 Date June 30 1940

Name of Deceased Laura May Dickey
 Married Single Widowed Divorced (What Race)
 Residence Lansoni, Iowa Husband Wife Widow of Lee Dickey
 Charge to Estate

Address
 Order given by Geo. H. Dickey
 (or informant)
 How Secured Cont.
 Occupation Housewife None
 (Social Security Number)
 Name of Employer

Address
 Date of Death June 28, 1940
 (Date) (Hour)
 Date of Birth Dec. 5, 1877
 (Date) (Month) (Day) (Year) (Hour)
 Age 62 6 23
 (Years) (Months) (Days)
 Date of Funeral 6/30/40 Sun 2 P. M.
 (Date) (Day of Week) (Hour)

Services at First Home
 Clergyman Rev. D. B. Sorden
 (Address)
 Religion of the Deceased P.S.
 Birthplace Wayne Co., Illinois
 Resided in the State Ia.
 (or U. S. or City or County) (Years) (Months)
 Place of Death Lansoni, Iowa - Res.
 Cause of Death Gunshot Wounds

Contributory Causes Homicide
Killed by Husband
 Certifying Physician Waman Doss, Coonra
 (or Coroner)
 His Address T. Com. Iowa

Name of Father D. H. Hilliard
 His Birthplace Burman Co., Ohio
 Maiden Name of Mother Amelia Elizabeth Hill
 Her Birthplace Wayne Co., Ohio
 Motor } Remains to Self, Illinois
 Ship }
 Size of Casket #201, 10, 10, 10
 (State Color and Number)
 Manufactured by Self
 Interment at Self Cemetery
 Crematory

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

Complete Funeral	\$ 352.00
Casket	✓
Burial Vault or Box	<u>None</u> 93.00
Embalming Body	(Name of Embalmer)
Barber, \$.	Hair Dressing, \$.
Dressing Body, \$.	Underwear, \$.
Suit or Dress	(State Kind and Color)
Slippers, \$.	Hose, \$.
Folding Chairs, \$.	Tarpaulin, \$.
Candelabrum, \$.	Candles, \$.
Door Spray, \$.	Gloves, \$.
Funeral Car, \$.	Ambulance, \$.
Limousines to Cemetery	@ \$.
Autos to R. R. Station	@ \$.
Getting Remains from	R. R. Station
Taking Remains to	<u>Self</u> 40.00
Trip to Coroner's Inquest	\$.
Delivering Box to	\$.
Deliver Flowers to	\$.
Removal Charges	\$.
Procuring Burial Permit	\$.
— Certif. Copies of Death Certificates No.	\$.
Pall Bearer Service, \$.	Use of Chapel, \$.
Personal Service	\$.
Gross Total for Sales Tax	\$ 4.62
Outlay for Lot	\$ 93.00
Cremation	\$.
line Death Notices in	Papers
Flowers, \$.	(Name of Newspaper) 33.46
Rental of Tent, \$.	of Temporary Vault, \$.
Opening of Grave or Tomb	\$.
Lining Grave, \$.	Lowering Device, \$.
Outlay for Shipping Charges	\$.
Clergyman, \$.	Singers, \$.
Railroad } Tickets, \$.	Aero-Service, \$.
or Motor } plane	\$.
Telegr., Phone, Cable or Radio Charges	\$.
Cash Advanced	\$.
Out of town Undertaker's Charges	\$.
Box in Casket	\$ 3.52
Sales Tax	\$ 1.86
Total Footing of Bill	\$ 503.64
Less	\$
Balance	\$
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed
 Witness R. M. White Address

RECORD OF FUNERAL

Total No. 1785 Yearly No. 22 Date July 4, 1940

Name of Deceased A Longo Wilson Hale
Residence Harrison Co., Mo. Married Single Widowed Divorced (What Race)
Charge to Mo. State or or _____ of _____ Husband Wife Widow at Elyzabeth Hale

Address _____
Order given by Mrs. Carl Richardson
How Secured Kellerton L. W.
Occupation James Wine
Name of Employer Self
Address _____
Date of Death July 3, 1940
Date of Birth June 7, 1857
Age 83 0 24
Date of Funeral 7/4/40 Thurs. 2 P. M.
Services at Wm. Funeral Home
Clergyman C. E. Harpse
Religion of the Deceased _____
Birthplace Harrison Co., Mo.
Resided in the State _____ (Years) (Months)
Place of Death Harrison Co., Mo.
Cause of Death General Hemorrhage
Contributory Causes Cardio-renal Disease
General Arteriosclerosis
Certifying Physician C. W. M. Cantony
His Address Edgeville, Mo.
Name of Father Isaac Hale
His Birthplace Indiana
Maiden Name of Mother _____
Her Birthplace Indiana
Motor } Remains to _____
Ship }
Size of Casket 1/2 Crash Plush
Manufactured by Mo. - Ken
Interment at Rock Hill Cemetery Crematory

Complete Funeral	\$ 227.00	
Casket		
Burial Vault or Box <u>Red wood</u>		
Embalming Body <u>expansive</u>		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress		
Slippers, \$	Hose, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery <u>1 @ \$</u>		
Autos to R. R. Station <u>1 @ \$</u>		
Getting Remains from <u>Ken</u>		
Taking Remains to <u>"</u>		
Trip to Coroner's Inquest		
Delivering Box to <u>Ken</u>		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$ 22.70	
Outlay for Lot		
Cremation		
line Death Notices in _____ Papers		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		8 p.p.
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		2.27
Total Footing of Bill		237.27
Less		\$
Balance		\$
Entered into Ledger, page _____ or below.		

Diagram of Lot or Vault
Lot No. 960
Grave No. 3
Section No. _____
Owner _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>P. B.</u>	To Above Balance	\$	<u>J. W. Q. S. R.</u>	To Balance Forward	\$
	By Payment	\$		By Payment	\$
<u>W. H. W.</u>	"	\$	<u>Gettunde Wadon</u>	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$

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 I hereby covenant and agree to pay the same within _____ (Firm Name of Funeral Directors.)
maturity at the rate of _____ % per annum. Signed _____ days from date. Interest to accrue from
Witness R. H. White Address _____

RECORD OF FUNERAL

Total No. 1786 Yearly No. 23 Date July 24 1940
 Name of Deceased Jemima Melvina Badham W. H. H.
 Residence Lambert, Ia. St. Home Married Single Widowed Divorced (What Race)
 Charge to: P. A. P. Husband Wife Widow Amazon Badham
 or _____ of _____ of _____

Address _____
 Order given by Clara D. Roberts (or informant)
 How Secured _____
 Occupation Housewife none (Social Security Number)
 Name of Employer _____
 Address _____
 Date of Death July 23 1940 1 A.M.
 Date of Birth Apr 27 1854 (Hour)
 Age 85 2 29
 (Years) (Months) (Days)
 Date of Funeral 7/24/40 Wed 9:30 A.M.
 (Date) (Day of Week) (Hour)
 Services at Saints Home
 Clergyman W. Nigel Sheppard
 (Address)
 Religion of the Deceased L. C. S.
 Birthplace Harmon, Fort, Utah
 Resided in the State 27 years
 (or U. S. or City or County) (Years) (Months)
 Place of Death St. Home, Missouri
 Cause of Death Myocardial Infarction
 Contributory Causes Cardiac Asthma

Complete Funeral \$ 100.00
 Casket
 Burial Vault or Box None (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpsaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Autos to R. R. Station @ \$
 Getting Remains from St. Home, Ia.
 Taking Remains to Harmon, Ia. 15.00
 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.
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Personal Service
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 _____ line Death Notices in _____ Papers
 (Names of Newspapers)
 Flowers, \$ 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 or Motor Tickets, \$ Aero-plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges

Certifying Physician E. C. Gannet (or Coroner)
 His Address Lambert, Ia.
 Name of Father Herikal Beck
 His Birthplace New York
 Maiden Name of Mother Jemima Smart
 Her Birthplace Ohio
 Motor Ship } Remains to Henderson Ia.
 Size of Casket P. A. P. (State Color and Number)
 Manufactured by Scotts Valley
 Interment at Henderson { Cemetery
 Crematory

Flowers, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor Tickets, \$ Aero-plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges

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

Sales Tax
 Total Footing of Bill \$ 115.00
 Less \$
 Balance \$
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness: [Signature] Signed:
 Address:

RECORD OF FUNERAL

Total No. 1787 Yearly No. 277 Date July 26 1940

Name of Deceased Josephine Officer Married Single Widowed Divorced (What Race)

Residence Lambert Husband Wife Widow or of of

Charge to C.A.P.

Address Sra. Officer (of informant)

How Secured School Teacher, retired (Social Security Number)

Name of Employer School Teacher, retired (Social Security Number)

Address School Teacher, retired

Date of Death July 25 1940 (Date) (Hour)

Date of Birth Sept. 24 1887 (Date) (Hour)

Age 50 (Years) 10 (Months) 1 (Days)

Date of Funeral July 27 1940 (Date) 9:30 A.M. (Hour)

Services at Funeral Home (Address)

Clergyman Rev. Hart (Address)

Religion of the Deceased None

Birthplace Harrison Co., Mo.

Resided in the State most of life (or U. S. or City or County) (Years) (Months)

Place of Death Leon

Cause of Death Myocardial Degeneration

Contributory Causes Senility & Cerebral Hemorrhage

Certifying Physician Irma Bowman (or Coroner)

His Address Leon

Name of Father William Officer

His Birthplace Leon

Maiden Name of Mother Sara Deputy

Her Birthplace Leon

Motor Ship } Remains to Anderson, Mo.

Size of Casket C.A.P. Pine Bluff (State Color and Number)

Manufactured by Anderson Cemetery Cemetery Crematory

Interment at Anderson Cemetery Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault

Complete Funeral	\$ 100.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	1. @ \$
Autos to R. R. Station	2. @ \$
Getting Remains from	Anderson
Taking Remains to	Anderson
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificate	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 100.00
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	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, \$
Motor } Tickets, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 100.00
Less	\$
Balance	\$
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

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

Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1788 Yearly No. 2635 Date Aug 11 1940
 Name of Deceased Jam Willett Shakespeare Married Single Widowed Divorced (What Race) White
 Residence near Lamoni Ia Husband Wife Widow or Wm J Shakespeare

Charge to: P. A. P.
 Address: Lea
 Order given by: Joseph Shakespeare (or informant)
 How Secured: _____
 Occupation: Housewife (Social Security Number) _____
 Name of Employer: _____
 Address: _____

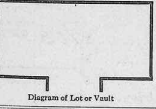
Date of Death: Aug 9 1940 10:30 AM (Date) (Hour)
 Date of Birth: Dec 11 1867 (Date) (Day) (Month) (Year)
 Age: 72 7 28 (Years) (Months) (Days)
 Date of Funeral: 8/11/40 Sun 2 P. M. (Date) (Day of Week) (Hour)

Services at: W. H. A. Funeral Home
 Clergyman: T. J. Wilham, R. B. Ballantyne
 Religion of the Deceased: L. D. S. (Address) _____
 Birthplace: Leedsley, Penn
 Resided in the State: 50 years (on U. S. or City or County) (Years) (Months)

Place of Death: at Shakespeare home
 Cause of Death: Myocardial Infarction
 Contributory Causes: Diabetes
 Certifying Physician: E. C. Garnet (or Coroner)
 His Address: Lamoni Ia

Name of Father: Edward Willett
 His Birthplace: England
 Maiden Name of Mother: Sabra Marsh
 Her Birthplace: England
 Motor Ship } Remains to _____
 Size of Casket: P. A. P. (Color) (Material) (Number)

Manufactured by: Quinn & Buff
 Interment at: Rose Hill Cemetery
 Cemetery Coematory _____



Lot No. 1120
 Grave No. 4
 Section No. _____
 Owner: J. J. Shakespeare

Complete Funeral	\$ 100.00
Casket	
Burial Vault or Box	P. M.
Embalming Body	(State Kind)
Barber, \$	(Name of Embalmer)
Hair Dressing, \$	
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery, @ \$	
Autos to R. R. Station, @ \$	
Getting Remains from	Res.
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	C. M.
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	(State Number and District)
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 100.00
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	(Names of Newspapers) 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 or Motor Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 100.00
Less	
Balance	
Entered into Ledger, page	or below

Date	Amount Paid	Balance	Date	Amount Paid	Balance
P. B.	To Above Balance			To Balance Forward	\$
	By Payment	\$		By Payment	\$
	<u>Swiger</u>			<u>Songs</u>	\$
	<u>Smith</u>			<u>How Beautiful Home</u>	\$
	<u>Ed. Weddle</u>			<u>The Lord Knows Why</u>	\$
	<u>Bell Gould</u>			<u> abide With Me.</u>	\$
	<u>Dorothy Keenan</u>				
	<u>Delene Drape, P. M.</u>				

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum. (Firm Name of Funeral Directors.)
 Witness: M. A. Marsh Signed _____ Address _____
 Compiled by F. J. FEINEMAN, St. Louis Mo.

RECORD OF FUNERAL

Total No. 1789 Yearly No. 26 Date Aug. 14 1940

Name of Deceased Benjamin Franklin Suptin (What Race)

Residence Lamar, Mo. Married Single Widowed Divorced Husband Wife Widow of Biddie Jane Suptin

Charge to: P. A. Suptin

Address

Order given by W. M. Suptin (or informant)

How Secured

Occupation Lumber None (Social Security Number)

Name of Employer Self

Address

Date of Death Aug. 13, 1940 3 A.M. (Date) (Hour)

Date of Birth Dec. 25, 1856 (Date)

Age 83 7 18 (Months) (Days) (Years)

Date of Funeral Aug. 14 2 P. (Date) (Hour)

Services at Funeral Home (Place)

Clergyman Rev. Campbell St. Louis City (Address)

Religion of the Deceased

Birthplace Indiana

Resided in the State Mo. (or U. S. or City or County) (Years) (Months)

Place of Death Lamar, Mo. Mo. (City or County) (State)

Cause of Death Arteriosclerosis

Contributory Causes Senility

Certifying Physician Earl C. Stewart (or Coroner)

His Address Lamar, Mo.

Name of Father James Suptin

His Birthplace Kentucky

Maiden Name of Mother Martha Arthur

Her Birthplace Indiana

Motor Ship } Remains to High Cash Co. Creole (State of Licensure)

Size of Casket

Manufactured by King's Coffin

Interment at St. Billy { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 100.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery	
Autos to R. R. Station	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificate	
Pall Bearer Service, \$	
Personal Service	
Gross Total for Sales Tax	\$ 100.00
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	
Palms, \$	
Matting, \$	3.00
Rental of Tent, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad or Motor } Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 103.00
Less	
Balance	\$
Entered into Ledger, page	..... or below.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
<u>Joe Harper</u>	"	\$		"	\$
<u>Thomas</u>	"	\$		"	\$
<u>Frank</u>	"	\$		"	\$
<u>C. G. Swain</u>	"	\$		"	\$
<u>Art. Lane</u>	"	\$		"	\$
<u>Virg. J. Sheppard</u>	"	\$		"	\$

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 I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness R. S. White Signed

Address

RECORD OF FUNERAL

Total No. 1790 Yearly No. 27 Date Sept. 21, 1940

Name of Deceased Andrew Daniel South
 Married Single Widowed Divorced (What Race)
 Residence Lamoni, Iowa
 Charge to: Mrs. Jennima South or Jennima South of Lamoni, Iowa
 or Wife of Jennima South

Address Lamoni, Iowa
 Order given by Andrew Daniel South
 How Secured Cash (original)
 Occupation Retired Farmer none (Social Security Number)
 Name of Employer None

Address Lamoni, Iowa
 Date of Death Sept. 19, 1940 10:00 (Hour)
 Date of Birth Nov. 30, 1858
 Age 81 7 19 (Years) (Months) (Days)
 Date of Funeral Sept. 21, 1940 2 P. M. (Date) (Day of Week) (Hour)

Services at Funeral Home
 Clergyman D. B. Jordan, Kaplin Hall (Address)
 Religion of the Deceased S. D.
 Birthplace Andover, Mo.
 Resided in the State Mo. (or U. S. or City or County) (Year) (Months)

Place of Death Lamoni, Iowa
 Cause of Death Myocardial Infarction
 Contributory Causes None
 Certifying Physician E. C. South (or Coroner)
 His Address Lamoni, Iowa

Name of Father Henry South
 His Birthplace Lamoni, Iowa
 Maiden Name of Mother Pauline K. South
 Her Birthplace Lamoni, Iowa
 Motor Ship } Remains to Andrew, Mo.
 Size of Casket 131 Hyd. Cap. Cape (State Code and Number)
 Manufactured by W. H. Clark
 Interment at Andover { Cemetery } Crematory

Complete Funeral	\$ <u>139 00</u>
Casket	
Burial Vault or Box <u>Not used</u>	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	1 @ \$
Autos to R. R. Station	@ \$
Getting Remains from <u>Andover</u>	
Taking Remains to <u>Andover</u>	
Trip to Coroner's Inquest	
Delivering Box to <u>Andover</u>	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	(State Number and District)
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	

Gross Total for Sales Tax	\$ <u>139 00</u>
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	(Names of Newspapers) Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$ Organist, \$
Road or Motor	Tickets, \$ Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	<u>1 39</u>
Total Footing of Bill	<u>\$ 140 39</u>
Less	\$
Balance	\$
Entered into Ledger, page	or below.

Diagram of Lot or Vault

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>P. J.</u>	To Above Balance	\$		To Balance Forward	\$
<u>E. C. Middle</u>	By Payment	\$		By Payment	\$
<u>W. H. Nelson</u>	"	\$		"	\$
<u>Frank Stanley</u>	"	\$		"	\$
<u>Wm Stanley</u>	"	\$		"	\$
"	"	\$		"	\$
"	"	\$		"	\$
"	"	\$		"	\$

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 _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum. Signed _____
 Witness W. H. Nelson Address _____

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

RECORD OF FUNERAL

Total No. 1791 Yearly No. 28 Date Sept. 26 1940

Name of Deceased Anna B. Roberts Married Single Widowed Divorced (What Race)

Residence Harry Spunner Husband Wife Widow or of

Charge to Harry Spunner

Order given by (informant) Lyester Hill

How Secured (informant) Lyester Hill

Occupation (informant) (Social Security Number)

Name of Employer _____ Address _____

Date of Death Sept. 23, 1940 (Date) (Hour)

Date of Birth _____ (Year) (Month) (Days)

Date of Funeral Sept 24, 1940 11:30 A.M. (Date) (Day of Week) (Hour)

Services at Crematory on Site at F.H.

Clergyman D. B. Jordan (Address)

Religion of the Deceased _____ Birthplace _____

Resided in the State _____ (or U. S. or City of County) (Years) (Months)

Place of Death Shuman Hosp., Elgin, Ill.

Cause of Death Chronic Myocarditis

Contributory Causes _____

Certifying Physician M. H. Carpenter, M.D. (Address)

His Address _____

Name of Father _____ His Birthplace _____

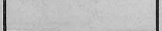
Maiden Name of Mother _____ Her Birthplace _____

Motor Ship } Remains to Iron Elgin Ill.

Size of Casket Metal (State Color and Number)

Manufactured by _____

Interment at Rose Hill Cemetery Crematory

Diagram of Lot or Vault 

Lot No. 837 Grave No. 4 Section No. _____ Owner _____

Complete Funeral	\$ 25.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	1. @ \$
Autos to R. R. Station	@ \$
Getting Remains from	<u>Davis City</u>
Taking Remains to	<u>Elgin</u>
Trip to Coroner's Inquest	
Delivering Box to	<u>Elgin</u>
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	(State Number and District)
Certif. Copies of Death Certificates No.	
Pal Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	7.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	2.00
Railroad } Tickets, \$	Aero plane Service, \$
or Motor } Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 35.00
Less <u>71.00</u>	\$ 1.00
Balance	\$ 2.50
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Sept 23</u>	To Above Balance	\$		To Balance Forward	\$
<u>Sept 24</u>	By Payment	\$		By Payment	\$
<u>Sept 24</u>	<u>Body shipped via exp by Crown Funeral Home</u>	\$		<u>Elgin, Ill.</u>	\$
<u>Sept 24</u>	<u>Funeral Home</u>	\$		<u>7:03 A.M. 9/26/40</u>	\$
<u>Sept 24</u>	<u>Elgin</u>	\$			\$
<u>Sept 24</u>	<u>On Site at Funeral Home</u>	\$			\$

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1792 Yearly No. 39 Date Sept Oct 4 1940

Name of Deceased Lorna May Scott
 Married Single Widowed Divorced (What Race)
 Residence Lamar, Iowa Husband Wife Widow
 or _____ of _____

Charge to E. state

Address _____
 Order given by Mrs. Dan Anderson 1714 1/2 Ave
 (or informant)
 How Secured _____
 Occupation Retired. U.S. Postmaster
 (Social Security Number)
 Name of Employer _____

Date of Death Oct. 3, 1940 5:30 A.M.
 (Date) (Hour)
 Date of Birth May 12, 1877
 (Date) (Days) (Hours)
 Age 63 4 17
 (Years) (Months) (Days)

Date of Funeral 10/4/40 2 P.M.
 (Date) (Day of Week) (Hour)
 Services at Lamar Home
 Clergyman R.A. Choyle
 (Address)
 Religion of the Deceased R.S.

Resided in the State _____
 (or U. S. or City or County) (Years) (Months)
 Place of Death Res. - Lamar, Ia.
 Cause of Death Acute Myocardial Infarction

Contributory Causes Coronary Sclerosis
Hypertension
 Certifying Physician E. E. Gamm
 (or Coroner)

His Address _____
 Name of Father John Scott
 His Birthplace England
 Maiden Name of Mother Sarah Watson
 Her Birthplace England
 Motor } Remains to _____
 Ship } _____
 Size of Casket 232 CVL 1/2 Case
 (State Color and Number)
 Manufactured by Kotz
 Interment at Woods Hill { Cemetery
 Crematory

Lot No. 322
 Grave No. 4
 Section No. _____
 Owner _____

Complete Funeral \$ 254.00
 Casket _____
 Burial Vault or Box Lamar Cemetery 92.00
 (State Kind)
 Embalming Body _____
 (Name of Embalmer)
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress _____
 (State Kind and Color)
 Slippers, \$ _____ Hose, \$ _____
 Folding Chairs, \$ _____ Tarpaulin, \$ _____
 Candelabrum, \$ _____ Candles, \$ _____
 Door Spray, \$ _____ Gloves, \$ _____
 Funeral Car, \$ _____ Ambulance, \$ _____
 Limousines to Cemetery 1.00
 Autos to R. R. Station .00
 Getting Remains from _____
 Taking Remains to _____
 Trip to Coroner's Inquest _____
 Delivering Box to _____
 Deliver Flowers to _____
 Removal Charges _____
 Procuring Burial Permit _____
 _____ Certif. Copies of Death Certificates No. _____
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
 Personal Service _____

Gross Total for Sales Tax \$ 347.00
 Outlay for Lot _____
 Cremation _____
 _____ line Death Notices in _____ Papers

Flowers, \$ X Palms, \$ _____ Matting, \$ 20.90
 Rental of Tent, \$ _____ of Temporary Vault, \$ _____
 Opening of Grave or Tomb 7.00
 Lining Grave, \$ _____ Lowering Device, \$ _____
 Outlay for Shipping Charges _____
 Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____
 Railroad } Tickets, \$ _____ Aero-Service, \$ _____
 or Motor } _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Undertaker's Charges _____

Sales Tax 4.40
 Total Footing of Bill \$ 387.30
 Less Op. S. Tax \$ 13.40
 Balance \$ 568.90
 Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>P.B.</u>	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
<u>W. H. Blair</u>	\$	\$		" "	\$
<u>E. H. Blair</u>	\$	\$		" "	\$
<u>James White</u>	\$	\$		" "	\$
<u>Tom Lewis</u>	\$	\$		" "	\$
<u>Clarence Scott</u>	\$	\$		" "	\$
<u>Randal Blinn</u>	\$	\$		" "	\$

Insurance \$ _____ 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 _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Witness R.A. Choyle Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1793 Yearly No. 30 Date Oct. 9 1940

Name of Deceased Mary Allie Marcinkowski

Married Single Widowed Divorced (What Race)
Residence Max Kowalski, Omaha Husband Wife Widow
or Max Kowalski of of

Charge to Max Kowalski
Address Max Kowalski
Order given by Max Kowalski (or informant)
How Secured _____
Occupation Housewife (Social Security Number) none
Name of Employer _____

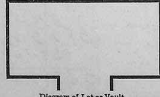
Date of Death Oct. 7, 1940 4 AM
(Date) (Hour)
Date of Birth March 21, 1897
(Date) (Year) (Month) (Days)
Age 43 6 16
(Years) (Months) (Days)
Date of Funeral 10/9/40 Wed 2 P. M.
(Date) (Day of Week) (Hour)

Services at Dominican House
Clergyman P. J. Wellman; J. A. Lane
(Address)
Religion of the Deceased _____
Birthplace Dallas County, Iowa
Resided in the State Iowa
(or U. S. or City or County) (Years) (Months)

Place of Death St. Paul, Minn.
Cause of Death Obstruction of Bile Duct
Contributory Causes Calculation of Bile Duct
Certifying Physician E. E. Ganser
(or Coroner)

His Address James R. Boston
Name of Father James R. Boston
His Birthplace Illinois
Maiden Name of Mother Sarah Ella Briggs
Her Birthplace Indiana
Motor Ship } Remains to _____
Size of Casket 121 Hard Cup Uplite
(State Color and Number)

Manufactured by R. O. K.
Interment at Rose Hill Cemetery



Lot No. 1149
Grave No. 2
Section No. _____
Owner _____

Complete Funeral	\$	179.00
Casket		
Burial Vault or Box		
Embalming Body		
Barber		
Dressing Body		
Suit or Dress		
Slippers		
Folding Chairs		
Candelabrum		
Door Spray		
Funeral Car		
Limousines to Cemetery		
Autos to R. R. Station		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
—Certif. Copies of Death Certificates No.		
Pall Bearer Service		
Personal Service		
Gross Total for Sales Tax	\$	179.00
Outlay for Lot		
Cremation		
line Death Notices in		
Flowers		
Rental of Tent		
Opening of Grave or Tomb		
Lining Grave		
Outlay for Shipping Charges		
Clergyman		
Railroad or Motor		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		1.39
Total Footing of Bill	\$	157.79
Less	\$	8.00
Balance	\$	49.79

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>10/10</u>	To Above Balance	\$		To Balance Forward	\$
<u>10/10</u>	By Payment	\$		By Payment	\$
<u>10/10</u>		\$			\$
<u>10/10</u>		\$			\$
<u>10/10</u>		\$			\$
<u>10/10</u>		\$			\$
<u>10/10</u>		\$			\$
<u>10/10</u>		\$			\$
<u>10/10</u>		\$			\$
<u>10/10</u>		\$			\$

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 _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.
Witness R. O. K. Address _____

RECORD OF FUNERAL

33

Total No. 1794 Yearly No. 31 Date Oct 17 1940

Name of Deceased Melvin V. Brenner

Residence Kansas City, Mo Married Single Widowed Divorced (What Race)
 Husband Wife Widow }
 or _____ of _____

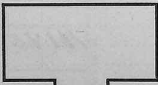
Address _____
 Order given by B. Oscar Brenner
 (or informant)
 How Secured Said cash
 Occupation _____ (Social Security Number)
 Name of Employer _____
 Address _____

Date of Death Oct 14 1940 (Date) (Hour)
 Date of Birth _____ (Date) (Month) (Days) (Hour) M.
 Age 67 (Years) (Months) (Days)

Date of Funeral _____ (Date) (Day of Week) (Hour) M.
 Services at Andover Church
 Clergyman J. Vincent Gray (Address)
 Religion of the Deceased _____
 Birthplace _____
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Kansas City, Mo
 Cause of Death Hypostatic Pneumonia
 Contributory Causes _____

Certifying Physician Dr. J. F. Mackey (Coroner)
 His Address Kansas City, Mo

Name of Father _____
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor } Remains to _____
 Ship }
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Interment at Andover Cemetery

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

Complete Funeral	\$ 25.00	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress (State Kind and Color)		
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		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District)		
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
_____ line Death Notices in _____ Papers (Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	_____ of Temporary Vault, \$	
Opening of Grave or Tomb		8.00
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero- } plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$ 23.00	
Less <u>Op. P.</u>	\$ 8.00	
Balance	\$ 21.00	
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$			\$
	By Payment	\$			\$
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$

Insures
Lottie By Balance Forward
Ray By Payment
Walden
Ray Derry
Salgs
Cit. Four Square
Save by Grace
Love With Me

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 _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____ Address _____
 Witness W. M. M.

RECORD OF FUNERAL

Total No. 1795 Yearly No. 52 Date Oct. 20 1940

Name of Deceased Emma Dawson Married Single Widowed Divorced (What Page)

Residence O. A. G. Husband Wife Widow or _____ of Edwin J. Dawson

Charge to _____ Address _____

Order given by Seaulok Sikora (or informant)

How Secured _____ Occupation housewife none (Social Security Number)

Name of Employer _____ Address _____

Date of Death Oct. 18, 1940 (Date) (Hour)

Date of Birth July 22, 1857 (Date) (Hour)

Age 83 (Years) 7 (Months) 23 (Days)

Date of Funeral 10/20/40 Sun 3:30 P.M. (Date) (Day of Week) (Hour)

Services at Funeral Home Clergyman William Moon (Address)

Religion of the Deceased R.D. Birthplace Niagara Falls, N.Y.

Resided in the State 589 (or U. S. or City or County) (Years) (Months)

Place of Death Lansing, Mich. Cause of Death _____

Contributory Causes _____ Certifying Physician _____ (or Coroner)

His Address _____ Name of Father M. Henry May

His Birthplace unknown Maiden Name of Mother _____

Her Birthplace _____ Motor Ship } Remains to _____

Size of Casket 14x24x24 (State Code and Number) Manufactured by Wm. H. Hays

Interment at W. H. Hill { Cemetery Crematory

Lot No. 412 Grave No. 2 Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$ 100.00
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
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
Trip to Coroner's Inquest	Delivering Box to
Deliver Flowers to	Removal Charges
Procuring Burial Permit	Certif. Copies of Death Certificates No.
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 100.00
Outlay for Lot	
Cremation	line Death Notices in _____ Papers
Flowers, \$	Palms, \$
Matting, \$	11.75
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	Lining Grave, \$
Lowering Device, \$	Outlay for Shipping Charges
Clergyman, \$	Singers, \$
Organist, \$	Railroad or Motor Tickets, \$
Aero-plane Service, \$	Telegr., Phone, Cable or Radio Charges
Cash Advanced	Out of town Undertaker's Charges
Sales Tax	
Total Footing of Bill	\$ 111.75
Less	
Balance	\$
Entered into Ledger, page	_____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>10/20/40</u>	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	<u>MUSIC</u>	By Payment	\$
<u>Ed. Jones</u>		\$	<u>Vertebrate Holden</u>		\$
<u>Walter Edgumonds</u>		\$			\$
<u>Emily Moon</u>		\$			\$
<u>Cecil Jones</u>		\$			\$
<u>C. M. Miller</u>		\$			\$
<u>Lloyd Mortimore</u>		\$			\$

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

Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1796 Yearly No. 33 Date November 7, 1940

Name of Deceased John William Keable
 Married Single Widowed Divorced (What Race)

Residence Laurel Keable
 Husband Wife Widow of _____ of _____

Charge to O.A.P.

Address _____
 Order given by Lillian Jones (or informant)

How Secured _____
 Occupation Rural Blacksmith (Social Security Number)

Name of Employer _____
 Address _____

Date of Death November 5, 1940 (Date) _____ (Hour)

Date of Birth Aug. 6, 1861
 Age 79 (Years) 2 (Months) 39 (Days)

Date of Funeral 11/7/40 (Date) 10:30 P.M. (Hour)

Services at Cash Side Church
 Clergyman Carl Fallantyne (Address)

Religion of the Deceased _____
 Birthplace Ogden Co., Illinois

Resided in the State _____ (or U. S. or City, or County) (Years) (Months)

Place of Death Lamoni, Iowa

Cause of Death Cerebral Hemorrhage

Contributory Causes Hypertension
Atherosclerosis

Certifying Physician E. E. Samuel (or Coroner)

His Address _____
 Name of Father John Keable

His Birthplace Germany

Maiden Name of Mother Catherine ?

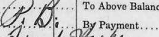
Her Birthplace Unknown

Motor Ship } Remains to _____

Size of Casket High Grand Case (State Color and Number)

Manufactured by Wine
 Interment at Lilly { Cemetery Crematory

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



Complete Funeral	\$ 100.00
Casket	
Burial Vault or Box <u>None</u>	(State Kind)
Embalming Body <u>Yes</u>	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress <u>Yes</u>	(State Kind and Color)
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery <u>2 @ \$</u>	
Autos to R. R. Station <u>1 @ \$</u>	
Getting Remains from <u>La.</u>	
Taking Remains to _____	
Trip to Coroner's Inquest _____	
Delivering Box to <u>None</u>	
Deliver Flowers to _____	
Removal Charges _____	
Procuring Burial Permit _____	
_____ Certif. Copies of Death Certificates No. _____	
State Physician's or Coroner's	
Use of Chapel, \$	
Personal Service _____	

Gross Total for Sales Tax	\$ 100.00
Outlay for Lot _____	
Cremation _____	
_____ line Death Notices in _____ Papers	
Flowers, \$ <u>Palms</u> , \$ _____	Matting, \$ 4.00
Rental of Tent, \$ _____	of Temporary Vault, \$
Opening of Grave or Tomb _____	
Lining Grave, \$ _____	Lowering Device, \$
Outlay for Shipping Charges _____	
Clergyman, \$ _____	Singers, \$ _____ Organist, \$
Railroad or Motor Tickets, \$ _____	Aero plane Service, \$
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Out of town Undertaker's Charges _____	
Sales Tax _____	
Total Footing of Bill	\$ 104.00
Less _____	
Balance	\$ _____
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>O.P.</u>	To Above Balance	\$ _____		To Balance Forward	\$ _____
<u>Frank Warpe</u>	By Payment	\$ _____	<u>Music</u>	By Payment	\$ _____
<u>Frank Warpe</u>		\$ _____	<u>Funeral Station</u>		\$ _____
<u>Joe. Carley</u>		\$ _____	<u>Carroll Warpe</u>	<u>Print</u>	\$ _____
<u>Wm. Underplate</u>		\$ _____	<u>Sam S.</u>		\$ _____
<u>Wm. Underplate</u>		\$ _____	<u>Wm. Underplate</u>	<u>My R. R. expenses</u>	\$ _____
<u>Ray Kammis</u>		\$ _____	<u>Wm. Underplate</u>	<u>the used keeps they</u>	\$ _____
		\$ _____	<u>Wm. Underplate</u>	<u>Home beautiful home</u>	\$ _____

Insurance _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (From Name of Funeral Director.)

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.

Witness W. H. H. H. Signed _____ Address _____

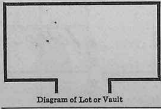
RECORD OF FUNERAL

Total No. 1997 Yearly No. 34 Date Nov. 11, 1940
 Name of Deceased Edwin Taylor Dawson
 Married Single Widowed Divorced (What Race)
 Residence St. Home, Lawrence, Iowa of husband wife widow of Emma Dawson
 Charge to C. A. P.

Address
 Order given by C. A. Libson (or informant)
 How Secured
 Occupation Retired Farmer (Social Security Number)
 Name of Employer
 Address
 Date of Death Nov. 10, 1940 (Date) (Hour)
 Date of Birth
 Age 74 (Years) (Months) (Days)
 Date of Funeral Nov. 14, 1940 (Day) (Month) (Year) 2 P. M. (Hour)
 Services at St. Home, Iowa (City or Town)
 Clergyman Martin Swales (Address)
 Religion of the Deceased
 Birthplace Sacramento California
 Resided in the State Iowa (or Ill. or City or Country) 35 (Years) (Months)
 Place of Death St. Home, Iowa (State) (City or Town)
 Cause of Death Cancer
 Contributory Causes

Certifying Physician E. E. Gough (or Coroner)
 His Address
 Name of Father W. Dawson
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor } Remains to
 Ship }
 Size of Casket 3 Royal Cruff (State Code and Number)
 Manufactured by Wm. Reed
 Interment at Rose Hill { Cemetery
 Crematory
 Lot No. 412
 Grave No. 1
 Section No.
 Owner

Complete Funeral	\$ 100.00
Casket	.....
Burial Vault or Box	..... (State Kind)
Embalming Body	..... (Name of Embalmer)
Barber, \$	..... Hair Dressing, \$
Dressing Body, \$	..... Underwear, \$
Suit or Dress	..... (State Kind and Color)
Slippers, \$	..... Hose, \$
Folding Chairs, \$	..... Tarpaulin, \$
Candelabrum, \$	..... Candles, \$
Door Spray, \$	..... Gloves, \$
Funeral Car, \$	..... Ambulance, \$
Limousines to Cemetery @ \$
Autos to R. R. Station @ \$
Getting Remains from	..... the Home
Taking Remains to	.....
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. _____	..... (State Physician's or Coroner's)
Pall Bearer Service, \$	..... Use of Chapel, \$
Personal Service	.....
Gross Total for Sales Tax	\$ 100.00
Outlay for Lot	.....
Cremation	.....
..... line Death Notices in	..... Papers
Flowers, \$	..... 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, \$
or Motor } .....	.....
Telegr., Phone, Cable or Radio Charges	.....
Cash Advanced	.....
Out of town Undertaker's Charges	.....
Sales Tax	.....
Total Footing of Bill	\$ 100.00
Less	.....
Balance	.....
Entered into Ledger, page	..... or below.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>11/12</u>	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
		\$		"	\$
		\$		"	\$
		\$		"	\$
		\$		"	\$
		\$		"	\$
		\$		"	\$
		\$		"	\$
		\$		"	\$
		\$		"	\$

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 days from date. Interest to accrue from maturity at the rate of % per annum.
 Witness [Signature] Signed Address

RECORD OF FUNERAL

Total No. 1798 Yearly No. 35 Date November 13, 1940

Name of Deceased Eugenia Hursh Married Single Widowed Divorced (What Race)
 Residence Slythe, Mo. Husband Wife Widow of Kiley Hursh

Charge to Slythe, Mo.
 Address Slythe, Mo.
 Order given by Kiley Hursh
 How Secured Note
 Occupation Housewife (Social Security Number)
 Name of Employer _____
 Address _____

Date of Death Nov. 11, 1940 - 12:30 P.M. (Date) (Hour)
 Date of Birth February 6, 1872 (Date) (Hour)
 Age 68 (Years) 5 (Months) 5 (Days)
 Date of Funeral Nov 13, 1940 (Date) Wed. (Day of Week) 1:30 P. M. (Hour)
 Services at Residence
 Clergyman Rev. J. J. Ryan, Albany, Mo. (Address)
 Religion of the Deceased Church
 Birthplace Caldwell Co., Mo.
 Resided in the State Mo. (of U. S. or City or County) (Years) (Months)
 Place of Death Hoffman, Mo. (of U. S. or City or County) (Years) (Months)
 Cause of Death Chronic Myocarditis
 Contributory Causes Myocardial degeneration

Certifying Physician J. A. Bryles (or Coroner)
 His Address Residence
 Name of Father Marion Hill
 His Birthplace Scott Co., Mo.
 Maiden Name of Mother Ficy Davis
 Her Birthplace Hannibal Co., Mo.
 Motor Ship } Remains to
 Size of Casket 7 1/2 x 4 1/2 x 11 1/2 (State Color and Number)
 Manufactured by K. S. Co.
 Interment at Andover, Mo. { Cemetery
 Crematory

Complete Funeral	\$ 163.00
Casket #768 Rgd. Cap. Pine	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress (State Kind and Color)	
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	
Trip to Coroner's Inquest	
Delivering Box to <u>Andover</u>	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No.	
Pal Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 163.00
Outlay for Lot	
Cremation	
line Death Notices in Papers	
Flowers, \$	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, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	

Gross Total for Sales Tax	\$ 163.00
Outlay for Lot	
Cremation	
line Death Notices in Papers	
Flowers, \$	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, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	163
Total Footing of Bill	\$ 167.13
Less	
Balance	
Entered into Ledger, page	or below.



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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$ 167.13	To Balance Forward		
By Payment			By Payment		
Albert Richardson	\$		Mrs. Henry Cole	\$	
Marye Richardson	\$		Mrs. Floyd McEntire	\$	
Mrs. Bessie	\$		Mrs. W. H. Soule	\$	
W. Grand Hill	\$		"	\$	
Paul Shippe	\$		"	\$	
Doss & Moore	\$		"	\$	

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 _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.
 Signed _____
 Witness _____ Address _____
 P. S. White

RECORD OF FUNERAL

Total No. 1799 Yearly No. 26 Date Nov. 19 1940

Name of Deceased James S. Thompson Married Single Widowed Divorced (What Race)

Residence Independence, Mo. Husband Wife Widow of _____ of _____

Charge to James Thomas

Address Arthur, Mo.

Order given by James Thomas (or informant)

How Secured Relieved

Occupation _____ (Social Security Number)

Name of Employer _____

Address _____

Date of Death Nov. 17 1940 (Date) (Hour)

Date of Birth _____ (Years) (Months) (Days) (Hour)

Age 86 (Years) (Months) (Days) (Hour)

Date of Funeral Nov 19 1940 (Date) (Day of Week) (Hour)

Services at St. Joseph's Church

Clergyman J. S. Williams (Address)

Religion of the Deceased _____

Birthplace _____

Resided in the State Mo. (or St. or City or County) (Years) (Months)

Place of Death Independence, Mo.

Cause of Death Pneumonia

Contributory Causes _____

Certifying Physician D. L. Cook, Registrar (or Coroner)

His Address Independence, Mo.

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Motor Ship } Remains to _____

Size of Casket #11. Hyd. Lid. Silver Model

Manufactured by Ray McCallister, Callal Co.

Interment at Rose Hill Cemetery

Lot No. 144

Grave No. 2

Section No. _____

Owner _____

Diagram of Lot or Vault

Complete Funeral	\$	100.00
Casket		
Burial Vault or Box		
Embalming Body (Cash Paid to Embalmer)		25.00
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress		
Slippers, \$		
Hose, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		15.00
Ambulance, \$		2.50
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from Independence		No. chg.
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
State Physician's or Coroner's		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	17.50
Outlay for Lot		
Cremation		
line Death Notices in _____ Papers		
Flowers, \$		7.35
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		9.00
Lining Grave, \$		
Lowering Device, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
State Funeral Home (containing)		25.00
Sales Tax		1.00
Total Footing of Bill	\$	159.85
Less <u>Op. Trav.</u>	\$	9.00
Balance	\$	150.85
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Nov 10</u>	To Above Balance				
	By Payment				
<u>Nov 11</u>	<u>J. M. Vandenberg</u>				
<u>Nov 12</u>	<u>H. E. Lewis</u>				
<u>Nov 13</u>	<u>Chas. Lane</u>				
<u>Nov 14</u>	<u>Walter Van Dyke</u>				
<u>Nov 15</u>	<u>Stewart</u>				
<u>Nov 16</u>	<u>A. J. Fitch</u>				
		SINCEP:		To Balance Forward	
		<u>Letaude Dalton</u>		By Payment	
		<u>Audrey Smith</u>			
		<u>John M. King</u>			
		<u>Raymond Sprague</u>			
		<u>Carlyon Sherman</u>			

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

Witness N. White Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1800 Yearly No. 37 Date Dec. 1, 1940
 Name of Deceased Janice Leavel Miller
 Married Single Widowed Divorced (What Race)
 Residence _____
 Husband Wife Widow of _____ of _____ of _____

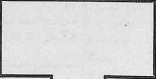
Charge to Virgil Miller
 Address Mb. Ave.
 Order given by _____ (or informant)
 How Secured Op. %
 Occupation _____ (Social Security Number)
 Name of Employer _____

Address _____
 Date of Death Nov. 30, 1940 11 AM
 Date of Birth Nov. 27, 1940
 Age 0 0 8
 (Years) (Months) (Days)
 Date of Funeral 12/1/40 Sunday 2:30 P. M.
 (Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman D. B. Jordan (Address)

Religion of the Deceased _____
 Birthplace Dec. Co. Hosp., Iowa, Iowa
 Resided in the State _____ (for U. S. or City or County) (Years) (Months)
 Place of Death Dec. Co. Hosp., Iowa, Iowa
 Cause of Death Pulmonary atelectasis
 Contributory Causes Congenital

Certifying Physician C. E. Yarned (or Coroner)
 His Address _____
 Name of Father Virgil Miller
 His Birthplace Decatur Co., Iowa

Maiden Name of Mother Jane Lane
 Her Birthplace Polk Co., Hamilton Co., Iowa
 Motor Ship } Remains to _____
 Size of Casket #180 - 7/8 A. O. K. Wash.
 (State Color and Number)
 Manufactured by _____
 Interment at Rose Hill { Cemetery
 Crematory

Diagram of Lot or Vault 
 Lot No. 1606
 Grave No. 4
 Section No. _____
 Owner _____

Complete Funeral	\$ 30.00
Casket	
Burial Vault or Box <u>Pin</u>	✓
Embalming Body (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress (State Kind and Color)	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	1 @ \$
Autos to R. R. Station	@ \$
Getting Remains from <u>Dec. Hosp.</u>	-
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to <u>Chm</u>	-
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	-
Gross Total for Sales Tax	\$ 30.00
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	
Flowers, \$	Palms, \$
Matting, \$	2.00
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	5.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	Railroad } Tickets, \$
Aero-plane Service, \$	Telegr., Phone, Cable or Radio Charges
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	30
Total Footing of Bill	\$ 37.30
Less <u>Op. %</u>	\$ 5.00
Balance	\$ 32.30
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>12/1/40</u>	To Above Balance	\$ 37.30		To Balance Forward	\$ 37.30
<u>12/1/40</u>	By Payment	\$ 5.00		By Payment	\$ 5.00
	" " "	\$ 32.30		" " "	\$ 32.30
	" " "	\$ 32.30		" " "	\$ 32.30
	" " "	\$ 32.30		" " "	\$ 32.30
	" " "	\$ 32.30		" " "	\$ 32.30
	" " "	\$ 32.30		" " "	\$ 32.30
	" " "	\$ 32.30		" " "	\$ 32.30

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 I hereby covenant and agree to pay the same within _____ (Firm Name of Funeral Directors.)
 maturity at the rate of _____ % per annum. _____ days from date. Interest to accrue from _____
 Witness [Signature] Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1801 Yearly No. 38 Date Dec. 7, 1940

Name of Deceased James Ruelen Stanley

Residence Chapman, Wyoming Married Single Widowed Divorced (What Race)

Charge to U.R. Stanley Husband Wife Widow or of Yvonne B. Stanley

Address Little Bear Route, Chapman, Wyo.

Order given by Yvonne B. Stanley

How Secured Paraph (or informant)

Occupation Farmer (Social Security Number)

Name of Employer

Address

Date of Death December 2, 1940 7:40 P.M. (Date) (Hour)

Date of Birth April 13, 1870 (Date) (Hour)

Age 70 7 30 (Years) (Months) (Days)

Date of Funeral 12/9/40 Sat. 2 P.M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Walter Ballentine, James Wain (Address)

Religion of the Deceased

Birthplace Deer Creek Co. Iowa

Resided in the State 18 (or U.S. or City or County) (Years) (Months)

Place of Death Manitou Hot Springs, Wyoming, Wyo.

Cause of Death Cardiac Decomposition

Contributory Causes Hypertension, Atherosclerosis, Senility

Certifying Physician Geo. P. Johnson (or Coroner)

His Address Chapman, Wyo.

Name of Father John Stanley

His Birthplace no data

Maiden Name of Mother

Her Birthplace

Motor Ship Remains to James Kelly & Truckner, S.D.

Size of Casket Chapman Wyo. (State Color and Number)

Manufactured by Rose Hill

Interment at Rose Hill { Cemetery Crematory

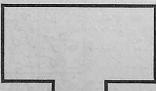
Lot No. 704

Grave No. 2

Section No.

Owner

Complete Funeral	\$ 75.00
Casket	
Burial Vault or Box (State Kind)	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress (State Kind and Color)	
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	
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. (State Physician's or Coroner's)	
Phall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers	
Flowers, \$ (Names of Newspapers)	
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, \$
Motor	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 32.00
Less	\$
Balance	\$



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$ 32.00		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	Orville Kallely, Jr.	\$		Dorothy Wimmer	\$
	Walter Kallely	\$		Viola Holmberg	\$
	Geo. Kelly	\$		"	\$
	James C. Johnson	\$		Edson Draper - Funeral	\$
	James Johnson	\$		"	\$
	Henry Smith	\$		"	\$
		\$		"	\$
		\$		"	\$

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

Signed _____

Witness _____ Address _____

RECORD OF FUNERAL

41

Total No. 1802 Yearly No. 39 Date Dec. 17, 1940
 Name of Deceased Phillard B. Gaylord
 Married Single Widowed Divorced (What Race)
 Residence Labor, Iowa Husband Wife Widow of Josephine Gaylord
 Charge to Estate of _____

Address _____
 Order given by Mrs. Gaylord (or informant)
 How Secured 30 day
 Occupation Mechanic 478-09-7944 (Social Security Number)
 Name of Employer Leon Anthony
 Address Labor
 Date of Death Dec 10, 1940 - 4:15 P.M. (Date) (Hour)
 Date of Birth Mar. 30, 1876
 Age 64 (Years) 8 (Months) 30 (Days)
 Date of Funeral 12/14/40 Sun 7:30 A.M. (Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman D. B. Jordan, F. A. Seck (Address)
 Religion of the Deceased _____
 Birthplace Labor, Iowa
 Resided in the State _____ (or U. S. or Foreign Country) (Years) (Months)
 Place of Death Dec. Co. Hosp., Labor, Ia
 Cause of Death _____
 Contributory Causes _____

Complete Funeral \$ 254.00
 Casket _____
 Burial Vault or Box Redwood (State Kind)
 Embalming Body _____ (Name of Embalmer)
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress _____ (State Kind and Color)
 Slippers, \$ _____ Hose, \$ _____
 Folding Chairs, \$ _____ Tarpaulin, \$ _____
 Candelabrum, \$ _____ Candles, \$ _____
 Door Spray, \$ _____ Gloves, \$ _____
 Funeral Car, \$ _____ Ambulance, \$ _____
 Limousines to Cemetery 2.00
 Autos to R. R. Station @ \$
 Getting Remains from Dec. Co. Hosp.
 Taking Remains to _____
 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. _____ (State Physician's or Coroner's)
 Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
 Personal Service _____

Certifying Physician E. E. Jensen (or Coroner)
 His Address _____
 Name of Father Elijah Gaylord
 His Birthplace _____
 Maiden Name of Mother Mary J. Smith
 Her Birthplace New Hampshire
 Motor } Remains to _____
 Ship }
 Size of Casket 232 C.W. 1/2 C. (State Color and Number)
 Manufactured by R. O. A.
 Interment at Rose Hill { Cemetery
 Crematory
 Lot No. 787
 Grave No. 2
 Section No. _____
 Owner _____

Gross Total for Sales Tax \$ 254.00
 Outlay for Lot _____
 Cremation _____
 _____ line Death Notices in _____ Papers
 Flowers, \$ _____ Palms, \$ _____ Matting, \$ 16.50
 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-
 or Motor } plane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Undertaker's Charges _____
 Sales Tax _____ 2.54
 Total Footing of Bill \$ 281.04
 Less 97.00 \$ 8.00
 Balance 273.04
 Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>12/17/40</u>	To Above Balance	\$ <u>281.04</u>		To Balance Forward	\$ _____
	By Payment	\$ _____		By Payment	\$ _____
<u>12/18/40</u>	<u>W. H. Anderson</u>	\$ _____	<u>12/18/40</u>	<u>Theresa Jensen</u>	\$ _____
<u>12/18/40</u>	<u>W. H. Anderson</u>	\$ _____	<u>12/18/40</u>	<u>Mrs. Henry Jensen</u>	\$ _____
<u>12/18/40</u>	<u>W. H. Anderson</u>	\$ _____	<u>12/18/40</u>	<u>Mrs. Fred Westlund</u>	\$ _____
<u>12/18/40</u>	<u>W. H. Anderson</u>	\$ _____	<u>12/18/40</u>	<u>Mrs. E. Hansen Cole</u>	\$ _____
<u>12/18/40</u>	<u>W. H. Anderson</u>	\$ _____	<u>12/18/40</u>	<u>Mrs. Tom Seck</u>	\$ _____
<u>12/18/40</u>	<u>W. H. Anderson</u>	\$ _____	<u>12/18/40</u>		\$ _____

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 _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____ Address _____
 Witness R. M. M.

RECORD OF FUNERAL

Total No. 1803 Yearly No. 40 Date Dec. 15, 1940

Name of Deceased Mary Arabelle Drackin
 Married Single Widowed Divorced (What Race)

Residence Ladysburg, Md.
 Husband Wife Widow or of John Drackin

Charge to O. A. P.

Address

Order given by John Drackin (or informant)

How Secured

Occupation Housewife (Social Security Number)

Name of Employer

Address

Date of Death Dec. 13, 1940 - 7:45 A.M. (Date) (Hour)

Date of Birth Sept. 26, 1867 (Date) (Year) (Month) (Day) (Hour)

Age 73 (Years) (Months) (Days)

Date of Funeral Dec. 14, 1940 - 2 P. M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman W. A. Davis, Bishop, Md. (Address)

Religion of the Deceased

Birthplace McKenah, Co., Md.

Resided in the State Community 27, Md. (or U. S. or City or County) (Years) (Months)

Place of Death Prison, Md.

Cause of Death Apoplectic Hemiplegia

Contributory Causes Myocardial degeneration, Central Hemiplegia, Hypertension

Certifying Physician E. G. Dabell (or Coroner)

His Address

Name of Father John Hasty

His Birthplace Ladysburg, Md.

Maiden Name of Mother Emilie M. Henny

Her Birthplace Ladysburg, Md.

Motor } Remains to Ship } High Case Casket (State Color and Number)

Size of Casket

Manufactured by W. H. H. Co.

Interment at Rock Hill { Cemetery } Crematory

Lot No. 1517

Grave No. 4

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	✓	\$ 100.00
Casket	✓	\$ 2.00
Burial Vault or Box	✓	\$ 2.00
Embalming Body	✓	\$ 2.00
Barber, \$	✓	\$ 1.00
Dressing Body, \$	✓	\$ 1.00
Suit or Dress	✓	\$ 1.00
Slippers, \$	✓	\$.50
Folding Chairs, \$	✓	\$.50
Candelabrum, \$	✓	\$.50
Door Spray, \$	✓	\$.50
Funeral Car, \$	✓	\$.50
Limousines to Cemetery	✓	\$.50
Autos to R. R. Station	✓	\$.50
Getting Remains from	✓	\$.50
Taking Remains to	✓	\$.50
Trip to Coroner's Inquest	✓	\$.50
Delivering Box to	✓	\$.50
Deliver Flowers to	✓	\$.50
Removal Charges	✓	\$.50
Procuring Burial Permit	✓	\$.50
Certif. Copies of Death Certificates No.	✓	\$.50
Pall Bearer Service, \$	✓	\$.50
Personal Service	✓	\$.50
Gross Total for Sales Tax		\$
Outlay for Lot		\$
Cremation		\$
line Death Notices in		Papers
Flowers, \$		\$
Rental of Tent, \$		\$
Opening of Grave or Tomb		\$
Lining Grave, \$		\$
Outlay for Shipping Charges		\$
Clergyman, \$		\$
Railroad } Tickets, \$		\$
or Motor } plane Service, \$		\$
Telegr., Phone, Cable or Radio Charges		\$
Cash Advanced		\$
Out of town Undertaker's Charges		\$
Sales Tax		\$
Total Footing of Bill		\$ 100.00
Less		\$
Balance		\$
Entered into Ledger, page		or below

Date		Amount Paid	Balance	Date		Amount Paid	Balance
<u>P. J.</u>	To Above Balance		\$		To Balance Forward		\$
	By Payment	\$	\$		By Payment	\$	\$
<u>Ladysburg, Md. Co.</u>		\$	\$		" "	\$	\$
<u>John Hasty</u>		\$	\$		" "	\$	\$
<u>Wm. H. H. Co.</u>		\$	\$		" "	\$	\$
<u>Wm. H. H. Co.</u>		\$	\$		" "	\$	\$
<u>Wm. H. H. Co.</u>		\$	\$		" "	\$	\$
<u>Wm. H. H. Co.</u>		\$	\$		" "	\$	\$
<u>Wm. H. H. Co.</u>		\$	\$		" "	\$	\$
<u>Wm. H. H. Co.</u>		\$	\$		" "	\$	\$
<u>Wm. H. H. Co.</u>		\$	\$		" "	\$	\$

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 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 _____ Address _____

Witness _____ Address _____

RECORD OF FUNERAL

Total No. 1804 Yearly No. 1 Date January 3, 1941
 Name of Deceased Earl Richardson Married Single Widowed Divorced (What Race)
 Residence Ringgold Co. Iowa Husband Wife Widow of Ruth Richardson
 Charge to Mrs. Earl Richardson
 Address Wellston Iowa

Order given by " (or informant)
 How Secured "
 Occupation Farmer none (Social Security Number)
 Name of Employer Self
 Address "

Date of Death 1-1-41 6:30 AM (Date) (Hour)
 Date of Birth 9-11-73 (Date) (Day) (Month) (Year) (Days)
 Age 47 5 20 (Years) (Months) (Days)
 Date of Funeral 1/3/41 2 P. (Date) (Day of Week) (Hour) (M.)

Services at Burial Home
 Clergyman C. C. Harper, Arthur Kane (Address)
 Religion of the Deceased "
 Birthplace Ringgold Co. Iowa
 Resided in the State 46 (or U. S. or Day or County) (Years) (Months)

Place of Death Dec. Co. Hosp., Des. Ia
 Cause of Death Carcinoma of Lung
 Contributory Causes Liver Dysfunction
 Certifying Physician C. C. Lamm (Address)

His Address Ringgold
 Name of Father Charles Richardson
 His Birthplace Ringgold Co. Iowa
 Maiden Name of Mother E. Emma L. Lamm
 Her Birthplace Monroe Co. Iowa

Motor Ship } Remains to
 Size of Casket 232 C. N. Velour 4. Cash (State Color and Number)
 Manufactured by R. A. M.
 Interment at R. St. Hill Cemetery
 Crematory

Diagram of Lot or Vault
 Lot No. 15.17
 Grave No. 1
 Section No. "
 Owner "

Complete Funeral	\$ 254.00
Casket	
Burial Vault or Box <u>Perkins Nelson</u>	78.00
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery <u>1 @ \$</u>	
Autos to R. R. Station <u>@ \$</u>	
Getting Remains from <u>Des.</u>	No. Chg.
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to <u>Chm</u>	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. _____	
Pall Bearer Service, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 322.00
Outlay for Lot. <u>Des. Co. # 1517</u>	20.00
Cremation	
line Death Notices in _____ Papers	
Flowers, \$	
Palms, \$	
Matting, \$	6.00
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	9.00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad } Tickets, \$	
Aero- } plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>2.57</u>	4.22
Total Footing of Bill	\$ 371.22
Less	
Balance	
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>1/3/41</u>	By Payment	\$		By Payment	\$
<u>None Richardson</u>	\$	\$		" " "	\$
<u>Sped " "</u>	\$	\$		<u>Wanda Walden</u>	\$
<u>Olend Richardson</u>	\$	\$		<u>Crystal Draper</u>	\$
<u>Stem " "</u>	\$	\$		<u>Dorothy Newman</u>	\$
<u>Elo Buchett</u>	\$	\$		<u>Betty Ann Hyde</u>	\$
<u>Hugh " "</u>	\$	\$		" " "	\$

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 _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.
 Signed _____
 Witness R. White Address _____

RECORD OF FUNERAL

Total No. 1805 Yearly No. 2 Date January 14, 1941

Name of Deceased Aura Est. Strank
 Married Single Widowed Divorced (What Race)
Residence Union Co. Colfax Twp., Mo. Husband Wife Widow of Cyrus Strank

Charge to: Mrs. J. H. Manning
Address: Blairville, Mo.
Order given by: A. B. Strank
(or informant)

How Secured
Occupation Housewife none
(Social Security Number)
Name of Employer

Address
Date of Death January 12, 1941 11:30 AM
(Date) (Hour)

Date of Birth June 15, 1866
Age 74 6 27
(Years) (Months) (Days)

Date of Funeral Jan 14, 1941 1:30 P. M.
(Date) (Day of Week) (Hour)
Services at: Capitol Church, Blairville

Clergyman R. H. Strank, Blairville
(Address)
Religion of the Deceased

Birthplace Blairville, Indiana
Resided in the State Mo. (Years) (Months)
(or U. S. or City or County)

Place of Death Capitol Church Blairville, Mo.
Cause of Death Lobar Pneumonia

Contributory Causes
Certifying Physician Dr. W. M. Brantley
(or Coroner)

His Address Blairville, Mo.
Name of Father Dr. Camp, Blairville, Indiana
His Birthplace unknown

Maiden Name of Mother Caroline Kelsey
Her Birthplace Indiana

Motor Ship } Remains to Wm. Hill Co., Blairville, Mo.
Size of Casket 3 Temp. Wood Case, Colfax
(State Catalog Number)

Manufactured by Wm. Hill Co., Blairville
Interment at Wm. Hill Co., Blairville Cemetery
Crematory

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

Complete Funeral	\$ 100.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
—Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	

Gross Total for Sales Tax \$ 100.00
Outlay for Lot
Cremation
line Death Notices in Papers

Flowers, \$ 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-
or Motor } plane Service, \$
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges

Sales Tax \$ 1.00
Total Footing of Bill \$ 101.00
Less \$
Balance \$
Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
<u>Harold Arnold</u>	\$	\$	<u>Mrs. Julia Weidauer</u>	\$	\$
<u>Meredith Hanks</u>	\$	\$	<u>Mrs. Peggy S. Hanks</u>	\$	\$
<u>Harold Lane</u>	\$	\$	<u>J. O. Hill</u>	\$	\$
<u>Ray McRoberts</u>	\$	\$	<u>R. B. Harrison</u>	\$	\$
<u>Don Fowler</u>	\$	\$		\$	\$
<u>Ray Swell</u>	\$	\$		\$	\$

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 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 _____
Address _____
Witness M. H. H. H.

RECORD OF FUNERAL

Total No. 1806 Yearly No. 5 Date February 3, 1941
 Name of Deceased William Securus Allman
 Married Single Widowed Divorced (What Race)
 Residence near Laramie, Decatur Co. Iowa Husband Wife Widow of Catherine Allman
 Charge to Co. State

Address _____
 Order given by Catherine Allman - Mother (or informant)
 How Secured Safe Cont.
 Occupation Harmon none (Social Security Number)
 Name of Employer _____
 Address Laramie, Iowa
 Date of Death January 31, 1941 - 8:30 A.M. (Date) (Hour)
 Date of Birth June 2, 1880
 Age 60 2 29 (Years) (Months) (Days)
 Date of Funeral Feb 4, Sun 3:0 M. (Date of Week) (Hour)
 Services at Funeral Home
 Clergyman D. B. Jordan (Address)
 Religion of the Deceased _____
 Birthplace Decatur County, Iowa
 Resided in the State Co. (or U. S. or City or County) (Years) (Months)
 Place of Death Laramie, Iowa
 Cause of Death Myocardial Infarction of Left Kidney
 Contributory Causes _____
 Certifying Physician E. E. Lamm (or Coroner)
 His Address _____
 Name of Father James Maurice Allman
 His Birthplace Illinois
 Maiden Name of Mother Paula Elizabeth
 Her Birthplace Illinois
 Motor } Remains to
 Ship } _____
 Size of Casket 1 Rose Cedarville State (State Colored Number)
 Manufactured by M.C. - Dan
 Interment at Lily { Cemetery
 Crematory

Complete Funeral	\$ 269.00
Casket	
Burial Vault or Box <u>Person</u>	78.00
Embalming Body	
Barber, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	1.00
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Personal Service	
Gross Total for Sales Tax	\$ 348.00
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	
Flowers, \$	20.50
Rental of Tent, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Railroad or Motor Tickets, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>on 269.00</u>	4.25
Total Footing of Bill	\$ 372.75
Less _____	
Balance	
Entered into Ledger, page _____ or below.	

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>P.P.</u>	To Above Balance	\$ _____	<u>WEEKS</u>	To Balance Forward	\$ _____
<u>P.P.</u>	By Payment	\$ _____	<u>Securus Allman</u>	By Payment	\$ _____
<u>John Nicholson</u>	\$ _____	\$ _____	<u>Johnnie Taylor</u>	\$ _____	\$ _____
<u>William Taylor</u>	\$ _____	\$ _____	<u>Johnnie Taylor</u>	\$ _____	\$ _____
<u>Ab. D. Salzman</u>	\$ _____	\$ _____	<u>Johnnie Taylor</u>	\$ _____	\$ _____
<u>Miss Adams</u>	\$ _____	\$ _____	<u>Johnnie Taylor</u>	\$ _____	\$ _____
<u>Isaac Slauter</u>	\$ _____	\$ _____	<u>Johnnie Taylor</u>	\$ _____	\$ _____
<u>Alva Taylor</u>	\$ _____	\$ _____	<u>Johnnie Taylor</u>	\$ _____	\$ _____

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

Witness R. White Signed _____
 Address _____

RECORD OF FUNERAL

Total No. 1807 Yearly No. 17 Date Feb. 5 1941

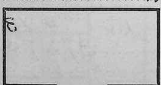
Name of Deceased Almira Viola Baker
 Married Single Widowed Divorced (What Race)
 Husband Wife Widow of William Baker

Residence Osceola, Iowa
Charge to: Clark Co. Soc. Welfare Board
Address: P.O. Box 100, Osceola, Iowa
Order given by Mrs. Meredith Reynolds
(or informant)
How Secured _____
Occupation _____ (Social Security Number)
Name of Employer _____
Address _____

Date of Death Feb. 3, 1941 9:45 P.M.
(Date) (Hour)
Date of Birth Aug. 10, 1876
(Year) (Month) (Days)
Age 64 33
Date of Funeral Feb. 4 Wed. 2 P. M.
(Date) (Day of Week) (Hour)
Services at: Funeral Home
Clergyman: Rev. D. B. Jordan
(Address)
Religion of the Deceased S. D.
Birthplace Indiana

Resided in the State Osceola 15
(or U. S. or City or Country) (Years) (Months)
Place of Death Osceola, Iowa
Cause of Death Pneumonia
Contributory Causes Influenza
Certifying Physician W. C. Gray
(or Coroner)
His Address Osceola, Iowa
Name of Father Jason Cove
His Birthplace no data
Maiden Name of Mother Lewina Hunterman
Her Birthplace no data

Motor Ship } Remains to _____
Size of Casket Rose Cedar, State (Spec)
(State Code and Number)
Manufactured by M.O. Kay
Interment at Home Hill Cemetery Crematory

Diagram of Lot or Vault 
Lot No. 670 S
Grave No. _____
Section No. _____
Owner _____

Complete Funeral \$ 100.00
Casket
Burial Vault or Box (None) (State Kind)
Embalming Body (Name of Embalmer)
Barber, \$ Hair Dressing, \$
Dressing Body, \$ Underwear, \$
Suit or Dress (State Kind and Color)
Slippers, \$ Hose, \$
Folding Chairs, \$ Tarpaulin, \$
Candelabrum, \$ Candles, \$
Door Spray, \$ Gloves, \$
Funeral Car, \$ Ambulance, \$
Limousines to Cemetery 1 @ \$
Auto to R. R. Station @ \$
Getting Remains from Osceola - no charge
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to Home Hill
Deliver Flowers to
Removal Charges
Procuring Burial Permit
Certif. Copies of Death Certificates No. _____
(State Physician's or Coroner's)
Pall Bearer Service, \$ Use of Chapel, \$
Personal Service, \$

Gross Total for Sales Tax \$ 100.00
Outlay for Lot
Cremation
line Death Notices in Papers
(Names of Newspapers)
Flowers, \$ Palms, \$ Matting, \$ 16.00
Rental of Tent, \$ of Temporary Vault, \$
Opening of Grave or Tomb 7.00
Lining Grave, \$ Lowering Device, \$
Outlay for Shipping Charges
Clergyman, \$ Singers, \$ Organist, \$
Railroad or Motor Tickets, \$ Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Sales Tax
Total Footing of Bill \$ 123.00
Less 90.00 \$ 33.00
Balance \$ 116.00
Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
P. H. To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
D. H. S. Simpson	\$	\$	Wanda Vera	\$	\$
Ed. Cruid	\$	\$	" "	\$	\$
W. E. Roswell	\$	\$	" "	\$	\$
Chas. Davis	\$	\$	" "	\$	\$
Thos. Jones	\$	\$	" "	\$	\$
M. W. Hayden	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within (Firm Name of Funeral Directors.)
maturity at the rate of % per annum. Signed days from date. Interest to accrue from
Witness Address

RECORD OF FUNERAL

Total No. 1808 Yearly No. 5 Date February 14, 1941
 Name of Deceased Herbert Murray Married Single Widowed Divorced (What Race)
 Residence Lamus, Iowa Husband Wife Widow of Sda Murray

Charge to Estate
 Address John P. Murray
 Order given by John P. Murray
 How Secured Sales Contract
 Occupation Farmer
 Name of Employer Self

Date of Death Feb. 12, 1941 12:20 AM
 Date of Birth Feb. 19, 1871
 Age 69 11 21
 Date of Funeral 2/14/41 Apr 10 A M.

Services at Funeral Home
 Clergyman G. M. Bender, J. J. Gray
 Religion of the Deceased M. C.
 Birthplace Lucas Co., Iowa
 Resided in the State 66 days
 Place of Death Veterans Hospital, Des Moines
 Cause of Death Bronchial Pneumonia

Contributory Causes Prostate, Hypertension
 Certifying Physician W. J. Butzke
 His Address Des Moines

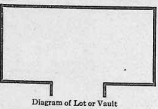
Name of Father John Murray
 His Birthplace Ohio
 Maiden Name of Mother Elizabeth Barkhead
 Her Birthplace Ohio
 Motor Vehicle } Remains to Chariton, Iowa
 Size of Casket #219, King Seagrave State
 Manufactured by R. O. Co.
 Interment at Chariton { Cemetery Crematory

Complete Funeral \$ 367.00
 Casket Salon Peckham 78.00
 Burial Vault or Box (State Kind)
 Embalming Body
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$ 6.00
 Limousines to Cemetery, @ \$
 Autos to R. R. Station @ \$
 Getting Remains from Des Moines No. Chg.
 Taking Remains to Chariton 12.00
 Trip to Coroner's Inquest No. Chg.
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No.
 Pall Bearer Service, \$ Use of Chapel, \$
 Personal Service

Gross Total for Sales Tax \$
 Outlay for Lot \$
 Cremation
 line Death Notices in Papers

Flowers, \$ Palms, \$ Matting, \$ 28.00
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 10.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$ 2.50
 Railroad } Tickets, \$ Aero plane Service, \$
 or Motor }
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
Chariton Funeral Home

Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____
 Entered into Ledger, page _____ or below.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$ 508.73	To Balance Forward		\$ 508.73
By Payment	\$ 17.50	\$ 491.23	By Payment	\$ 17.50	\$ 473.73
Wm. Seckman	\$ 17.50		"		
J. C. Danville	\$ 17.50		"		
A. Hill	\$ 17.50		"		
M. A. Brown	\$ 17.50		"		
H. D. Stebbins	\$ 17.50		"		
John Beck	\$ 17.50		"		

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 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 _____

RECORD OF FUNERAL

Total No. 1809 Yearly No. 6 Date February 23, 1941

Name of Deceased Marcia Jayne Clark

Residence 1145 1/2 E. 1st St., King, La.

Charge to L. Lloyd Clark

Address Tanner, Iowa

Order given by L. Lloyd Clark

How Secured

Occupation

Name of Employer

Address

Date of Death Feb 21, 1941

Date of Birth

Age

Date of Funeral Feb 24, 1941

Services at 7:30 P.M. - Services Conducted by us

Clergyman

Religion of the Deceased

Birthplace Kinggold Co., La.

Resided in the State

Place of Death Kinggold Co., La.

Cause of Death Stroke

Contributory Causes

Certifying Physician L. E. Gault

His Address

Name of Father L. Lloyd Clark

His Birthplace Shalvey, Iowa

Maiden Name of Mother Mary Ann Cunningham

Her Birthplace Haltersville, Mo.

Motor Ship } Remains to

Size of Casket 7 1/2 x 30 x 30

Manufactured by

Interment at Funeral Center

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 10.00
Casket	✓
Burial Vault or Box	✓
Embalming Body	(State Kind)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	✓
Certif. Copies of Death Certificates No.	(State Number and District)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	(Names of Newspapers)
Rental of Tent, \$	Palms, \$
Opening of Grave or Tomb	Matting, \$
Lining Grave, \$	of Temporary Vault, \$
Outlay for Shipping Charges	Lowering Device, \$
Clergyman, \$	Singers, \$
Railroad or Motor Tickets, \$	Organist, \$
Telegr., Phone, Cable or Radio Charges	Aero plane Service, \$
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	10%
Total Footing of Bill	10.70
Less	
Balance	\$
Entered into Ledger, page	or below

Date	Amount Paid	Balance
To Above Balance	\$	\$
By Payment	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$

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 I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. 1810 Yearly No. 7 Date March 2, 1941

Name of Deceased Richard Mickelson Married Single Widowed Divorced (What Race)
 Residence Jayette Sup. Secatus Co., Iowa Husband Wife Widow or of Raymond & Alice

Charge to Raymond Mickelson
 Address Statter Mickelson
 Order given by Statter Mickelson (or informant)

How Secured
 Occupation (Social Security Number)

Name of Employer
 Address
 Date of Death 3/2/41 (Date) (Hour)

Date of Birth 3/2/41
 Age
 Date of Funeral 3/2/41 (Date) (Day of Week) (Hour) 1:30 P.M.

Services at Funerary
 Clergyman Rev. Myers (Address)
 Religion of the Deceased

Birthplace Jayette Sup. Secatus Co., Ia.
 Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Jayette
 Cause of Death Stillborn
 Contributory Causes

Certifying Physician Co. E. Lauerh (or Coroner)
 His Address Raymond Mickelson

Name of Father Raymond Mickelson
 His Birthplace Jayette Sup. Secatus Co., Ia.
 Maiden Name of Mother Alice Jackson

Her Birthplace Mt. Air, Iowa
 Motor Ship } Remains to
 Size of Casket No. 40 Has top Lambskin (State Color and Number)

Manufactured by K. H. Hill
 Interment at K. H. Hill Cemetery Crematory

Lot No. 686 S.
 Grave No.
 Section No.

Owner
 Diagram of Lot or Vault

Complete Funeral	\$ 15.00	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress	22	
Slippers, \$	Hose, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery, 1 @ \$		
Autos to R. R. Station, 1 @ \$		
Getting Remains from <u>R.R.</u>		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to <u>Cham</u>		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, \$	Use of Chapel, \$ 1	
Personal Service		
Gross Total for Sales Tax	\$ 15.82	
Outlay for Lot	25.00	
Cremation		
line Death Notices in Papers		
Flowers, \$	Palms, \$	Matting, \$ 1.17
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		4.00
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$ 25.99	
Less <u>Ch. Dues + Sp. To</u>	\$ 9.82	
Balance	\$ 16.17	
Entered into Ledger, page	or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to 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 [Signature] Address

RECORD OF FUNERAL

Total No. 1811 Yearly No. 1877 Date March 8 1941

Name of Deceased Barton, Francis Edwin Married Single Widowed Divorced (What Race)

Residence Norman F. Edwin Husband Wife Widow or _____ of _____

Charge to _____

Address _____

Order given by _____ (or informant)

How Secured _____

Occupation _____ (Social Security Number)

Name of Employer _____

Address _____

Date of Death 3-7-41 (Date) (Hour)

Date of Birth 3-7-41 (Date) (Hour)

Age _____ (Years) (Months) (Days)

Date of Funeral 3-8-41 (Date) (Day of Week) (Hour) 2 P. M.

Services at Country

Clergyman J. S. Williams (Address)

Religion of the Deceased _____

Birthplace Niles Top, Ringgold Co., La.

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Same as birth

Cause of Death Stillborn (7 1/2 mo.)

Contributory Causes _____

Certifying Physician E. E. Daniel (or Coroner)

His Address _____

Name of Father Norman Francis Edwin

His Birthplace Greenville, Iowa

Maiden Name of Mother Edna Corley Wanta

Her Birthplace Woodburn, Iowa

Motor Ship } Remains to _____

Size of Casket No. Flat top deathkin (State Color and Number)

Manufactured by Starling

Interment at Rose Hill { Cemetery } Crematory

Lot No. 750

Grave No. 1

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$	
Casket		10.00
Burial Vault or Box		
Embalming Body		
Barber, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Funeral Car, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. _____ (State Number and District)		
Pall Bearer Service, \$		
Use of Chapel, \$		7.50
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in _____ Papers		
Flowers, \$		1.50
Palms, \$		
Matting, \$		
Rental of Tent, \$		
Opening of Grave or Tomb		4.00
Lining Grave, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad Tickets, \$		
Aero plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$	23.00
Less <u>Op. B.</u>	\$	4.00
Balance	\$	19.00
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" <u>Barton, Francis and Sharon</u>	\$	\$	" <u>(Funeral)</u>	\$	\$
" <u>Buried in same casket</u>	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness R. White Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1812 Yearly No. 1888 Date March 8 1941
 Name of Deceased Sharon K. Edwick
 Married Single Widowed Divorced (What Race)
 Residence Norman F. Edwick
 Husband Wife Widow
 or of }


Charge to Norman F. Edwick
 Address
 Order given by
 (or informant)
 How Secured
 Occupation
 (Social Security Number)
 Name of Employer
 Address
 Date of Death 3-7-41
 (Date) (Hour)
 Date of Birth 3-7-41
 (Date) (Hour)
 Age 0 15 hr.
 (Years) (Months) (Days)
 Date of Funeral 3-14-41 2 P. M.
 (Date) (Day of Week) (Hour)
 Services at Crematory
 Clergyman S. S. Williams
 (Address)
 Religion of the Deceased
 Birthplace Wiley Twp., Ruggold Co., Ia.
 Resided in the State
 (or U. S. City and County) (Year) (Month)
 Place of Death Decker Co. Hosp., Deon, Ia.
 Cause of Death Myocardial failure
 Contributory Causes Premature birth (7 1/2 mo.)

Complete Funeral \$
 Casket
 Burial Vault or Box
 (State Kind)
 Embalming Body
 (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 (State Kind and Color)
 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
 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.
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Personal Service

Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 line Death Notices in Papers
 (Names of Newspapers)
 Flowers, \$ 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 or Motor } Tickets, \$ Aero-
 plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges

Expense included with that of twin in previous page
 B. wind in course credit

Certifying Physician E. E. Harsh
 (or Coroner)
 His Address
 Name of Father Norman F. Edwick
 His Birthplace Weswood, Ia.
 Maiden Name of Mother Edna Wiley, Barton
 Her Birthplace Woodburn, Ia.
 Motor Ship } Remains to
 Size of Casket Buried in same
 (State Color and Number)
 Manufactured by Decker with twin
 Interment at Weswood (Cemetery)
 (Crematory)

Diagram of Lot or Vault

 Lot No.
 Grave No.
 Section No.
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 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
 Address
 Witness [Signature]

RECORD OF FUNERAL

Total No. 1813 Yearly No. 9 Date March 14 1941

Name of Deceased E. Ita Julia M. Kim Married Single Widowed Divorced (What Race)
Residence Lamar, Iowa Husband Wife Widow of Marion D. Kim

Charge to State
Address 6. W. Moon (or informant)

Order given by E. W. Moon (Social Security Number)

How Secured
Occupation Housewife
Name of Employer

Address
Date of Death 3/11/41 8:15 A.M. (Date) (Hour)

Date of Birth 6/10/1868 (Date) (Hour)

Age 72 9 1 (Years) (Months) (Days) M.
Date of Funeral 3/14/41 Tuesday 2 P. (Date) (Day of Week) (Hour)

Services at M. E. Church
Clergyman G. M. Kessler, Keokuk (Address)

Religion of the Deceased M. E.
Birthplace L. A. Fort, Louisiana

Resided in the State Iowa (or U. S. city or County) (Years) (Months)
Place of Death L. A. Fort, Louisiana

Cause of Death Coronary Occlusion
Contributory Causes Hypertension
Arteriosclerosis

Certifying Physician E. E. Jansch (or Coroner)

His Address
Name of Father John Owen Moon

His Birthplace Ohio
Maiden Name of Mother Margie Red

Her Birthplace Newport, Ireland
Motor } Remains to
Ship } St. John, Metallic, N.C. (State Color and Number)

Size of Casket No. 1
Manufactured by Rose Hill

Interment at Rose Hill Cemetery Crematory

Lot No. 403
Grave No. 2

Section No.
Owner

Complete Funeral	\$	122.00
Casket		
Burial Vault or Box <u>Section Burial</u>		78.00
Embalming Body		
Barber, \$		
Hair Dressing, \$	1.00	
Dressing Body, \$		
Underwear, \$		
Suit or Dress		
Slippers, \$		
Hose, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousines to Cemetery, \$	@	
Autos to R. R. Station, \$	@	
Getting Remains from <u>Box</u>		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to <u>Chm</u>		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	5.03
Outlay for Lot		
Cremation		
line Death Notices in <u>Papers</u>		
Flowers, \$		
Palms, \$		
Matting, \$		10.50
Rental of Tent, \$		
Temporary Vault, \$		
Opening of Grave or Tomb		9.00
Lining Grave, \$		
Lowering Device, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax <u>4.25</u> <u>1.56</u>		5.81
Total Footing of Bill	\$	228.21
Less <u>Op. H.</u>	\$	9.00
Balance	\$	219.21



Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>P.B.</u>	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

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) _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 1814 Yearly No. 10 Date March 17 1941

Name of Deceased Georgia K. Benson

Residence Corning, Iowa Married Single Widowed Divorced (What Race)
 Charge to John K. Benson Husband Wife Widow of John K. Benson

Order given by " (or informant)
 How Secured Sales Cash

Occupation Housewife (Social Security Number)
 Name of Employer

Address Ex. 164, Corning, Iowa

Date of Death March 14, 1941 - 11:55 P.M.

Date of Birth Oct. 3, 1898

Age 42 3 11 (Year) (Months) (Days)

Date of Funeral 3/17/41 3 P. (Date) (Day of Week) (Hour) M.

Services at United Lutheran Church - Wesley Park

Clergyman " (Address)

Religion of the Deceased

Birthplace Sumner, Mo.

Resided in the State Iowa 31 (Years) (Months)

Place of Death Sumner, Mo. (or U. S. or City or County) (Years) (Months)

Cause of Death Carcinoma of Left Breast

Contributory Causes with generalized metastasis to spine, lungs & pelvic bones

Certifying Physician D. Louise Bain (or Coroner)

His Address Corning, Iowa

Name of Father Godolphus Hyatt

His Birthplace Illinois

Maiden Name of Mother Minnie Miller

Her Birthplace Iowa

Size of Casket # 301 Orchid John K. C. (State Color and Number)

Manufactured by R.O.B.

Interment at Samett, Kansas { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 338.00
Casket	
Burial Vault or Box <u>John Coffman</u>	78.00
Embalming Body <input checked="" type="checkbox"/>	
Barber, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Corning, Ia.</u>	No. Chg.
Taking Remains to <u>Samett, Kansas</u>	25.00
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificate No.	
Funeral Director's (State Physician's or Coroner's) Fall Bearer Service, \$	
Personal Service	
Gross Total for Sales Tax	
Cremation	
line Death Notices in	
Flowers, \$ (Name of Newspapers)	
Rental of Tent, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Railroad) Tickets, \$	
or Motor) Tickets, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>338.00</u> <u>1.5%</u>	4.94
Total Footing of Bill	\$ 750.19
Less	
Balance	
Entered into Ledger, page	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

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 I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness R. O. B. Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1815 Yearly No. 11 Date March 19 1941
 Name of Deceased Ida Maybelle Hoftager
 Married Single Widowed Divorced (What Based)
 Residence Blountton Sup. Decatur Co. Ga. Husband Wife Widow of A. P. Hoftager

Charge to A. Frank Hoftager
 Address _____
 Order given by _____ (or informant)
 How Secured Sales Cash
 Occupation Housewife (Social Security Number) _____
 Name of Employer _____

Date of Death March
 Date of Birth 3-8-78 (Date) (Hour)
 Age 63 (Years) 9 (Months) 8 (Days)
 Date of Funeral 3-19-41 (Date) Wed (Day of Week) 2 P. (Hour) M.
 Services at Funeral Home
 Clergyman D. B. Sorden (Address)

Religion of the Deceased _____
 Birthplace Decatur County
 Resided in the State _____ (Years) (Months)
 Place of Death Blountton Sup. Decatur Co. Ga.
 Cause of Death Natural

Contributory Causes Chronic Nephritis
Hypertension, Diabetes, Mitritis
 Certifying Physician E. E. Harnish (or Coroner)

His Address _____
 Name of Father Henry Woodruff
 His Birthplace Ga.
 Maiden Name of Mother Margaret Hatfield
 Her Birthplace not known
 Motor Ship } Remains to _____
 Size of Casket No. 8 Reg. Cap. E. Chapel (Color and Number)
 Manufactured by _____
 Interment at E. E. Chapel { Cemetery
 Crematory

Complete Funeral	\$ 179.00
Casket	
Burial Vault or Box <u>Bedward</u>	
Embalming Body	
Barber, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery, \$	
Autos to R. R. Station	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Full Bearer Service, \$	
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	
Rental of Tent, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Railroad or Motor Tickets, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	\$ 1.79
Total Footing of Bill	\$ 188.75
Less	\$
Balance	\$
Entered into Ledger, page	or below.

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>G. B.</u>	To Above Balance	\$	<u>SINCE</u>	To Balance Forward	\$
<u>Dick Marshall</u>	By Payment	\$	<u>Mrs. Ralph</u>	By Payment	\$
<u>Ernest Abrende</u>		\$	<u>Mrs. Hester Cole</u>		\$
<u>Joe Ryan</u>		\$	<u>Carroll</u>		\$
<u>Mrs. Cole</u>		\$	<u>Mrs. Lillian Sater</u>		\$
<u>Jim Ryan</u>		\$			\$
<u>Archie Brumby</u>		\$			\$

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 I hereby covenant and agree to pay the same within _____ (Firm Name of Funeral Directors.)
 maturity at the rate of _____ % per annum. _____ days from date. Interest to accrue from
 Witness N. White Signed _____ Address _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1816 Yearly No. 12 Date March 20 1941

Name of Deceased Frank Wesley Johnson Married Single Widowed Divorced (What Race)
 Residence Tamoni, Ia. Husband Wife Widow
 Charge to Mrs. Ella Johnson or _____ of _____

Address _____
 Order given by John W. Johnson (or informant)
 How Secured _____
 Occupation none none (Social Security Number)
 Name of Employer _____
 Address _____
 Date of Death 3/17/41 4:45 P.M. (Date) (Hour)
 Date of Birth 7/26-03
 Age 37 7 21 (Years) (Months) (Days)
 Date of Funeral 3/20/41 2 P. M. (Date) (Day of Week) (Hour)
 Services at Funeral Home
 Clergyman Wash Ballentyne (Address)
 Religion of the Deceased _____
 Birthplace Decatur Co., Iowa
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Tamoni, Iowa
 Cause of Death Heart Block - Complete
 Contributory Causes Arteriosclerosis

Complete Funeral \$ 139.00
 Casket _____
 Burial Vault or Box Redwood (State Kind)
 Embalming Body _____ (Name of Embalmer)
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress _____ (State Kind and Color) 10.00
 Slippers, \$ _____ Hose, \$ _____
 Folding Chairs, \$ _____ Tarpaulin, \$ _____
 Candelabrum, \$ _____ Candles, \$ _____
 Door Spray, \$ _____ Gloves, \$ _____
 Funeral Car, \$ _____ Ambulance, \$ _____
 Limousines to Cemetery 1.00 @ \$ _____
 Autos to R. R. Station _____ @ \$ _____
 Getting Remains from _____ @ \$ _____
 Taking Remains to _____
 Trip to Coroner's Inquest _____
 Delivering Box to Funeral Home
 Deliver Flowers to _____
 Removal Charges _____
 Procuring Burial Permit _____ (State Number and District)
 _____ Certif. Copies of Death Certificate No. _____ (State Physician's or Coroner's)
 Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
 Personal Service _____

Certifying Physician E. B. Ganser (or Coroner)
 His Address _____
 Name of Father John Wesley Johnson
 His Birthplace Iowa
 Maiden Name of Mother Ella Francis Kraybill
 Her Birthplace Kanab
 Motor } Remains to _____
 Ship }
 Size of Casket 131 Crape Wd Op (Size Color and Number)
 Manufactured by Woods
 Interment at Woods Hill Cemetery Crematory
 Lot No. 251
 Grave No. 2
 Section No. _____
 Owner _____

Gross Total for Sales Tax \$ _____
 Outlay for Lot _____
 Cremation _____
 _____ line Death Notices in _____ Papers _____
 Flowers, \$ _____ Palms, \$ _____ Matting, \$ 15.00
 Rental of Tent, \$ _____ of Temporary Vault, \$ _____
 Opening of Grave or Tomb 8.00
 Lining Grave, \$ _____ Lowering Device, \$ _____
 Outlay for Shipping Charges _____
 Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____
 Railroad } Tickets, \$ _____ Aero-
 or Motor } plane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Undertaker's Charges _____
 Sales Tax _____
 Total Footing of Bill \$ 173.59
 Less Op \$ 8
 Balance \$ 165.59
 Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>P.B.</u>	To Above Balance	\$ _____		To Balance Forward	\$ _____
	By Payment	\$ _____		By Payment	\$ _____
	<u>Mrs. Sadlentyne</u>	\$ _____		<u>SINGERS</u>	\$ _____
	<u>Wash Ballentyne</u>	\$ _____		<u>Helena Delaney</u>	\$ _____
	<u>Jack</u>	\$ _____		<u>Paula</u>	\$ _____
	<u>Matthew</u>	\$ _____		<u>Manda</u>	\$ _____
	<u>Company</u>	\$ _____		<u>Wash Ballentyne</u>	\$ _____
	<u>Shel</u>	\$ _____		<u>PRAY - Helena Delaney</u>	\$ _____

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.)
 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 M. White Address _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1817 Yearly No. 13 Date March 31 1941

Name of Deceased Ralph Maroni Traxler
 Married Single Widowed Divorced (What Race)

Residence L. L. Linnick, W. Linnick Husband Wife Widow of

Charge to W. L. Linnick, W. Linnick

Address

Order given by Francis Keranik (or informant)

How Secured

Occupation (Social Security Number)

Name of Employer

Address

Date of Death 3/27/41 (Date) (Hour)

Date of Birth (Year) (Month) (Days) (Hour)

Age 33 (Years) (Months) (Days) (Hour)

Date of Funeral 3/31/41 Mon 2:30 P.M. (Day) (Day of Week) (Hour)

Services at C. Linnick

Clergyman D. B. Sinden, A. R. Gilbert (Address)

Religion of the Deceased

Birthplace

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Linnick, W. Linnick

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Maroni Traxler

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket Metal etc. (State Color and Number)

Manufactured by Rock Hill { Cemetery Crematory

Interment at Rock Hill Lot No. 1483

Grave No. 1

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$ 25.00
Casket	
Burial Vault or Box (State Kind)	
Embalming Body	
Barber, \$ Hair Dressing, \$	
Dressing Body, \$ Underwear, \$	
Suit or Dress (State Kind and Color)	
Slippers, \$ Hose, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Spray, \$ Gloves, \$	
Funeral Car, \$ 2 Ambulance, \$	
Limousines to Cemetery 2 @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Oscoda</u>	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to <u>Crematorium</u>	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$ Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	
Outlay for Lot # <u>1483</u>	40.00
Cremation	
line Death Notices in Papers	
Flowers, \$ Palms, \$ Matting, \$	6.00
Rental of Tent, \$ of Temporary Vault, \$	
Opening of Grave or Tomb	7.00
Lining Grave, \$ Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor Tickets, \$ Aero plane Service, \$	
Telegr. Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	87.00
Less <u>Dep. etc.</u>	47.00
Balance	40.00
Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance			To Balance Forward	
	By Payment				
	<u>John Linnick</u>				
	<u>Ralph Linnick</u>				
	<u>Edward Linnick</u>				
	<u>Paul Linnick</u>				
	<u>Edward Linnick</u>				
	<u>Edna Linnick</u>				
	<u>Edna Linnick</u>				

Insurance \$ Body Shipped from Linnick, W. Linnick Insurance at Linnick, W. Linnick 3/30/41

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

Witness [Signature] Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1818 Yearly No. 14 Date April 3, 1941

Name of Deceased Hancy Jane Loyer
 Married Single Widowed (What Race)
 Residence: Colfax Twp, Harrison Co. Mo.
 Husband Wife Widow }
 or, Husband Wife Widow } of Harrison Loyer

Charge to Estate
 Address.....
 Order given by Mrs. Essie Reed, Baptist
 How Secured cash - Mrs. Reed & Joe Loyer
 Occupation Housewife
 Name of Employer.....
 Address.....

Date of Death 4/1/41 1:15 PM
 Date of Birth May 28, 1865
 Age 75 10 7
 (Years) (Months) (Days)
 Date of Funeral 4/3/41 9 AM 2 P.
 (Date) (Day of Week) (Hour) M.

Services at Funeral Home
 Clergyman Frank Steuber
 Religion of the Deceased Church of Christ
 Birthplace Eagleville, Mo.
 Resided in the State.....
 Place of Death Colfax Twp, Harrison Co. Mo.

Cause of Death Heart was dead when Dr. arrived
 Contributory Causes edentia, a case of Heart Attack

Certifying Physician H. M. Wells
 (or Coroner)
 His Address.....
 Name of Father Robert L. Loyer

His Birthplace Ohio
 Maiden Name of Mother Jane (unknown)
 Her Birthplace Kentucky
 Motor Ship } Remains to.....
 Size of Casket # 232 C.M. Lauer H.C.
 Manufactured by H. B. N.
 Interment at Deon { Cemetery
 Crematory

Complete Funeral	\$ 259.00
Casket	
Burial Vault or Box <u>Ridwood</u>	
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	Underwear, \$
Suit or Dress	6.07
Slippers, \$	
Hose, \$	
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery, 1 @ \$	
Autos to R. R. Station, 1 @ \$	
Getting Remains from <u>Deon</u>	
Taking Remains to <u>Deon</u>	
Trip to Coroner's Inquest	
Delivering Box to <u>Deon</u>	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Matting, \$	5.00
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, \$
or Motor	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	2.54
Total Footing of Bill	\$ 72.66
Less	
Balance	
Entered into Ledger, page	or below.

Diagram of Lot or Vault

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

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 I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.
 Witness Robert L. Loyer
 Signed.....
 Address.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1819 Yearly No. 15 Date April 15, 1941

Name of Deceased Mary Roth
 Married Single Widowed Divorced (What Race)
Residence Lamar, Iowa Husband Wife Widow J. S. Roth & Geo. Hanger

Charge to State
Address

Order given by Geo. T. Robinson
(or informant)

How Secured

Occupation

Name of Employer

Address

Date of Death 4-11-41 5 PM
(Date) (Hour)

Date of Birth 3-14-1857
(Date) (Day) (Month) (Year)

Age 87 0 37
(Years) (Months) (Days)

Date of Funeral 4/15/41 2:30 P.M.
(Date) (Day) (Month) (Year) (Hour)

Services at Funeral Home

Clergyman A. A. Chville
(Address)

Religion of the Deceased

Birthplace Saginaw, Michigan

Resided in the State Iowa
(or U. S. or City or County) (Years) (Months)

Place of Death Lamar, Iowa

Cause of Death Heart Disease

Contributory Causes Advanced Age
Pneumonia

Certifying Physician D. A. Reed
(or Coroner)

His Address Davis City, Iowa

Name of Father Lease Rogue

His Birthplace Mich.

Maiden Name of Mother Dorothy Esther Nistler

Her Birthplace Mich.

Motor Ship } Remains to

Size of Casket 233 C.N. Velas H.C.
(State Color and Number)

Manufactured by R. R. S.

Interment at Rose Hill { Cemetery
Crematory

Lot No. 92
Grave No. 2
Section No.
Owner

Complete Funeral	\$ 257.00
Casket	.....
Burial Vault or Box <u>Redwood</u>	.....
Embalming Body	.....
Barber, \$	.....
Hair Dressing, \$	.....
Dressing Body, \$	.....
Underwear, \$	.....
Suit or Dress	.....
Slippers, \$	.....
Hose, \$	.....
Folding Chairs, \$	.....
Tarpaulin, \$	.....
Candelabrum, \$	.....
Candles, \$	.....
Door Spray, \$	.....
Gloves, \$	.....
Funeral Car, \$	.....
Ambulance, \$	.....
Limousines to Cemetery <u>1 @ \$</u>	.....
Autos to R. R. Station <u>1 @ \$</u>	.....
Getting Remains from <u>Red</u>	.....
Taking Remains to	.....
Trip to Coroner's Inquest	.....
Delivering Box to	.....
Deliver Flowers to	.....
Removal Charges	.....
Procuring Burial Permit	.....
Certif. Copies of Death Certificates No. ....	.....
Pall Bearer Service, \$	.....
Use of Chapel, \$	.....
Personal Service	.....
Gross Total for Sales Tax	\$ 257.00
Outlay for Lot	.....
Cremation	.....
line Death Notices in	Papers
Flowers, \$ <u>7</u> 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, \$	.....
Plane Service, \$	.....
Telegr., Phone, Cable or Radio Charges	.....
Cash Advanced	.....
Out of town Undertaker's Charges	.....
Sales Tax	257
Total Footing of Bill	257.00
Less <u>Cap. Pa.</u>	8.00
Balance	249.00
Entered into Ledger, page	or below.

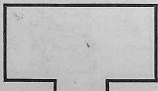


Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>P. S.</u>	To Above Balance	\$		To Balance Forward	\$
<u>J. W. Borg</u>	By Payment	\$	<u>D. A. Reed</u>	By Payment	\$
<u>Mary Luxer</u>		\$	<u>Chas. Cole</u>	" "	\$
<u>C. C. Robinson</u>		\$	<u>Estelle Nistler</u>	" "	\$
<u>Chas. Ballentine</u>		\$	<u>Paul Ballentine</u>	" "	\$
<u>H. C. Robinson</u>		\$	<u>Geo. Hanger</u>	" "	\$
<u>C. W. Brown</u>		\$	<u>Robt. S. T.</u>	<u>Thomas</u>	\$

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 I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Witness R. White Signed _____ Address

RECORD OF FUNERAL

59

Total No. 1820 Yearly No. 46 Date April 17 1941

Name of Deceased Martin C. M. Blake Married Single Widowed Divorced (What Race)

Residence Hamilton, Imp. Harrison Co., Mo. Husband Wife Widow or _____ of _____

Charge to Joseph Blake

Address Hatfield, Mo.

Order given by Joseph Blake (informant)

How Secured _____

Occupation Farmer (Social Security Number)

Name of Employer Self

Address _____

Date of Death 4-15-41 5:41 M. (Date) (Hour)

Date of Birth 7-10-1894 (Date)

Age 51 9 5 (Years) (Months) (Days)

Date of Funeral 4/17/41 9:00 29 M. (Date) (Day of Week) (Hour)

Services at St. Peter's Church

Clergyman Arthur Evelyn (Address)

Religion of the Deceased _____

Birthplace Harrison Co., Mo.

Resided in the State _____ (or U. S. of City or County) (Years) (Months)

Place of Death Wood Hosp., Bethany, Mo.

Cause of Death Carcinoma of Liver

Contributory Causes _____

Certifying Physician General L. Wood (or Coroner)

His Address Bethany, Mo.

Name of Father Albert Blake

His Birthplace Illinois

Maiden Name of Mother Mary Jane Davis

Her Birthplace Illinois

Motor Ship } Remains to _____

Size of Casket Qual. Top Doe Skin Hgd Cap (State Color and Number)

Manufactured by Box - Atlantic

Interment at St. Louis Rock Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$ 139.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousine to Cemetery	
Autos to R. R. Station	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Personal Service, \$	

Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
... line Death Notices in ... Papers	

Flowers, \$	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 or Motor Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		

Sales Tax	\$ 1.39
Total Footing of Bill	\$ 148.54
Less	
Balance	\$
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

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

Witness: R. M. White Signed _____ Address _____

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

RECORD OF FUNERAL

Total No. 1821 Yearly No. 17 Date May 6 1941

Name of Deceased Manuel Salomone Merritt Married Single Widowed Divorced (What Race)

Residence San Francisco Husband Wife Widow or _____ of _____

Charge to Cliff Merritt (M.C.)

Address _____

Order given by H.C. Merritt (or informant)

How Secured _____

Occupation Printer, Newspaper, Retired (Social Security Number)

Name of Employer _____

Address _____

Date of Death May 2, 1941 11:15 P.M. (Date) (Hour)

Date of Birth March 2, 1890 (Date) (Day of Week) (Hour)

Age 71 (Years) 1 (Month) 24 (Days)

Date of Funeral 5/6/41 9:30 A.M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. Charles J. Deek (Address)

Religion of the Deceased _____

Birthplace Darien, New York

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death St. Leon, Santa Rosa, Calif.

Cause of Death Pneumonia

Contributory Causes _____

Certifying Physician N.M. Kelly (or Coroner)

His Address San Francisco, Calif.

Name of Father Salomone Saporito Merritt (Names of Newspapers)

His Birthplace Port Chester, New York

Maiden Name of Mother Devorah E. Gaff

Her Birthplace Buffalo, N. Y.

Motor Ship } Remains to _____

Size of Casket 23 1/2 x 30 x 12 (State Color and Number)

Manufactured by Foot

Interment at Forest Hill { Cemetery or Crematory

Lot No. 1572

Grave No. 4

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$ 259.00
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	1. @ \$
Autos to R. R. Station	1. @ \$
Getting Remains from _____	No. Dig.
Taking Remains to _____	
Trip to Coroner's Inquest	
Delivering Box to _____	
Deliver Flowers to _____	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. _____	(State Number and District)
Use of Chapel, \$	
Personal Service	

Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
line Death Notices in _____ Papers			
Flowers, \$	Palms, \$	Matting, \$	12.60
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb			8.00
Lining Grave, \$	Lowering Device, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$	Organist, \$	
Railroad } Tickets, \$	Aero plane Service, \$		
or Motor } _____			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Sales Tax			2.59
Total Footing of Bill			283.19
Less _____			78.00
Balance			205.19

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
P.B.	To Above Balance	\$		To Balance Forward	\$
Jan. 30	By Payment	\$		By Payment	\$
Feb. 10	By Cash	\$		"	\$
Mar. 10	By Cash	\$		"	\$
Apr. 10	By Cash	\$		"	\$
May 10	By Cash	\$		"	\$
June 10	By Cash	\$		"	\$
July 10	By Cash	\$		"	\$
Aug. 10	By Cash	\$		"	\$
Sept. 10	By Cash	\$		"	\$
Oct. 10	By Cash	\$		"	\$
Nov. 10	By Cash	\$		"	\$
Dec. 10	By Cash	\$		"	\$

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

Signed _____

Witness _____ Address _____

RECORD OF FUNERAL

Total No. 1822 Yearly No. 18 Date May 7, 1941

Name of Deceased Justus C. Allen Married Single Widowed Divorced (What Race)

Residence: 614th Husband Wife of of

Charge to: 614th Complete Funeral \$ 25.00

Address: Justus Allen Casket.....

Order given by: Justus Allen (or informant) Burial Vault or Box..... (State Kind)

How Secured: Embalming Body..... (Name of Embalmer)

Occupation: Barber, \$..... Hair Dressing, \$..... Dressing Body, \$..... Underwear, \$..... Suit or Dress..... (State Kind and Color)

Name of Employer: Slippers, \$..... Hose, \$..... Folding Chairs, \$..... Tarpaulin, \$..... Candelabrum, \$..... Candles, \$..... Door Spray, \$..... Gloves, \$..... Funeral Car, \$..... Ambulance, \$..... Limousines to Cemetery..... @ \$..... Autos to R. R. Station..... @ \$.....

Date of Death: May 4, 1941 (Date) (Hour) Getting Remains from Oxford

Date of Birth: May 4, 1941 (Date) (Hour) Taking Remains to Red

Age: 40 (Years) 6 (Months) 29 (Days) Trip to Coroner's Inquest

Date of Funeral: 5/7/41 (Date) Wed (Day of Week) 3 P. (Hour) M. Delivering Box to Red

Services at: Columbus Deliver Flowers to Red

Clergyman: K. A. Chivalle; Vera Deskin (Address) Removal Charges.....

Religion of the Deceased: Procuring Burial Permit..... (State Number and District)

Birthplace: Certif. Copies of Death Certificates No..... (State Physician's or Coroner's)

Resided in the State: (or U. S. or City or County) (Years) (Months) Pall Bearer Service, \$..... Use of Chapel, \$.....

Place of Death: Denver Colorado Personal Service.....

Cause of Death: Medullary Edema Gross Total for Sales Tax.....

Contributory Causes: Outlay for Lot # 1518-19 \$ 80.00

Certifying Physician: (or Coroner) Cremation.....

His Address: line Death Notices in..... Papers

Name of Father: Flowers, \$..... Palms, \$..... Matting, \$..... 50.00

His Birthplace: Rental of Tent, \$..... of Temporary Vault, \$..... Opening of Grave or Tomb..... 1.00

Maiden Name of Mother: Lining Grave, \$..... Lowering Device, \$.....

Her Birthplace: Outlay for Shipping Charges.....

Motor Ship } Remains to: Clergyman, \$..... Singers, \$..... Organist, \$.....

Size of Casket: (State Color and Number) Railroad } Tickets, \$..... Aero-plane Service, \$.....

Manufactured by: Telegr., Phone, Cable or Radio Charges..... Cash Advanced.....

Interment at: Rock Hill (Cemetery Crematory) Out of town Undertaker's Charges.....

Lot No. 1518 Sales Tax.....

Grave No. 4 Total Footing of Bill \$ 192.00

Section No. Less Op. H. & Note \$ 8.70 o.d.

Owner: Balance..... \$ 8.50 o.d.

Entered into Ledger, page..... or below.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>P. B.</u>	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....
<u>M. G. Henders</u>	\$.....		<u>May 7th at Oxford 3 P. M. 5/7/41</u>		
<u>Arthur Devo</u>	\$.....		<u>Received from Mrs. Mordway, Denver</u>		
<u>W. G. Carrasco</u>	\$.....		<u>Only transfer, Denver information available</u>		
<u>W. G. Carrasco</u>	\$.....				
<u>W. G. Carrasco</u>	\$.....				

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

Signed.....

Witness..... Address.....

RECORD OF FUNERAL

Total No. 1822 Yearly No. 19 Date May 19, 1941
 Name of Deceased Peggy Marie Nixon Married Single Widowed Divorced (What Race)
 Residence Birmingham, Ala., Decatur Co., La. Husband Wife Widow
 Charge to Self or _____ of _____

Address Lanham, La.
 Order given by _____ (or informant)
 How Secured _____
 Occupation none (Social Security Number)
 Name of Employer _____
 Address _____

Date of Death May 17, 1941 (Hour)
 Date of Birth Oct 15, 1938 (Date) (Week) (Hour)
 Age 2 (Years) 7 (Months) 2 (Days)
 Date of Funeral May 19, 1941 (Date) (Week) (Hour) M.

Services at M. E. Church - Decatur, La.
 Clergyman Chas. Ballantyne (Address)
 Religion of the Deceased _____
 Birthplace Decatur Co., La.
 Resided in the State _____ (or U. S. or City or Country) (Years) (Months)

Place of Death Bed - Decatur Co., La.
 Cause of Death Quarrel entered body to lungs
 Contributory Causes Caught Cough in Fire from Pan fire
 Certifying Physician H. M. Mills (or Coroner)
 His Address Lanham, La.

Name of Father J. M. Nixon
 His Birthplace Decatur Co., La.
 Maiden Name of Mother B. Birdie Akers
 Her Birthplace Decatur Co., La.
 Motor Ship } Remains to Decatur, La.
 Size of Casket # 150 - 3/6 (Style, Color and Number)
 Manufactured by K. O. Ch.

Interment at Decatur { Cemetery
 Crematory



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

Complete Funeral	\$	47.50
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress		
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		
Trip to Coroner's Inquest		
Delivering Box to <u>Decatur, La.</u>		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's)		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in _____ Papers		
Flowers, \$		
Palms, \$		
Matting, \$		25.00
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Lowering Device, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad or Motor Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		48
Total Footing of Bill	\$	72.98
Less	\$	
Balance	\$	
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$ 72.98	To Balance Forward		\$ 72.98
By Payment	\$	\$	By Payment	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

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 I hereby covenant and agree to pay the same within _____ (Firm Name of Funeral Directors.)
 maturity at the rate of _____ % per annum. _____ days from date. Interest to accrue from
 Witness R. White Signed _____ Address _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1824 Yearly No. 30 Date May 22, 1941

Name of Deceased Soren Kristian Sorenson Married Single Widowed Divorced (What Race)

Residence Lamoni, Iowa Husband Wife Widow or _____ of _____

Charge to Estate

Address _____

Order given by Robert P. Sorenson (or informant)

How Secured 6806 Mason St, Omaha

Occupation Carpenter - Retired (Social Security Number)

Name of Employer Self

Address _____

Date of Death May 14 (2) 1941 (Date) (Hour) (?)

Date of Birth Jan 21, 1864 (Date) (Hour)

Age 76 11 14 (Years) (Months) (Days)

Date of Funeral 5/27/41 11:30 A.M. (Date) (Day of Week) (Hour)

Services at Cemetery Only

Clergyman J. A. Sorensen (Address)

Religion of the Deceased S. D. (Address)

Birthplace Denmark

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Residence - Lamoni

Cause of Death Coronary Occlusion

Contributory Causes _____

Certifying Physician C. E. Yarnes, Coroner (or Coroner)

His Address Lamoni

Name of Father Not known

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Motor Ship } Remains to _____

Size of Casket #817 Steel Ruedels State (State, Color and Number)

Manufactured by P. O. S.

Interment at Wase Hill { Cemetery Crematory

Lot No. 498

Grave No. 3

Section No. _____

Owner _____

Complete Funeral	\$ 298.00
Casket	
Burial Vault or Box <u>Redwood</u>	
Embalming Body <u>(State Kind)</u>	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery <u>2 @ \$</u>	
Autos to R. R. Station <u>2 @ \$</u>	
Getting Remains from <u>Ch.</u>	
Taking Remains to <u>Ch.</u>	
Trip to Coroner's Inquest	
Delivering Box to <u>Ch.</u>	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Use of Chapel, \$	
Personal Service	

Outlay for Sales Tax	
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	
Flowers, \$ <u>(Names of Newspapers)</u>	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	8.00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	2.98
Total Footing of Bill	\$ 308.98
Less <u>of 4</u>	\$ 8.00
Balance	\$ 300.98

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>CP</u>	To Above Balance	\$	<u>SUBS.</u>	To Balance Forward	\$
<u>me</u>	By Payment	\$	<u>me</u>	By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Witness R. M. White Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1825 Yearly No. 21 Date May 30, 1941

Name of Deceased Mary E. Elizabeth Hashline

Residence Col. Gen. L. P. Harmon Co., Mo. Married Single Widowed Divorced Husband Wife Widow of M. E. Hashline

Charge to: M. E. Hashline

Address: M. E. Hashline

Order given by: M. E. Hashline (or informant)

How Secured: Handwritten

Occupation: Handwritten (Social Security Number)

Name of Employer: _____

Address: _____

Date of Death: May 27, 1941 (Date) (Hour)

Date of Birth: Dec 24, 1870 (Date) (Hour)

Age: 70 (Years) 5 (Months) 3 (Days)

Date of Funeral: 3/30/41 (Date) 10:30 (Day of Week) 2 P. (Hour) M.

Services at: Funeral Home

Clergyman: _____ (Address)

Religion of the Deceased: _____

Birthplace: Indiana

Resided in the State: _____ (or U. S. or City or County) (Years) (Months)

Place of Death: Bethany, Mo. Hospital

Cause of Death: Accidental Traumatism by automobile

Contributory Causes: Highway North of Eagleville

Certifying Physician: Dr. Broyles (or County)

His Address: Bethany, Mo.

Name of Father: J. H. Harp

His Birthplace: Indiana

Maiden Name of Mother: Debra G. Harp

Her Birthplace: Indiana

Motor Ship } Remains to _____

Size of Casket: #346 Exp. Shrine (State Color and Number)

Manufactured by: Handwritten

Interment at: Rose Hill { Cemetery Crematory

Lot No. 999

Grave No. 1

Section No. _____

Owner: _____

Complete Funeral \$ 217.00

Casket: Redwood

Burial Vault or Box _____ (State Kind)

Embalming Body _____ (Name of Embalmer)

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress _____ (State Kind and Color)

Slippers, \$ _____ Hose, \$ _____

Folding Chairs, \$ _____ Taraulin, \$ _____

Candelabrum, \$ _____ Candles, \$ _____

Door Spray, \$ _____ Gloves, \$ _____

Funeral Car, \$ _____ Ambulance, \$ _____

Limousines to Cemetery _____ @ \$ _____

Autos to R. R. Station _____ @ \$ _____

Getting Remains from _____ Anthony Harp no fee

Taking Remains to _____

Trip to Coroner's Inquest _____

Delivering Box to _____ Cham

Deliver Flowers to _____

Removal Charges _____

Procuring Burial Permit _____ (State Number and District)

_____ Certif. Copies of Death Certificate No. _____ (State Physician's or Coroner's)

Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

Personal Service _____

Gross Total for Sales Tax _____ \$

Outlay for Lot _____

Cremation _____

_____ line Death Notices in _____ Papers

Flowers, \$ _____ (Name of Newspaper) Palms, \$ _____ Matting, \$ 5.00

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 } _____ (State Number and District)

or Motor } _____ plane Service, \$ _____

Telegr. Phone, Cable or Radio Charges _____

Cash Advanced _____

Out of town Undertaker's Charges _____

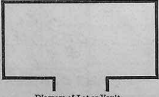
Sales Tax _____ 217

Total Footing of Bill _____ 232.17

Less Op. Harp _____ \$ 8.00

Balance _____ 224.17

Entered into Ledger, page _____ or below.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$ 217.00	To Balance Forward		\$ 217.00
By Payment		\$ 217.00	By Payment		\$ 217.00
<u>Anthony Harp</u>	\$	\$	<u>Ma. Elund Schawide</u>	\$	\$
<u>Harman Harp</u>	\$	\$	<u>Miss Helen Vandenberg</u>	\$	\$
<u>Geo. Shipley</u>	\$	\$	<u>Geo. B. B. B. B.</u>	\$	\$
<u>Rich. De Harp</u>	\$	\$	<u>Indira Walder</u>	\$	\$
<u>Walter Schawide</u>	\$	\$	<u>Plane</u>	\$	\$

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

Signed: _____ Address: _____

Witness: _____

RECORD OF FUNERAL

Total No. 1826 Yearly No. 22 Date June 8 1941

Name of Deceased Benjamin Johnson Easter
 Married Single Widowed Divorced (What Race)
 Residence Lanora, Iowa
 Husband Wife Widow
 Charge to H. G. Tuttle
 or _____ of _____

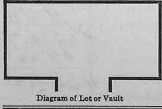
Address San Mark
 Order given by Maya Walker
 (or informant)
 How Secured _____
 Occupation Retired Merchant
 (Social Security Number)
 Name of Employer _____

Address _____
 Date of Death June 8, 1941 4 P.M.
 (Date) (Hour)
 Date of Birth _____
 Age 78 78 18
 (Years) (Months) (Days)
 Date of Funeral _____ M.
 (Date) (Day of Week) (Hour)

Services at San Mark
 Clergyman _____ (Address)
 Religion of the Deceased _____
 Birthplace Van Buren Co., Iowa
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Lanora, Iowa
 Cause of Death Stroke
 Contributory Causes _____

Certifying Physician H. M. Hills
 (or Coroner)
 His Address _____

Name of Father Benjamin Johnson Easter
 His Birthplace Illinois
 Maiden Name of Mother Calista Corbett
 Her Birthplace Ohio
 Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Interment at _____ { Cemetery
 Crematory



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

Complete Funeral	\$	
Casket		
Burial Vault or Box		
Embalming Body	(State Kind)	
Barber, \$	(Name of Embalmer)	
Dressing Body, \$	Hair Dressing, \$	
Suit or Dress	Underwear, \$	
	(State Kind and Color)	
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		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		5.00
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No.	(State Number and District)	
_____ Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
_____ line Death Notices in _____ Papers		
Flowers, \$	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, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$	5.00
Less	\$	
Balance	\$	
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	Body "Picked up" & Taken to Prep Room	\$			\$
	" " " " " " " " " " " "	\$			\$
	Released same day to H. G. Tuttle, San Mark	\$			\$
	" " " " " " " " " " " "	\$			\$
	" " " " " " " " " " " "	\$			\$
	" " " " " " " " " " " "	\$			\$

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 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 _____

RECORD OF FUNERAL

Total No. 1827 Yearly No. 23 Date June 25, 1941

Name of Deceased Margaret Miller Washburn
 Married Single Widowed Divorced (What Race)

Residence Samson, Iowa Husband Wife Widow of Jessie Washburn

Charge to P. J. Howard

Address Samson, Iowa

Order given by Etha Washburn Howard (or informant)

How Secured Cash

Occupation Housewife (Social Security Number)

Name of Employer none

Address

Date of Death June 21, 1941 - 8 P.M. (Date) (Hour)

Date of Birth July 20, 1878

Age 62 (Years) 11 (Months) 1 (Days)

Date of Funeral July 4, Wed 10 A.M. (Date) (Day of Week) (Hour) M.

Services at Samson Home

Clergyman Wes. Madden, Rev. (Address)

Religion of the Deceased C. D. S.

Birthplace San Jac Co. Mich.

Resided in the State Iowa (or U. S. or City or County) (Years) (Months)

Place of Death Samson, Iowa

Cause of Death Heart Disease

Contributory Causes Same as above & occurred before death

Certifying Physician H. M. Hills (or Coroner)

His Address Samson, Iowa

Name of Father J. Miller

His Birthplace unknown

Maiden Name of Mother

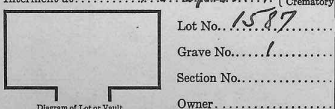
Her Birthplace

Motor Ship } Remains to

Size of Casket 201 Original Selva No. (State Code and Number)

Manufactured by J. G. ...

Interment at Washburn Hill Cemetery



Lot No. 1587

Grave No. 1

Section No.

Owner

Complete Funeral \$ 239.00

Casket Walton Parlays \$ 78.00

Burial Vault or Box (State Kind) Champion

Embalming Body (Name of Embalmer) Champion

Barber, \$ 10.00 Hair Dressing, \$ 10.00

Dressing Body, \$ 10.00 Underwear, \$ 10.00

Suit or Dress Dress 10.00 (State Kind and Color) Blue

Slippers, \$ 10.00 Hose, \$ 10.00

Folding Chairs, \$ 10.00 Tarpaulin, \$ 10.00

Candelabrum, \$ 10.00 Candles, \$ 10.00

Door Spray, \$ 10.00 Gloves, \$ 10.00

Funeral Car, \$ 10.00 Ambulance, \$ 10.00

Limousine to Cemetery 10.00 @ \$ 1.00

Autos to R. R. Station 10.00 @ \$ 1.00

Getting Remains from 10.00

Taking Remains to 10.00

Trip to Coroner's Inquest 10.00

Delivering Box to 10.00

Deliver Flowers to 10.00

Removal Charges 10.00

Procuring Burial Permit 10.00 (State Number and District)

Certif. Copies of Death Certificates No. 10.00 (State Physician's or Coroner's)

Pall Bearer Service, \$ 10.00 Use of Chapel, \$ 10.00

Personal Service 10.00

Gross Total for Sales Tax \$ 40.00

Outlay for Lot # 1587 \$ 40.00

Cremation 10.00

line Death Notices in 10.00 Papers

Flowers, \$ 5.10 (Names of Newspapers) 10.00 Matting, \$ 10.00

Rental of Tent, \$ 10.00 of Temporary Vault, \$ 10.00

Opening of Grave or Tomb 10.00

Lining Grave, \$ 10.00 Lowering Device, \$ 10.00

Outlay for Shipping Charges 10.00

Clergyman, \$ 10.00 Singers, \$ 10.00 Organist, \$ 10.00

Railroad (or Motor) Tickets, \$ 10.00 Aero-plane Service, \$ 10.00

Telegr., Phone, Cable or Radio Charges 10.00

Cash Advanced 10.00

Out of town Undertaker's Charges 10.00

Sales Tax 4.74

Total Footing of Bill \$ 485.24

Less Comm. Adv + Op. Ch. \$ 49.00

Balance \$ 436.24

Entered into Ledger, page 332 or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$		To Balance Forward	\$	
By Payment	\$		By Payment	\$	
Mr. ...	\$		Crystal Draper	\$	
John Schofield	\$		Betty Ann Hyde	\$	
Chas. M. Lee	\$		Frank ...	\$	
Chas. ...	\$		Dorothy Newman	\$	
J. A. ...	\$...	\$	
Walter ...	\$...	\$	

Insurance \$ 10.00 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 ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Witness ... Signed ... Address ...

RECORD OF FUNERAL

Total No. 1828 Yearly No. 34 Date June 27, 1941

Name of Deceased Henry Mason Married Single Widowed Divorced (What Race)

Residence L. D. S. Home, St. Aged, Lanson Husband Wife Widow or of

Charge to Santa Home

Address Complete Funeral \$ 70.00

Order given by Mrs. Pauline Todd (or informant)

How Secured _____

Occupation Tanner (Social Security Number)

Name of Employer _____

Address _____

Date of Death June 25, 1941 (Date) (Hour)

Date of Birth Nov. 1, 1867 (Date) (Hour)

Age 73 (Years) 4 (Months) 5 (Days)

Date of Funeral 6/27/41 (Date) 10 A. (Day of Week) (Hour) M.

Services at Santa Home

Clergyman Marvin Foxler (Address)

Religion of the Deceased _____

Birthplace England

Resided in the State _____ (or No. S. or Dist. or County) (Years) (Months)

Place of Death St. Co. Hosp. Lanson

Cause of Death Bacterial Pneumonia

Contributory Causes _____

Certifying Physician Ired A. Bowman (or Coroner)

His Address Dean St.

Name of Father Wm. Mason

His Birthplace Ireland

Maiden Name of Mother Eliza Reed

Her Birthplace England

Motor Ship } Remains to _____

Size of Casket 3335 Had Cap. Crepe (State Code and Number)

Manufactured by Gene Kemp

Interment at Rose Hill { Cemetery Crematory

Lot No. 1248

Grave No. 4

Section No. _____

Owner _____

Complete Funeral \$ 70.00

Casket _____

Burial Vault or Box _____ (State Kind)

Embalming Body _____ (Name of Embalmer)

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress _____ (State Kind and Color)

Slippers, \$ _____ Hose, \$ _____ Six 26

Folding Chairs, \$ _____ Tarpaulin, \$ _____

Candelabrum, \$ _____ Candles, \$ _____

Door Spray, \$ _____ Gloves, \$ _____

Funeral Car, \$ _____ Ambulance, \$ _____

Limousines to Cemetery 2 @ \$

Autos to R. R. Station 2 @ \$

Getting Remains from Dean

Taking Remains to _____

Trip to Coroner's Inquest _____

Delivering Box to Dean

Deliver Flowers to _____

Removal Charges _____

Procuring Burial Permit _____ (State Number and District)

_____ Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's)

Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

Personal Service _____

Gross Total for Sales Tax _____ \$

Outlay for Lot _____

Cremation _____

_____ line Death Notices in _____ Papers

Flowers, \$ _____ (Names of Newspapers) _____

Palms, \$ _____ Matting, \$ _____

Rental of Tent, \$ _____ of Temporary Vault, \$ _____

Opening of Grave or Tomb _____ 6.00

Lining Grave, \$ _____ Lowering Device, \$ _____

Outlay for Shipping Charges _____

Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____

Railroad _____ Aero _____

or Motor } Tickets, \$ _____ plane Service, \$ _____

Telegr., Phone, Cable or Radio Charges _____

Cash Advanced _____

Out of town Undertaker's Charges _____

Sales Tax _____ 1.40

Total Footing of Bill _____ \$ 77.66

Less _____ 6.00

Balance _____ \$ 71.66

Entered into Ledger, page _____ or below.

Diagram of Lot or Vault

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 _____ days from date. Interest to accrue from

maturity at the rate of _____ % per annum.

Signed _____

Witness W. A. Marsh Address _____

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

RECORD OF FUNERAL

Total No. 1829 Yearly No. 25 Date July 2, 1941

Name of Deceased Arthur Alexander New
 Married Single Widowed Divorced (What Race)
Residence Lynn, La. Husband Wife Widow of Julia New, Dec.

Charge to Charles Wesley
Address
Order given by Mrs. C. E. Wesley (or informant)
How Secured Contract
Occupation Janitor - 499-07-9385 (Social Security Number)
Name of Employer Retired

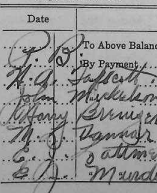
Address
Date of Death June 29, 1941 - 5 P.M. (Date) (Hour)
Date of Birth Aug 29, 1875 (Date) (Hour)
Age 65 (Years) 10 (Months) 1 (Days)
Date of Funeral 7/2/41 Wed 10:30 A.M. (Date) (Day of Week) (Hour)
Services at Funeral Home

Clergyman (Address)
Religion of the Deceased
Birthplace Black Creek, Wisconsin
Resided in the State 9 (Years) (Months)
Place of Death Deerfield Co. Wis. - Home (State Number and District)
Cause of Death Heart Disease (State Physician's or Coroner's)

Contributory Causes
Certifying Physician H. M. Hills (or Coroner)
His Address
Name of Father Sylvester New

His Birthplace New York
Maiden Name of Mother Elizabeth New
Her Birthplace Pennsylvania
Motor Ship } Remains to
Size of Casket #200, Med. Cr. State - Chestnut (State Color and Number)
Manufactured by Sig. Lion
Interment at Rose Hill { Cemetery Crematory

Lot No. 364
Grave No. 1
Section No.
Owner



Complete Funeral	\$ 286.00
Casket	<u>Revered</u>
Burial Vault or Box	<u>Revered</u> (State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	<u>Hair Dressing, \$</u>
Dressing Body, \$	<u>Underwear, \$</u>
Suit or Dress	(State Kind and Color)
Slippers, \$	<u>Hose, \$</u>
Folding Chairs, \$	<u>Tarpaulin, \$</u>
Candelabrum, \$	<u>Candles, \$</u>
Door Spray, \$	<u>Gloves, \$</u>
Funeral Car, \$	<u>Ambulance, \$</u>
Limousines to Cemetery	<u>1 @ \$</u>
Autos to R. R. Station	<u>@ \$</u>
Getting Remains from	<u>Dec. Co. Prep No. 87</u>
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	<u>Fun.</u>
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	(State Number and District)
Pall Bearer Service, \$	<u>Use of Chapel, \$</u>
Personal Service	

Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	<u>Palms, \$</u> <u>Matting, \$</u> <u>16.00</u>
Rental of Tent, \$	<u>of Temporary Vault, \$</u>
Opening of Grave or Tomb	<u>8.00</u>
Lining Grave, \$	<u>Lowering Device, \$</u>
Outlay for Shipping Charges	
Clergyman, \$	<u>Singers, \$</u> <u>Organist, \$</u>
Railroad } Tickets, \$	<u>Plane Service, \$</u>
by Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	<u>2.86</u>
Total Footing of Bill	<u>317.86</u>
Less <u>Op. H.</u>	<u>8</u>
Balance	<u>304.86</u>
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
<u>H. G. Sabert</u>	\$	\$		" "	\$
<u>John Wicksten</u>	\$	\$		" "	\$
<u>Henry Bruner</u>	\$	\$		" "	\$
<u>M. J. Danner</u>	\$	\$		" "	\$
<u>E. J. Patton</u>	\$	\$		" "	\$
<u>E. J. Mundock</u>	\$	\$		" "	\$

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

Signed Address

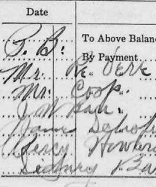
RECORD OF FUNERAL

Total No. 1830 Yearly No. 76 Date July 8 1941
 Name of Deceased C. M. Stubbart
 Married Single Widowed Divorced (What Race)
 Residence St. Anne's, Jamaica, La. Husband Wife Widow or of May Stubbart, Dec.
 Charge to O. A. P.

Address St. Anne's, Jamaica, La.
 Order given by Ma Stubbart & Pearl Stubbart
 (or informant)
 How Secured _____
 Occupation Retired Minister
 (Social Security Number)
 Name of Employer _____
 Address _____
 Date of Death July 5, 1941 - 7:30 P.M.
 (Date) (Hour)
 Date of Birth _____
 Age 87
 (Years) (Months) (Days)
 Date of Funeral 7/11 Sun 2 P. M.
 (Date) (Day of Week) (Hour)
 Services at Saints Home
 Clergyman F. M. Mc Dowell
 (Address)
 Religion of the Deceased F. D. S.
 Birthplace No data
 Resided in the State _____
 (or U. S. or City or County) (Years) (Months)
 Place of Death Independence, Louisiana
 Cause of Death Acute Coronary Disease
 Contributory Causes age

Complete Funeral	\$ 100.00
Casket	
Burial Vault or Box	None
Embalming Body	None
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousine to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	Ludip. Cem. 20.00
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	None
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	(State Number and District)
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	(Names of Newspapers) Matting, \$ 7.65
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$ Organist, \$
Railroad or Motor	Tickets, \$ Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 127.65
Less	\$
Balance	\$
Entered into Ledger, page	or below.

Certifying Physician John R. Lusk
 (or Coroner)
 His Address Independence, Mo.
 Name of Father No data
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor Ship } Remains to _____
 Size of Casket High Cape Eng. Cape
 (State Color and Number)
 Manufactured by _____
 Interment at Forest Hill { Cemetery
 Crematory
 Lot No. 803
 Grave No. 3
 Section No. _____
 Owner _____



Date	Amount Paid	Balance	Date	Amount Paid	Balance
P. O.	To Above Balance	\$	DIRECTORS	To Balance Forward	\$
Mr. W. C. Veve	By Payment	\$	Home Fellowship	By Payment	\$
Mr. Coop.		\$	Saints Home		\$
Mr. Rank		\$	British Burial League		\$
Mr. Semple		\$	" "		\$
Miss Howard		\$	" "		\$
Misses & Barron		\$	Anthony & Madala - Paris		\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Witness R. Stubbart Signed _____
 Address _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

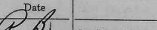
Total No. 1831 Yearly No. 27 Date July 26 1941
 Name of Deceased David Peter Steckel Married Single Widowed Divorced (What Race) White
 Residence Lamoni Husband Wife Widow of Emma R. Steckel

Charge to Estate
 Address _____
 Order given by Emma R. Steckel (or informant)
 How Secured _____
 Occupation Retired Farmer (Social Security Number) _____
 Name of Employer _____
 Address _____
 Date of Death July 24 1941 6 AM (Date) (Hour)
 Date of Birth Sept. 30 1864 (Date) (Month) (Day) (Year)
 Age 76 9 28 (Years) (Months) (Days)
 Date of Funeral 7/26/41 Sat. 10 A.M. (Date) (Day of Week) (Hour)
 Services at East Side Church
 Clergyman Chas. Harper (Address) _____
 Religion of the Deceased _____
 Birthplace Egypt, Pennsylvania
 Resided in the State 40 yrs. (or U. S. or City or County) (Years) (Months)
 Place of Death Lamoni, Ia. (State Color and Number)
 Cause of Death Heart Block
 Contributory Causes _____

Complete Funeral \$ 178.00
 Casket _____
 Burial Vault or Box Admiral (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ 7.00
 Suit or Dress Suit 6.95 top 1.4 7 8.95 (State Kind and Color)
 Slippers, \$ _____ Hose, \$ _____
 Folding Chairs, \$ _____ Tarpaulin, \$ _____
 Candelabrum, \$ _____ Candles, \$ _____
 Door Spray, \$ _____ Gloves, \$ _____
 Funeral Car, \$ _____ Ambulance, \$ _____
 Limousines to Cemetery 1 @ \$ _____
 Autos to R. R. Station _____ @ \$ _____
 Getting Remains from _____
 Taking Remains to _____
 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. _____ (State Physician's or Coroner's)
 Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
 Personal Service _____

Certifying Physician H. M. Hill, M.D. (or Coroner)
 His Address Lamoni
 Name of Father Ephraim Steckel
 His Birthplace Penn.
 Maiden Name of Mother Sally Ann Steckel
 Her Birthplace Penn.
 Motor Ship } Remains to _____
 Size of Casket #768 Hyd. Cap. Oak (State Color and Number)
 Manufactured by _____
 Interment at Rose Hill { Cemetery
 Crematory
 Lot No. 452
 Grave No. 4
 Section No. _____
 Owner _____

Gross Total for Sales Tax \$ _____
 Outlay for Lot _____
 Cremation _____
 _____ line Death Notices in _____ Papers
 (Names of Newspapers)
 Flowers, \$ _____ 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 or Motor } Tickets, \$ _____ Aero-plane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Undertaker's Charges _____
 Sales Tax _____
 Total Footing of Bill \$ 220.57
 Less 43 Op. No. \$ 33
 Balance \$ 187.57
 Entered into Ledger, page _____ or below.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>P.B.</u>	To Above Balance	\$ _____	<u>SUCKERS</u>	To Balance Forward	\$ _____
	By Payment	\$ _____		By Payment	\$ _____
<u>Chas. Moon</u>	\$ _____	\$ _____	<u>Mr. & Mrs. J. H. Anthony</u>	\$ _____	\$ _____
<u>William Moon</u>	\$ _____	\$ _____	<u>Mrs. Ed. Dancy</u>	\$ _____	\$ _____
<u>J. H. Barr</u>	\$ _____	\$ _____	<u>Russell K. Keston</u>	\$ _____	\$ _____
<u>Chas. W. Cullough</u>	\$ _____	\$ _____		\$ _____	\$ _____
<u>D. M. Vredenburg</u>	\$ _____	\$ _____	<u>Clara - Mrs. Russell Keston</u>	\$ _____	\$ _____
<u>Arb. Lane</u>	\$ _____	\$ _____		\$ _____	\$ _____

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 I hereby covenant and agree to pay the same within _____ (Firm Name of Funeral Directors)
 maturity at the rate of _____ % per annum. days from date. Interest to accrue from _____
 Witness [Signature] Signed _____ Address _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1832 Yearly No. 28 Date July 27, 1941

Name of Deceased Latina Smith Married Single Widowed Divorced (What Race) White

Residence Rural, near Lamoni Charge to John G. Smith or Husband Wife Widow of John G. Smith

Address Lamoni Complete Funeral \$ 520.00

Order given by John G. Smith (or informant) Casket Walnut Burial Vault or Box Red wood (State Kind) Embalming Body (Name of Embalmer) Barber, \$ Hair Dressing, \$ Dressing Body, \$ Underwear, \$ Suit or Dress (State Kind and Color)

How Secured Slippers, \$ Hose, \$ Occupation Housewife (Social Security Number) Folding Chairs, \$ Tarpaulin, \$ Name of Employer Candelabrum, \$ Candles, \$ Address Door Spray, \$ Gloves, \$ Date of Death July 24 1941 6 P.M. (Date) (Hour) Funeral Car, \$ Ambulance, \$ Date of Birth Sept 22 1872 (Date) (Day of Week) (Hour) M. Limousines to Cemetery 1.00 Autos to R. R. Station @ Getting Remains from Taking Remains to Decorum Clergyman Chas. Ballantyne (Address) Trip to Coroner's Inquest Delivering Box to Religion of the Deceased Deliver Flowers to Birthplace Decatur Co. Ia Removal Charges Resided in the State all her life (or U. S. or City or County) (Years) (Months) Procuring Burial Permit (State Number and District) Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Age 68 (Years) 10 (Months) 2 (Days) Pall Bearer Service, \$ Use of Chapel, \$ Personal Service Cause of Death Pneumatic Deformation Heart Contributory Causes Atherosclerosis Deformation

Services at John G. Smith farm home Gross Total for Sales Tax \$ Outlay for Lot Cremation Clergyman Chas. Ballantyne (Address) line Death Notices in Papers

Religion of the Deceased Birthplace Decatur Co. Ia Resided in the State all her life (or U. S. or City or County) (Years) (Months) Place of Death Residence near Lamoni Cause of Death Pneumatic Deformation Heart Contributory Causes Atherosclerosis Deformation

Certifying Physician W. M. Nells, M.D. (or Coroner) His Address Lamoni Ia Name of Father Frederick N. Con (Names of Newspapers) Flowers, \$ 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, \$ or Motor } Telegr., Phone, Cable or Radio Charges Cash Advanced Out of town Undertaker's Charges

His Address Lamoni Ia Name of Father Frederick N. Con (Names of Newspapers) Flowers, \$ 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, \$ or Motor } Telegr., Phone, Cable or Radio Charges Cash Advanced Out of town Undertaker's Charges

His Birthplace Ohio Maiden Name of Mother Margaret Jones Her Birthplace Indiana Motor } Remains to Ship } Size of Casket #147 Walnut (State Color and Number) Manufactured by Interment at Decatur Cemetery (Cemetery or Crematory)

Motor } Remains to Ship } Size of Casket #147 Walnut (State Color and Number) Manufactured by Interment at Decatur Cemetery (Cemetery or Crematory)

Interment at Decatur Cemetery (Cemetery or Crematory)

Diagram of Lot or Vault Lot No. Grave No. Section No. Owner Sales Tax Total Footing of Bill \$ 593.20 Less Balance \$ Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Signed

RECORD OF FUNERAL

Total No. 1833 Yearly No. 29 Date July 31, 1941

Name of Deceased John Stolberg
 Married Single Widowed Divorced (What Race)

Residence Keon, Iowa Husband Wife Widow or Roman Stolberg

Charge to Estate

Address Roy W. Stolberg

Order given by Roy W. Stolberg (or Informant)

How Secured 2024. Broadway, N.E., Mo

Occupation Retired Teacher (Social Security Number)

Name of Employer

Address

Date of Death July 29, 1941 5 A.M. (Day) (Month) (Year) (Hour)

Date of Birth Dec 7, 1852 (Day) (Month) (Year)

Age 88 (Years) 7 (Months) 6 (Days)

Date of Funeral 7/31/41 Thurs 2 P. M. (Day) (Month) (Year) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Marian Prater (Address)

Religion of the Deceased

Birthplace Schwarzwald, Germany

Resided in the State County Home (or U.S. City or County) (Year) (Month)

Place of Death County Home, Decatur Co., Ia

Cause of Death Infection from mastoid

Contributory Causes Deafness & Scapula

Certifying Physician W. A. Swanson (or Coroner)

His Address Keon, Iowa

Name of Father John P. Stolberg

His Birthplace Germany

Maiden Name of Mother Margaret Hanson

Her Birthplace

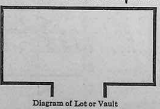
Motor Ship } Remains to

Size of Casket #5 Oct. 1/2 C. Oakwood Plank (State Color and Number)

Manufactured by Mo. - Kan.

Interment at Rose Hill { Cemetery Crematory

Lot No. 167
Grave No. 3
Section No.



Complete Funeral	\$ 222.00
Casket	
Burial Vault or Box <u>Huron Perches</u>	78.00
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	1.00
Underwear, \$	0.60
Suit or Dress <u>Suit 1.00 Hat 2.00</u>	10.00
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>County Home</u>	no chg.
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to <u>Chm.</u>	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in <u>Papers</u>	
Flowers, \$	
Palms, \$	
Matting, \$	4.25
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	10.00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>1.16</u>	3.78
Total Footing of Bill	329.29
Less <u>Op. H.</u>	10.00
Balance	319.29

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>T.B.</u>	To Above Balance	\$	<u>DINGERS</u>	To Balance Forward	\$
	By Payment	\$		By Payment	\$
	<u>Hankallen</u>	\$		<u>Mr. & Mrs. H. H. Ford</u>	\$
	<u>Alva Japsett</u>	\$		<u>Carrie Robinson</u>	\$
	<u>Cliff Merritt</u>	\$		<u>J. H. Anthony</u>	\$
	<u>R. H. Lew</u>	\$		"	\$
	<u>W. S. Scott</u>	\$		"	\$
	"	\$		"	\$
	"	\$		<u>Richard - Clara Lane</u>	\$

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.) days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Signed _____ Address _____

Witness R. White

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

RECORD OF FUNERAL

Total No. 1834 Yearly No. 30 Date Aug. 13, 1941

Name of Deceased William Riley Strickland

Residence Harrison Co., Mo. Married Single Widowed Divorced (What Race)

Charge to Mrs. Wm R. Strickland Husband Wife Widow or of

Address Coalgroville, Mo.

Order given by John Strickland (or informant)

How Secured Cash

Occupation Farmer (Social Security Number)

Name of Employer Self

Address

Date of Death 8/10/41 11:55 P.M. (Date) (Hour)

Date of Birth 4-1-77 (Date) (Month) (Day) (Year) (Month) (Day) (Year)

Age 64 (Year) 7 (Month) 9 (Day)

Date of Funeral 8/13/41 2 P. (Date) (Day) (Month) (Year) (Hour)

Services at Stone Rock Church (Day) (Month) (Year)

Clergyman Wm. Hall (Address)

Religion of the Deceased

Birthplace Harrison Co., Mo.

Resided in the State Mo. (U. S. or City or County) (Years) (Month)

Place of Death Harrison Co., Mo. (State Physician's or Coroner's)

Cause of Death Carcinoma of Colon

Contributory Causes

Certifying Physician C. M. Walker (or Coroner)

His Address Robertson, Mo.

Name of Father Wm. Riley Strickland, Sr.

His Birthplace Ohio

Maiden Name of Mother Nancy Jane Hilliard

Her Birthplace Indiana

Motor Ship) Remains to John V. C.

Size of Casket 12 x 24 x 24 (State Catalog Number)

Manufactured by John V. C.

Interment at Stone Rock, Harrison Co., Mo. (Cemetery Crematory)

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault

Complete Funeral	\$ 225.00
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	(Name of Embalmer)
Taking Remains to	(Name of Embalmer)
Trip to Coroner's Inquest	(Name of Embalmer)
Delivering Box to	(Name of Embalmer)
Deliver Flowers to	(Name of Embalmer)
Removal Charges	(Name of Embalmer)
Procuring Burial Permit	(Name of Embalmer)
Certif. Copies of Death Certificates No.	(State Number and District)
Full Bearer Service, \$	Use of Chapel, \$
Personal Service	(State Number and District)

Gross Total for Sales Tax	\$
Outlay for Lot	\$
Cremation	\$
line Death Notices in	Papers
Flowers, \$	(Names of Newspapers)
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 or Motor) Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	\$
Cash Advanced	\$
Out of town Undertaker's Charges	\$
Sales Tax	225
Total Footing of Bill	\$ 225.00
Less	\$
Balance	\$
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
P.B.	To Above Balance	\$	To Balance Forward	\$	\$
E. J. Love	By Payment	\$	Betty Anna Hyde	\$	\$
Chas. Love	\$	\$	Walter A. Smith	\$	\$
Chris Jaraba	\$	\$	Walter A. Smith	\$	\$
Ellis Hammack	\$	\$	Crystal Dwyer	\$	\$
John Daily	\$	\$	PIANO - Helen J. Selwyn	\$	\$
Ralph Brook	\$	\$		\$	\$

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

Witness No. 10/10 Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1835 Yearly No. 31 Date Aug 14 1941

Name of Deceased Mary A. Huffman
 Married Single Widowed Divorced (What Race)

Residence Harrison, Iowa
 Husband Wife Widow of

Charge to: O.A.P.

Address Harrison, Iowa

Order given by Mary Huffman (or informant)

How Secured Insurance

Occupation Housewife (Social Security Number)

Name of Employer _____

Address _____

Date of Death 8/12/41 2:15 P.M.
(Date) (Hour)

Date of Birth 4-27-61
(Date) (Day) (Month) (Year)

Age 80 3 15
(Years) (Months) (Days)

Date of Funeral 14/41 2 P. M.
(Date) (Day) (Month) (Year) (Hour)

Services at Methodist Baptist Church
(Address)

Clergyman Mr. J. H. ...

Religion of the Deceased _____

Birthplace Harrison Co., Mo.

Resided in the State 12
(or U. S. or City or County) (Years) (Months)

Place of Death Harrison, Iowa

Cause of Death Chronic Myocarditis

Contributory Causes _____

Certifying Physician Van Brock
(or Coroner)

His Address Bethany, Mo.

Name of Father Wm. Fowler

His Birthplace Kentucky

Maiden Name of Mother Nancy Bush

Her Birthplace Kentucky

Motor } Remains to
Ship } _____

Size of Casket O.A.P. 1st Class
(State Color and Number)

Manufactured by Pratt

Interment at Mt. Pleasant Cemetery
Harrison Co., Mo.

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$ 100.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Dressing Body, \$	
Suit or Dress	7.65
Slippers, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery	
Autos to R. R. Station	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates	
Pall Bearer Service, \$	
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	
Rental of Tent, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Railroad Tickets, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 117.30
Less	\$
Balance	\$
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

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 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 _____ Address _____

RECORD OF FUNERAL

Total No. 1836 Yearly No. 32 Date Aug. 27 1941
 Name of Deceased Benjamin Leonard Cracraft Married Single Widowed Divorced (What Race)
 Residence: Laconia, La. Husband Wife Widow of

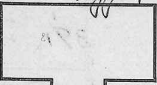
Charge to: _____
 Address: _____
 Order given by Thos. Cracraft (or informant)
 How Secured: _____
 Occupation: _____ (Social Security Number)
 Name of Employer: _____

Address: _____
 Date of Death Aug. 17, 1941 (Date) (Hour)
 Date of Birth April 3, 1873 (Date) (Hour)
 Age 68 (Years) 4 (Months) 14 (Days)
 Date of Funeral 8/27/41 (Date) (Day of Week) 2 P. M. (Hour)

Services at General Home
 Clergyman Wm. P. E. Long (Address)
 Religion of the Deceased: _____
 Birthplace Des Moines, Iowa
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Marshalltown, Iowa
 Cause of Death Secondary Thrombosis
 Contributory Causes: _____

Certifying Physician L. R. Sherte, Cannon (Signature)
 His Address Marshalltown, Iowa
 Name of Father Milton Dittie Cracraft
 His Birthplace Madison Co., Iowa
 Maiden Name of Mother Sarah Ellen Rogers
 Her Birthplace Ohio

Motor Ship } Remains to _____
 Size of Casket 131 Hyd. Cap. Crisp, La. Hwy. (Style, Color and Number)
 Manufactured by: _____
 Interment at Wingfield Co., Oakland Cemetery Crematory

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

Complete Funeral	\$ <u>15900</u>
Casket	
Burial Vault or Box <u>Pine</u>	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery, \$ @ \$	
Autos to R. R. Station, \$ @ \$	
Getting Remains from <u>Marshalltown</u>	<u>15.00</u>
Taking Remains to <u>Oakland</u>	<u>10.00</u>
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____ (State Registrar's or Coroner's)	
Pall Bearer Service, \$ v. Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ _____
Outlay for Lot	
Cremation	
_____ line Death Notices in _____ Papers	
Flowers, \$ <u>19</u> <u>Palms</u> , \$ _____ <u>Matting</u> , \$ _____	<u>19.00</u>
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, \$ _____ or Motor }	
Telegr., Phone, Cable or Radio Charges	<u>2.40</u>
Cash Advanced	
Out of town Undertaker's Charges	
_____ (Cont. 2.50 <u>Plans</u> 2.40)	<u>8</u>
Sales Tax	
Total Footing of Bill	<u>175.40</u>
Less	\$ _____
Balance	\$ _____
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>8.13.41</u>	To Above Balance	\$ _____		To Balance Forward	\$ _____
<u>8.13.41</u>	By Payment	\$ _____		By Payment	\$ _____
	"	\$ _____		"	\$ _____
	"	\$ _____		"	\$ _____
	"	\$ _____		"	\$ _____
	"	\$ _____		"	\$ _____
	"	\$ _____		"	\$ _____
	"	\$ _____		"	\$ _____
	"	\$ _____		"	\$ _____

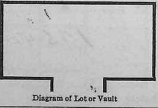
Insurance \$ _____ Names of Ledgers _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to _____ (First Name of Funeral Director)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the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

RECORD OF FUNERAL

Total No. 1837 Yearly No. 33 Date Aug. 31, 1941
 Name of Deceased Jesse Semler
 Married Single Widowed Divorced (What Race)
 Residence Kabouri, Iowa Husband Wife Widow of Amanda Semler

Charge to Catale
 Address 700 J Semler
 Order given by " (or informant)
 How Secured "
 Occupation Carpenter None (Social Security Number)
 Name of Employer Self
 Address "
 Date of Death 8-28-41 9 AM
 Date of Birth 11-2-92
 Age 48 9 23
 Date of Funeral 9/1/41 Sunday 1 P. M.
 Services at Assembly Home
 Clergyman J. M. Mueller; S. A. Beck
 Religion of the Deceased "
 Birthplace near Casey, Adair Co., Iowa
 Resided in the State Iowa (or U.S. or City or County) (Years) (Months)
 Place of Death Des. Co., Hosp., Des., Ia
 Cause of Death Pressure on Spinal Cord
 Contributory Causes Auto Accident
3 Mi. East Lansing - Auto Crashed
 Certifying Physician A. P. Ward
 His Address Des Moines City, Ia
 Name of Father Albert Semler
 His Birthplace Kabouri
 Maiden Name of Mother Cora White
 Her Birthplace Unknown
 Motor Ship } Remains to
 Size of Casket #200 Three Quarter State
 Manufactured by Semi-Palmy
 Interment at Des Moines { Cemetery
 Crematory

Complete Funeral	\$ 286.00
Casket	
Burial Vault or Box <u>Hollow Caskets</u>	78.00
Embalming Body <u>"</u> (Name of Embalmer)	
Barber, \$ <u>"</u> Hair Dressing, \$ <u>"</u>	
Dressing Body, \$ <u>"</u> Underwear, \$ <u>-</u>	1.00
Suit or Dress (State Kind and Color)	
Slippers, \$ <u>"</u> Hose, \$ <u>"</u>	
Folding Chairs, \$ <u>"</u> Tarpaulin, \$ <u>"</u>	
Candelabrum, \$ <u>"</u> Candles, \$ <u>"</u>	
Door Spray, \$ <u>"</u> Gloves, \$ <u>"</u>	
Funeral Car, \$ <u>"</u> Ambulance, \$ <u>"</u>	
Limousines to Cemetery <u>2 @ \$-</u>	
Autos to R. R. Station <u>@ \$-</u>	
Getting Remains from <u>Des. Hosp.</u>	<u>10.00</u>
Taking Remains to <u>Des Moines</u>	
Trip to Coroner's Inquest <u>"</u>	
Delivering Box to <u>"</u>	
Deliver Flowers to <u>"</u>	
Removal Charges <u>"</u>	
Procuring Burial Permit <u>"</u>	
Certif. Copies of Death Certificates No. <u>"</u>	
Pall Bearer Service, \$ <u>"</u> Use of Chapel, \$ <u>✓</u>	
Personal Service, \$ <u>"</u>	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in <u>"</u> Papers	
Flowers, \$ <u>5.00</u> Palms, \$ <u>"</u> Matting, \$ <u>"</u>	22.00
Rental of Tent, \$ <u>✓</u> of Temporary Vault, \$ <u>"</u>	
Opening of Grave or Tomb	
Lining Grave, \$ <u>✓</u> Lowering Device, \$ <u>-</u>	
Outlay for Shipping Charges	
Clergyman, \$ <u>"</u> Singers, \$ <u>"</u> Organist, \$ <u>"</u>	
Railroad } Tickets, \$ <u>"</u> Aero- plane Service, \$ <u>"</u> or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>2.76</u>	
Total Footing of Bill	\$ 391.42
Less <u>15.00</u>	
Balance	\$
Entered into Ledger, page <u>"</u> or below.	



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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
<u>9/1/41</u>	<u>Carl Anderson</u>	\$	<u>9/1/41</u>	<u>Des Moines</u>	\$
<u>9/1/41</u>	<u>Ed. Denny</u>	\$	<u>9/1/41</u>	<u>Des Moines</u>	\$
<u>9/1/41</u>	<u>Ed. Stoll</u>	\$	<u>"</u>	<u>"</u>	\$
<u>9/1/41</u>	<u>Des. White</u>	\$	<u>"</u>	<u>"</u>	\$
<u>9/1/41</u>	<u>Warwick</u>	\$	<u>"</u>	<u>"</u>	\$

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 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 " Address "
 Witness "

RECORD OF FUNERAL

Total No. 1838 Yearly No. 34 Date Sept. 8, 1941

Name of Deceased Corie Jones Johnson
 Married Single Widowed Divorced (What Race)
 Residence: A. Thomas & Sons, Ruggell Co., Va. Husband Wife Widow } Ralph Johnson
 Charge to: Ralph Johnson
 Address: Adams, Va.

Order given by: Ralph Johnson
 How Secured: _____
 Occupation: _____ (Social Security Number)
 Name of Employer: _____
 Address: _____

Date of Death: 9-3-41 2 P.M.
 Date of Birth: 11-13-90
 Age: 50 9 20
 Date of Funeral: Sept. 11, 1941 2 P.M.
 Services at: First Side Church
 Clergyman: Rev. R. H. Ballentine (Address)
 Religion of the Deceased: _____
 Birthplace: Decatur Co., Va.
 Resided in the State: 31 (or U. S. of City or County) (Years) (Months)

Place of Death: Res. Ruggell Co., Va.
 Cause of Death: Coronary Occlusion
 Contributory Causes: Emb. Dem. & Thrombosis
 Certifying Physician: G. M. Walker (or Surgeon)

His Address: W. Killebrew, Va.
 Name of Father: Frank Jones
 His Birthplace: Madison Co., Mo.
 Maiden Name of Mother: Sarah Saitton
 Her Birthplace: _____
 Motor Ship } Remains to
 Size of Casket: #268, Crepe Kgd. Cap
 Manufactured by: _____ (State Code and Number)
 Interment at: Ross Hill (Cemetery or Crematory)

Lot No. 1505
 Grave No. 4
 Section No. _____
 Owner: _____

Complete Funeral \$ 168.00
 Casket _____
 Burial Vault or Box _____ (State Kind)
 Embalming Body _____ (Name of Embalmer)
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress _____ (State Kind and Color)
 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 _____
 Trip to Coroner's Inquest _____
 Delivering Box to _____
 Deliver Flowers to _____
 Removal Charges _____
 Procuring Burial Permit _____
 Certif. Copies of Death Certificates No. _____ (State Number and District)
 Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
 Personal Service _____

Gross Total for Sales Tax \$ _____
 Outlay for Lot _____
 Cremation _____
 _____ line Death Notices in _____ Papers

Flowers, \$ _____ (Name of Newspaper) Palms, \$ _____ Matting, \$ _____
 Rental of Tent, \$ _____ or Temporary Vault, \$ _____
 Opening of Grave or Tomb _____
 Lining Grave, \$ _____ or Lowering Device, \$ _____
 Outlay for Shipping Charges _____
 Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____
 Railroad or Motor Tickets, \$ _____ Aero-plane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Undertaker's Charges _____

Sales Tax _____
 Total Footing of Bill \$ 208.88
 Less 27
 Balance \$ 181.88
 Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	<u>S. M. C. Co.</u>	By Payment	\$
	" "	\$	<u>Brody Newman</u>	" "	\$
	" "	\$	<u>Lois Blanker</u>	" "	\$
	" "	\$	<u>Begonia Sledge</u>	" "	\$
	" "	\$	<u>Bob Ballentine</u>	" "	\$
	" "	\$	<u>Carroll - Helma</u>	" "	\$

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

RECORD OF FUNERAL

Total No. 1939 Yearly No. 35 Date Sept. 12 1941

Name of Deceased Mary Faith Ballantyne
 Married Single Widowed Divorced (What Race)
 Residence Tamiami, Iowa Husband Wife Widow
 Charge to: Andrick A. Ballantyne

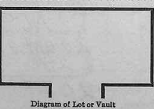
Address Tamiami, Iowa
 Order given by _____ (or informant)
 How Secured _____
 Occupation _____ (Social Security Number)
 Name of Employer _____

Address _____
 Date of Death Sept. 11, 1941 5 P.M.
 Date of Birth Sept. 11, 1941 11
 Age _____ (Years) _____ (Months) _____ (Days)
 Date of Funeral Sept 14 10:30 A.M.
 Services at: Home (Day) _____ (Day of Week) _____ (Hour)

Clergyman: Arthur Law (Address)
 Religion of the Deceased _____
 Birthplace Tamiami Iowa
 Resided in the State _____ (for U. S. or City or County) _____ (Years) _____ (Months)
 Place of Death Tamiami Iowa

Cause of Death Heart Disease
 Contributory Causes Stillborn - Abruptio Placentae
 Certifying Physician G. M. Walker (or Coroner)
 His Address Kelleston, Iowa
 Name of Father Andrick A. Ballantyne
 His Birthplace Tamiami, Iowa
 Maiden Name of Mother Viola Pearl Johnson
 Her Birthplace Salem, No. Dakota

Motor Ship } Remains to _____
 Size of Casket 1/9 - (Standard) (State Color and Number)
 Manufactured by Rose Hill
 Intment at Rose Hill { Cemetery Crematory

Diagram of Lot or Vault 
 Lot No. 6508
 Grave No. _____
 Section No. _____
 Owner _____

Complete Funeral \$ 10.00
 Casket ✓
 Burial Vault or Box ✓ (State Kind)
 Embalming Body _____ (Name of Embalmer)
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress _____ (State Kind and Color)
 Slippers, \$ _____ Hose, \$ _____
 Folding Chairs, \$ _____ Tarpaulin, \$ _____
 Candelabrum, \$ _____ Candles, \$ _____
 Door Spray, \$ _____ Gloves, \$ _____
 Funeral Car, \$ _____ Ambulance, \$ _____
 Limousines to Cemetery 1 @ \$ _____
 Autos to R. R. Station _____ @ \$ _____
 Getting Remains from Res
 Taking Remains to _____
 Trip to Coroner's Inquest _____
 Delivering Box to Chm
 Deliver Flowers to _____
 Removal Charges _____
 Procuring Burial Permit _____ (State Number and District)
 _____ Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's)
 Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
 Personal Service _____

Gross Total for Sales Tax \$ _____
 Outlay for Lot _____
 Cremation _____
 _____ line Death Notices in _____ Papers

Flowers, \$ _____ 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 or Motor } Tickets, \$ _____ Aero-plane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Undertaker's Charges _____

Sales Tax _____
 Total Footing of Bill \$ 14.20
 Less Op Grav \$ 4.00
 Balance \$ 10.20
 Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.
 Signed _____ Address _____
 Witness R. White

RECORD OF FUNERAL

Total No. 1940 Yearly No. 36 Date Sept. 14 1941

Name of Deceased Bertranda Seale
 Married Single Widowed Divorced (What Race)
 Residence Lamoni, Iowa Husband Wife Widow or of Bert Seale

Charge to Bert Seale
 Address

Order given by

How Secured

Occupation

Name of Employer

Address

Date of Death 9-12-41 9 AM.
 (Date) (Hour)

Date of Birth 1-15-1875
 (Date)

Age 66 7 27
 (Years) (Months) (Days)

Date of Funeral 9-14-41 Sun. 2 P. M.
 (Date) (Day of Week) (Hour)

Services at M. E. Church
 (Address)

Clergyman J. M. Bussler
 (Address)

Religion of the Deceased

Birthplace near Lamoni, Iowa

Resided in the State Iowa
 (or U. S. or City or County) (Months)

Place of Death Lamoni, Iowa

Cause of Death Heart Disease

Contributory Causes

Certifying Physician W. M. Hills
 (or Coroner)

His Address Lamoni, Iowa

Name of Father J. R. Smith
 (Address)

His Birthplace

Maiden Name of Mother Eliza A. Graham
 (Address)

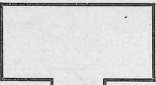
Her Birthplace

Motor Ship) Remains to

Size of Casket 20 Hys. Agency, Lam. Coffetone
 (State Color and Number)

Manufactured by

Interment at W. Hill Cemetery Crematory



Lot No. 853
 Grave No. 1
 Section No.
 Owner

Complete Funeral	\$ 425.00
Casket	
Burial Vault or Box <u>Valon Seibles</u>	78.00
<small>(Name of Embalmer) (State Kind)</small>	
Embalming Body	
Barber, \$	1.50
<small>Hair Dressing, \$ 1.50</small>	
Dressing Body, \$	1.21
<small>Underwear, \$.20</small>	
Suit or Dress	1.21
<small>(State Kind and Color)</small>	
Slippers, \$	
<small>Hose, \$</small>	
Folding Chairs, \$	
<small>Tarpaulin, \$</small>	
Candelabrum, \$	
<small>Candles, \$</small>	
Door Spray, \$	
<small>Gloves, \$</small>	
Funeral Car, \$	
<small>Ambulance, \$</small>	
Limousines to Cemetery	
<small>Auto to R. R. Station @ \$</small>	
Getting Remains from	
<small>Taking Remains to Church</small>	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
<small>(State Number and District)</small>	
<small>—Certif. Copies of Death Certificates No.</small>	
Pall Bearer Service, \$	
<small>(State Physician's or Coroner's)</small>	
Personal Service	
<small>Use of Chapel, \$</small>	

Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$10.00	36.21
<small>(Boxes of Newspapers) Palms, \$ Matting, \$</small>	
Rental of Tent, \$	
<small>of Temporary Vault, \$</small>	
Opening of Grave or Tomb	9.00
Lining Grave, \$	
<small>Lowering Device, \$</small>	
Outlay for Shipping Charges	
Clergyman, \$	
<small>Singers, \$ Organist, \$</small>	
Railroad Tickets, \$	
<small>(or Motor) Aero-Service, \$</small>	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>Casket 4%</u> <u>Vault 1%</u>	5.81
Total Footing of Bill	568.73
Less <u>Discount 5%</u> <u>Gr. V. 9.00</u>	57.00
Balance	509.73
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>J. B.</u>	To Above Balance	\$	<u>J. W. FOLS</u>	To Balance Forward	\$
<u>Wm. Anderson</u>	By Payment	\$	<u>Wanda Derry</u>	By Payment	\$
<u>Wm. B. Anderson</u>	\$	\$	<u>Mrs. Roland Schneider</u>	\$	\$
<u>G. C. Suris</u>	\$	\$	<u>PIANIST - Helma Sitsky</u>	\$	\$
<u>Wm. Condit</u>	\$	\$		\$	\$
<u>Wm. Anderson</u>	\$	\$		\$	\$
<u>J. C. Danickson</u>	\$	\$		\$	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Witness W. Hill Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1941 Yearly No. 37 Date Sept. 15 1941

Name of Deceased Burton Lewis Johnson (What Race) Married Single Widowed Divorced

Residence Lawson, Iowa - R.F.D. Leonard Johnson or S. N. of

Charge to: Leonard Johnson Complete Funeral \$ 168.00

Address Casket
Order given by Burial Vault or Box Redwood
How Secured Cont. (or informant) (State Kind)

Occupation Embalming Body (Name of Embalmer)
Name of Employer Barber, \$ Hair Dressing, \$

Address Dressing Body, \$ Underwear, \$
Slippers, \$ Hose, \$

Date of Death 9-12-41 (State) (Hour)
Date of Birth 11-28-27 (Year) (Month) (Days)

Age 13 (Years) 9 (Months) 14 (Days)
Date of Funeral 14-4-41 (Date) (Month) (Hour) M.

Services at: General Hosp. (State) (Town) (City) (Street) (Room)
Clergyman: Frank Stanley (Address)

Religion of the Deceased Taking Remains to
Birthplace Iowa Trip to Coroner's Inquest

Resided in the State 13 (Years) (Months) (Days)
Place of Death DeCATur Co. Hosp. - Mem. (or U. S. or City or County) (State) (City) (Street) (Room)

Cause of Death Delivering Flowers to Chm.
Contributory Causes Hemorrhage due to Removal Charges
rupture of Appendix Procuring Burial Permit
Certifying Physician J. W. Higgins (or Coroner) (State Number and District)

His Address DeCATur, Ia. Certif. Copies of Death Certificate No.
Name of Father Leona Johnson (State Physician's or Coroner's)

His Birthplace DeCATur, Iowa Personal Service, \$ Use of Chapel, \$
Maiden Name of Mother Marjorie Dreyfus

Her Birthplace Hillston, Iowa Gross Total for Sales Tax \$
Motor } Remains to Ship Outlay for Lot \$
Size of Casket 7.6 x 14 x 18 - Prep. (State Color and Number) Cremation \$

Manufactured by Rock Hill line Death Notices in Papers

Interment at Rock Hill (Cemetery or Crematory)
Flowers, \$ 3.00 (Names of Newspapers) Palms, \$ Matting, \$ 13.43

Lot No. 1592 Rental of Tent, \$ of Temporary Vault, \$
Grave No. 4 Opening of Grave or Tomb \$ 7.00

Section No. Lining Grave, \$ Lowering Device, \$
Owner Outlay for Shipping Charges

Entered into Ledger, page or below. Sales Tax \$ 68

Total Footing of Bill \$ 190.11

Less Op. P. \$ 7.00

Balance \$ 183.11

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>P. D.</u>	To Above Balance	\$	To Balance Forward	\$	
	By Payment	\$	By Payment	\$	
	<u>Rolland Marshall</u>	\$	"	\$	
	<u>Dwight J. Jimmy Haugh</u>	\$	"	\$	
	<u>Verneth D. Riggs</u>	\$	"	\$	
	<u>Donald E. ...</u>	\$	"	\$	
	<u>Donna Lewis</u>	\$	"	\$	
	"	\$	"	\$	
	"	\$	"	\$	

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 I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

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

RECORD OF FUNERAL

Total No. 1942 Yearly No. 38 Date Sept. 19. 1941

Name of Deceased Wynone Elaine Smith
 Married Single Widowed Divorced (What Race)
 Residence Lamoni, Iowa
 Husband Wife Widow of

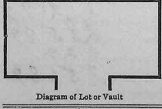
Charge to Isaac Weber
 Address Lamoni, Iowa
 Order given by Maggie Smith
 (or informant)
 How Secured Student
 Occupation Student
 Name of Employer High School
 Address _____

Date of Death 9-17-41
 (Date) (Hour)
 Date of Birth 4-22-27
 (Date) (Hour)
 Age 14
 (Years) (Months) (Days)
 Date of Funeral 9-24-41
 (Date) (Day of Week) (Hour) P. M.
 Services at Funeral Home
 Clergyman _____
 (Address)

Religion of the Deceased _____
 Birthplace near Lamoni, Decatur Co., Ia.
 Resided in the State Ia.
 (or U. S. or City or County) (Years) (Months)
 Place of Death Lamoni, Iowa
 Cause of Death Acute Dilation of Heart
 Contributory Causes Heart Hyper?

Certifying Physician Fred A. Bowman, M.D.
 (Address)
 His Address Lamoni, Iowa
 Name of Father Frank Smith
 His Birthplace Lamoni, Iowa
 Maiden Name of Mother Maggie May Smith
 Her Birthplace Lamoni, Mo.

Motor Ship } Remains to _____
 Size of Casket # 131 Cope
 (State Kind and Number)
 Manufactured by P.O.A.
 Interment at Rose Hill Cemetery
 (Crematory)

Diagram of Lot or Vault

 Lot No. 150.5
 Grave No. 1
 Section No. _____
 Owner _____

Complete Funeral 139.00
 Casket # 131 Cope
 Burial Vault or Box _____
 Embalming Body Included
 (Name of Embalmer)
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress _____
 Slippers, \$ _____ (State Kind and Color)
 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 _____
 Trip to Coroner's Inquest _____
 Delivering Box to Cem.
 Deliver Flowers to _____
 Removal Charges _____
 Procuring Burial Permit _____
 _____ Certif. Copies of Death Certificates No. _____
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
 Personal Service _____

Gross Total for Sales Tax \$ _____
 Outlay for Lot 20.00
 Cremation _____
 _____ line; Death Notices in _____ Papers
 Flowers, \$ 35 (Names of Newspapers) Palms, \$ _____ Matting, \$ 7.75
 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- _____
 or Motor } plane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Undertaker's Charges _____
 Sales Tax _____
 Total Footing of Bill \$ 171.11
 Less Op. H. Y. Lot \$ 27.00
 Balance \$ 144.11
 Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$ _____		To Balance Forward	\$ _____
	By Payment	\$ _____		By Payment	\$ _____
<u>P.B.</u>	<u>Jacqueline Foster</u>	\$ _____	<u>MUSIC</u>	<u>Miss Sawyer - P.A.M.I.</u>	\$ _____
<u>Mrs. W. H. ...</u>	<u>Mary Ann ...</u>	\$ _____	<u>Hanna ...</u>	<u>Rex ...</u>	\$ _____
<u>Mrs. ...</u>	<u>Mary Jane ...</u>	\$ _____	<u>Crystal ...</u>	<u>Stanley ...</u>	\$ _____
<u>Mrs. ...</u>	<u>Lucretia ...</u>	\$ _____	<u>Dorothy ...</u>	<u>Martin ...</u>	\$ _____
<u>Mrs. ...</u>	<u>William ...</u>	\$ _____	<u>Mary ...</u>	<u>William ...</u>	\$ _____

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 _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum. Signed _____
 Witness White Address _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1943 Yearly No. 39 Date Sept. 21, 1941

Name of Deceased Eliza Henry Walden
 Married Single Widowed Divorced (What Base)

Residence Lamar, Iowa
 Husband Wife Widow or of

Charge to Children

Address L. A. Walden

Order given by L. A. Walden (or informant)

How Secured Sumo - none

Occupation Sumo - none (Social Security Number)

Name of Employer

Address

Date of Death 9-19-41 - 12:30 PM (Date) (Hour)

Date of Birth 1-1-1868 (Date)

Age 73 (Years) 8 (Months) 18 (Days)

Date of Funeral 9-21-41 Sun 2 P. M. (Date) (Day of Week) (Hour)

Services at Cottman

Clergyman D. B. Jordan - Mrs. Paul (Address)

Religion of Deceased

Birthplace Russ. Falls, Wisconsin

Resided in the State Iowa (or U. S. or City or County) 21 (Years) (Months)

Place of Death Lamar, Iowa

Cause of Death Apoplexy

Contributory Causes Arteriosclerosis

Certifying Physician H. M. Hills (or Coroner)

His Address

Name of Father Louise Walden

His Birthplace Arkansas

Maiden Name of Mother Georgia Walker

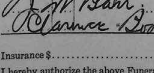
Her Birthplace Arkansas

Motor Ship } Remains to

Size of Casket #41 - 1st Cl. - Mahogany (State Color and Number)

Manufactured by W. H. Hill

Interment at W. H. Hill Cemetery Crematory



Lot No. 1506

Grave No. 1

Section No.

Owner

Complete Funeral	\$ 139.00
Casket	
Burial Vault or Box <u>Atjardette</u>	76.00
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	2 @ \$
Autos to R. R. Station	@ \$
Getting Remains from	Re @ \$
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	Ch @ \$
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	

Gross Total for Sales Tax	\$
Outlay for Lot	20.00
Cremation	
line Death Notices in	Papers
Flowers, \$10 ⁰⁰	Palms, \$
Matting, \$	40.00
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	9.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad (or Motor) Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	1.09 1.50 2.59
Total Footing of Bill	285.89
Less <u>Lot & Op. S.</u>	3.9
Balance	256.89
Entered into Ledger, page	... or below.

Insurance \$ Names of Lodges Insurance Companies

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

Witness [Signature] Signed _____ Address _____

RECORD OF FUNERAL

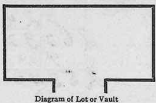
Total No. 1944 Yearly No. 40 Date Sept. 30 1941
 Name of Deceased Hawley Gibson E. Nelson
 Married Single Widowed Divorced (What Race)
 Residence Moline, Ill. Husband Wife Widow
 or _____ of _____

Charge to _____
 Address _____
 Order given by (Mrs. J. D. Williams) (Informant)
 How Secured Removal (Unit)
 Occupation _____ (Social Security Number)
 Name of Employer _____
 Address _____
 Date of Death Sept. 28, 1941 (Date) (Hour)
 Date of Birth _____ (Year) (Month) (Days)
 Age 43 3 25
 Date of Funeral 9/30/41 Sun 2 P. M. (Day of Week) (Hour)
 Services at White Funeral Home
 Clergyman R. A. Chaville E. E. Clodson (Address)
 Religion of the Deceased _____
 Birthplace _____
 Resided in the State _____ (Year) (Month)
 Place of Death Lutheran Hospital - Moline
 Cause of Death Typhoid Fever
 Contributory Causes _____

Complete Funeral \$ 35.00
 Casket _____
 Burial Vault or Box _____ (State Kind)
 Embalming Body _____ (Name of Embalmer)
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress _____ (State Kind and Color)
 Slippers, \$ _____ Hose, \$ _____
 Folding Chairs, \$ _____ Tarpaulin, \$ _____
 Candelabrum, \$ _____ Candles, \$ _____
 Door Spray, \$ _____ Gloves, \$ _____
 Funeral Car, \$ _____ Ambulance, \$ _____
 Limousines to Cemetery @ \$ _____
 Autos to R. R. Station @ \$ _____
 Getting Remains from Davis City
 Taking Remains to _____
 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. _____
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ _____ Use of Chapel, \$
 Personal Service _____

Certifying Physician J. P. Johnston (Address)
 His Address Moline, Ill.
 Name of Father _____
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor) Remains to _____
 Ship) _____
 Size of Casket _____ (State Color and Number)
 Manufactured by R. P. Rose
 Interment at Rose Hall (Cemetery or Crematory)
 Lot No. 460
 Grave No. 1
 Section No. _____
 Owner _____

Gross Total for Sales Tax \$ _____
 Outlay for Lot _____
 Cremation _____
 _____ line Death Notices in _____ Papers
 Flowers, \$ 45.00 (Names of Newspapers) Palms, \$ _____ Matting, \$ 14.79
 Rental of Tent, \$ _____ of Temporary Vault, \$ _____
 Opening of Grave or Tomb, \$ 7.00
 Lining Grave, \$ _____ Lowering Device, \$ _____
 Outlay for Shipping Charges _____
 Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____
 Railroad) Tickets, \$ _____ Aero-
 or Motor) plane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Undertaker's Charges _____
 Sales Tax _____
 Total Footing of Bill \$ 46.79
 Less 9.80 \$ 7.00
 Balance \$ 39.79
 Entered into Ledger, page _____ or below.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>J. P.</u>	To Above Balance	\$		To Balance Forward	\$
<u>Ed. Dywinger</u>	By Payment	\$	<u>SEP 28</u>	By Payment	\$
<u>Oral Work</u>		\$	<u>Sticks Hall</u>		\$
<u>Frank Shipman</u>		\$	<u>Mark Bohm</u>		\$
<u>Anna Elison</u>		\$	<u>Edward Cunningham</u>		\$
<u>Dave Hansen</u>		\$	<u>Dwain Miller</u>		\$
<u>Walter Hawley</u>		\$	<u>P. A. W. - Thelma Selby</u>		\$

Insurance \$ _____ Names of Lodges Body Guard of Davis City Insurance 9/30/41 - 8 a.m. Via Exp. Company _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ from _____
 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.
 Witness R. White Signed _____
 Address _____
 Compiled by F. J. FHEINMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1945 Yearly No. 47 Date October 4, 1941

Name of Deceased John Nedmark
 Married Single Widowed Divorced (What Race)

Residence Lanonia, Iowa
 Husband Wife Widow of _____ of _____

Charge to Mrs. John Nedmark
 Address _____

Order given by Mrs. H. E. Deussen (or informant)

How Secured Cash
 Occupation Farmer - Retired (Social Security Number)

Name of Employer _____
 Address _____

Date of Death Oct. 3, 1941 (Date) (Hour)

Date of Birth Dec. 26, 1856 (Date) (Hour)

Age 84 (Years) 10 (Months) 28 (Days)

Date of Funeral 10/4/41 - Sat (Date) (Hour) 2 P. M.

Services at Funeral Home
 Clergyman Frank Stanley (Address)

Religion of the Deceased _____
 Birthplace Ontario, Canada

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Lanonia, Iowa

Cause of Death Heart + Bright's Disease

Contributory Causes _____

Certifying Physician A. M. Mills (or Coroner)

His Address _____

Name of Father Nathan Nedmark
 His Birthplace Zurbe, Canada

Maiden Name of Mother May Elizabeth Hunt
 Her Birthplace Ontario, Canada

Motor } Remains to
 Ship } _____

Size of Casket 76.8 Wood Cup Cope (Size of Color and Number)

Manufactured by A. S. Co.
 Interment at Rose Hill Cemetery

Diagram of Lot or Vault

Lot No. 1592
 Grave No. 1
 Section No. _____
 Owner _____

Complete Funeral	\$ 168.00
Casket	
Burial Vault or Box <u>John Nedmark</u>	78.00
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Suit or Dress	
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	
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. _____	
Pall Bearer Service, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	
Flowers, \$ <u>4.00</u> (Names of Newspapers)	
Palms, \$	
Matting, \$	4.08
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	7.00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges, \$ <u>3.00</u>	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad Tickets, \$	
Airplane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>Casket 168 Vault 156</u>	32.4
Total Footing of Bill	262.32
Less <u>Op. R.</u>	9.00
Balance	253.32

Date	Amount Paid	Balance	Date	Amount Paid	Balance
P.P.	To Above Balance	\$	P. INDEBT	To Balance Forward	\$
	By Payment	\$		By Payment	\$
	<u>Walter Vander Plute</u>	\$		<u>Mrs. Manda Devey</u>	\$
	<u>from Becket</u>	\$		<u>Mrs. Roland Schaefer</u>	\$
	<u>James Roberts</u>	\$		<u>P. INDEBT - Mrs. Carl White</u>	\$
	<u>James & Chopick</u>	\$			\$
	<u>Ben Currie</u>	\$			\$
	<u>Mr. Danielson</u>	\$			\$

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), days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness R. White Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1947 Yearly No. 42 Date Oct. 17, 1941

Name of Deceased Leander Whiting
 Married Single Widowed Divorced (What Race)

Residence Classburg, Whiting
Charge to Estate

Address Road & Alkath Whiting
Order given by Road & Alkath Whiting (or informant)

How Secured _____
Occupation _____ (Social Security Number)

Name of Employer _____
Address _____

Date of Death 10-17-41 (Date) (Hour)

Date of Birth 8-19-1860 (Date) (Hour)

Age 81 (Years) 1 (Months) 28 (Days)

Date of Funeral 10/19/41 (Date) Sun (Day of Week) 2 P. (Hour) M.

Services at Mch. of S. Ry. Service at Home
Clergyman Marion Clark, Rev. DeLong (Address)

Religion of the Deceased _____
Birthplace Harrison Co., Mo.

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Bethany Hospital, Bethany

Cause of Death _____
Contributory Causes _____

Certifying Physician W. A. Boyles (or Coroner)

His Address Bethany, Mo.

Name of Father William Whiting

His Birthplace Mo.

Maiden Name of Mother E. Elizabeth ?

Her Birthplace _____

Motor Ship } Remains to _____

Size of Casket _____ (State Color and Number)

Manufactured by _____

Interment at Andover { Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault

Complete Funeral	\$ 25.00	
Casket		
Burial Vault or Box <u>Union Pressure</u>	100.00	
(State Kind)		
Embalming Body		
(Name of Embalmer)		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress		
(State Kind and Color)		
Slippers, \$	Hose, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery <u>1</u> @ \$		
Autos to R. R. Station <u>@</u> \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to <u>Andover</u>		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
(State Number and District)		
Certif. Copies of Death Certificates No.		
(State Physician's or Coroner's)		
Full Bearer Service, \$ <u>Use of Chapel, \$</u>		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in _____ Papers		
(Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$ <u>2.00</u>
Railroad Tickets, \$	Aero. Service, \$	
or Motor _____ plane		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax <u>on Vault</u>	<u>2.00</u>	
Total Footing of Bill	\$ <u>130.00</u>	
Less _____	\$	
Balance	\$	
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Body Prepared			To Balance Forward		
Deceased to us for funeral ch			By <u>W. H. Hall, Bethany Mo.</u>		
"			" <u>L. Amos</u>		
"			" <u>S. I. G. F. S.</u>		
"			" <u>Mrs. Schneider</u>		
"			" <u>Wanda Derry</u>		
John Simpson					
John Bergerson					
Edwin Bergerson					

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness Andover Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1948 Yearly No. 44 Date 7/10/6 1971

Name of Deceased Alfred M. Hulmers
 Married Single Widowed Divorced (What Race)

Residence Bertha Anderson Hulmers
 Husband Wife Widow or of

Charge to Mrs. I. A.

Order given by Paid (or informant)

How Secured Paid

Occupation (Social Security Number)

Name of Employer

Address

Date of Death (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at Home

Clergyman Dan Anderson (Address)

Religion of the Deceased

Birthplace

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to Bronze Urn

Size of Casket (State Color and Number)

Manufactured by Rose Hill

Interment at Rose Hill { Cemetery Crematory



Lot No. 1486

Grave No. 4

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		
Burial Vault or Box		
(State Kind)		
Embalming Body		
(Name of Embalmer)		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress		
(State Kind and Color)		
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		
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.		
Pall Bearer Service, \$		
(State Physician's or Coroner's Personal Service		
Use of Chapel, \$		
<u> Casket container for Urn</u>		5.00
Gross Total for Sales Tax	\$	
Outlay for Lot # <u>1486</u>		50.00
Cremation		
line Death Notices in Papers		
(Name of Newspaper)		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		4.00
Lining Grave, \$		
Lowering Device, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad or Motor Tickets, \$		
Aero-Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$	59.00
Less <u>Robt. G. Op. 41</u>		54.00
Balance	\$	5.00
Entered into Ledger, page or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	<u>Cremation fees received via P. O. from</u>	\$		<u>Mission Funeral Park, Houston, Texas for interment</u>	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

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

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

RECORD OF FUNERAL

Total No. 1949 Yearly No. 45 Date Nov. 9 1941

Name of Deceased. Marion North Barrett
 Married Single Widowed Divorced
(What Race)
Caucasian

Residence. Alvin A. Barrett
 Husband Wife Widow
of James Barrett

Charge to. Alvin A. Barrett

Address. M. E. Allen, Texas

Order given by. Alvin A. Barrett
(or informant)

How Secured. Paid
(or informant)

Occupation. Farmer
(Social Security Number)

Name of Employer. _____

Address. _____

Date of Death. 11-8-41
(Date) (Hour)

Date of Birth. 7-24-1853
(Date) (Hour)

Age. 88
(Years) (Months) (Days)

Date of Funeral. 11/9/41 Sun 2:30 P.M.
(Date) (Day of Week) (Hour)

Services at. Home

Clergyman. C. K. Harper
(Address)

Religion of the Deceased. Methodist

Birthplace. Illinois

Resided in the State. _____
(U.S. or City or County) (Years) (Months)

Place of Death. M. E. Allen, Texas

Cause of Death. Chronic Embocarditis

Contributory Causes. None

Certifying Physician. J. O. Wharton
(or Coroner)

His Address. M. E. Allen, Texas

Name of Father. Hub

His Birthplace. Ill

Maiden Name of Mother. M. Miller

Her Birthplace. Ill

Motor Ship } Remains to _____
Size of Casket. Metallic
(State Color and Number)

Manufactured by. Rose Hill

Interment at. Rose Hill Cemetery
Crematory

Lot No. 865

Grave No. 27

Section No. _____

Owner. _____

Diagram of Lot or Vault

Complete Funeral	\$ 15.00		
Casket			
Burial Vault or Box			
Embalming Body			
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$		
Suit or Dress			
Slippers, \$	Hose, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Spray, \$	Gloves, \$		
Funeral Car, \$	Ambulance, \$		
Limonades to Cemetery	2 @ \$ -		
Autos to R. R. Station	@ \$ -		
Getting Remains from	<u>Home</u>		
Taking Remains to	<u>Home</u>		
Trip to Coroner's Inquest			
Delivering Box to	<u>Home</u>		
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
—Certif. Copies of Death Certificates No. _____			
State Physician's or Coroner's			
Use of Chapel, \$	-		
Personal Service			
Gross Total for Sales Tax		\$	
Outlay for Lot			
Cremation			
line Death Notices in	Papers		
Flowers, \$		Palms, \$	Matting, \$
Rental of Tent, \$	r. of Temporary Vault, \$		
Opening of Grave or Tomb			8.00
Lining Grave, \$	r. Lowering Device, \$		
Outlay for Shipping Charges			
Clergyman, \$	r. Singers, \$	Organist, \$	
Railroad or Motor	Tickets, \$	plane Service, \$	
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Sales Tax			
Total Footing of Bill			\$ 23.00
Less. <u>Op. H.</u>			\$ 8.00
Balance			\$ 15.00
Entered into Ledger, page. _____ or below.			

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" " "	\$		" " "	\$
	" " "	\$		" " "	\$
	" " "	\$		" " "	\$
	" " "	\$		" " "	\$
	" " "	\$		" " "	\$
	" " "	\$		" " "	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
maturity at the rate of _____ % per annum. (Print Name of Funeral Directors.)

Witness. M. White Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1750 Yearly No. 46 Date 7.21.30 1941

Name of Deceased John Bannur

Residence Riley Corp. Harrison Co., Mo. Married Single Widowed Divorced (What Race)

Charge to Edw. Shields (Aunt) Husband Wife Widow or _____ of _____ (Name of Embalmer)

Address Edw. Shields (Aunt)

Order given by Edward Bannur (or informant)

How Secured _____

Occupation _____ (Social Security Number)

Name of Employer _____

Address _____

Date of Death 7.20.18, 1941 9:45 A.M. (Date) (Hour)

Date of Birth Aug 7, 1880 (Date)

Age 61 (Year) 3 (Months) 11 (Days)

Date of Funeral 11/20/41 1 P.M. (Date) (Day of Week) (Hour)

Services at M. E. Church - Kellerton

Clergyman J. M. Bredie (Address)

Religion of the Deceased _____

Birthplace Hannum Co., Mo.

Resided in the State _____ (or U.S. or City or County) (Year) (Month) (Day)

Place of Death Riley Corp. Harrison Co., Mo. (State Physician's or Coroner's)

Cause of Death Prostatic Obstruction

Contributory Causes Bladder Infection

Certifying Physician C. M. Walker

His Address Kellerton

Name of Father James Bannur

His Birthplace Ohio

Maiden Name of Mother Anderson

Her Birthplace _____

Motor Ship } Remains to _____ (State of Newspaper)

Size of Casket 3 1/2 x 7 1/2 x 11 (Size or age Number)

Manufactured by Riley Corp.

Interment at Kellerton Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Complete Funeral \$ 100.00

Casket _____

Burial Vault or Box Hannum Co. \$ 100.00 (State Kind)

Embalming Body _____

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress _____ \$ 8.75

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 Kellerton

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. _____ (State Physician's or Coroner's)

Pal Bearer Service, \$ _____ Use of Chapel, \$ _____

Personal Service _____

Gross Total for Sales Tax _____

Outlay for Lot _____

Cremation _____

_____ line Death Notices in _____ Papers

Flowers, \$ 3.00 Palms, \$ _____ Matting, \$ 3.50

Rental of Tent, \$ _____ of Temporary Vault, \$ _____

Opening of Grave or Tomb _____

Lining Grave, \$ _____ Lowering Device, \$ _____

Outlay for Shipping Charges _____

Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____

Railroad or Motor } Tickets, \$ _____ Aero-plane Service, \$ _____

Telegr., Phone, Cable or Radio Charges _____

Cash Advanced _____

Out of town Undertaker's Charges _____

Sales Tax _____

Total Footing of Bill \$ 212.45

Less _____

Balance \$ _____

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>P.R.</u>	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	<u>Clarence Kelly</u>	\$		" "	\$
	<u>Edw. Shields</u>	\$		" "	\$
	<u>Bill Feary</u>	\$		" "	\$
	<u>Wm. Knott</u>	\$		" "	\$
	<u>Wm. Russell</u>	\$		" "	\$
	<u>Thayer Russell</u>	\$		" "	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness R. White Signed _____

Address _____ (True Name of Funeral Director.)

RECORD OF FUNERAL

Total No. 1951 Yearly No. 47 Date Nov. 23, 1941

Name of Deceased Susie May Booth

Residence Clay Sup. Harrison Co. Mo. Married Single Widowed Divorced (What Race)
Charge to Frank Booth Husband Wife Widow or of

Address Bly thedale, Mo.

Order given by (or informant)

How Secured

Occupation (Social Security Number)

Name of Employer

Address

Date of Death Nov. 20, 1941 11:40 P.M. (Date) (Hour)

Date of Birth May 26, 1883 (Date) (Year) (Month) (Days)

Age 58 (Years) 3 (Months) 24 (Days)

Date of Funeral Nov. 24, Sun 9 P. M. (Date) (Day of Week) (Hour)

Services at Christian Church, Bly thedale

Clergyman W. A. Pollock, Bly thedale, Mo. (Address)

Religion of the Deceased

Birthplace Harrison Co. Mo.

Resided in the State 58 (Years) (Months)

Place of Death Clay Sup. Harrison Co. Mo. (City, S. or City of County) (Vegan)

Cause of Death Angina Pectoris

Contributory Causes Righte Disease

Certifying Physician Dr. P. H. Beets (or Coroner)

His Address Ridgewood, Mo.

Name of Father Wesley H. Booth

His Birthplace Unknown

Maiden Name of Mother Lena Brooks

Her Birthplace Unknown

Motor Ship } Remains to Gen. Cap. Molestin

Size of Casket 1 (State Code and Number)

Manufactured by Ker. Metallic

Interment at Bly thedale { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 164.00
Casket	
Burial Vault or Box <u>Redwood</u>	
Embalming Body <u>(Name of Embalmer)</u>	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress <u>Blue 29's Tail 13</u>	8.95
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 <u>Church</u>	
Trip to Coroner's Inquest	
Delivering Box to <u>Bly thedale</u>	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit <u>(State Number and District)</u>	
Certif. Copies of Death Certificates No. <u>(State Physician's or Coroner's)</u>	
Pall Bearer Service, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers	
Flowers, \$ <u>9.00</u> (Class of Newspaper)	9.00
Palms, \$	
Matting, \$	
Rental of Tent, \$	
Temporary Vault, \$	
Opening of Grave or Tomb	
Lining of Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad } Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	\$ 2.07
Total Footing of Bill	\$ 184.00
Less	
Balance	\$
Entered into Ledger, page or below	

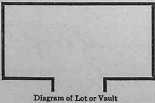


Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>P. H.</u>	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
<u>Loren Booth</u>		\$		" "	\$
<u>Clara Booth</u>		\$		" "	\$
<u>Berk. Harrison</u>		\$		" "	\$
<u>Otis Little</u>		\$		" "	\$
<u>Ellen Little</u>		\$		" "	\$
<u>Harry Booth</u>		\$		" "	\$

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 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 R. White Address

RECORD OF FUNERAL

Total No. 1952 Yearly No. 48 Date Dec 5 1941

Name of Deceased Katherine Louise Stinger
 Residence: Riley Twp., Ruyggold Co., La.
 Charge to: Blind Div. Soc. Welfare Dept.

Address: _____
 Order given by: Clarence Daly
 How Secured: _____
 Occupation: _____
 Name of Employer: _____
 Address: _____

Date of Death: 12-3-41 7 AM
 Date of Birth: 1-28-1867
 Age: 74 10 15
 Date of Funeral: 12/5/41 2 P.
 Services at: St. John Church
 Clergyman: Rev. J. M. Fischer
 Religion of the Deceased: _____
 Birthplace: near Irving, Kans.
 Resided in the State: _____

Place of Death: Ruyggold Co.
 Cause of Death: Heart failure probably due to diabetes
 Contributory Causes: 7 left ventricle. Acute nephritis. Intestinal disorder. vomiting. diarrhoea.
 Certifying Physician: C. M. Walker
 His Address: Kellerton, La.
 Name of Father: Samuel Sigua
 His Birthplace: Indiana
 Maiden Name of Mother: Dorah Elizabeth Shaw
 Her Birthplace: Indiana

Motor Ship) Remains to: _____
 Size of Casket: 3 Panel. Red Oak. Clepe
 Manufactured by: W. H. Kellogg
 Interment at: St. John Church Cemetery

Complete Funeral \$ 100.00
 Casket _____
 Burial Vault or Box _____
 Embalming Body _____
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress _____
 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 _____
 Trip to Coroner's Inquest _____
 Delivering Box to _____
 Deliver Flowers to _____
 Removal Charges _____
 Procuring Burial Permit _____
 Certif. Copies of Death Certificates No. _____
 Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
 Personal Service _____

Gross Total for Sales Tax \$ _____
 Outlay for Lot _____
 Cremation _____
 Line Death Notices in _____ Papers _____
 Flowers, \$ _____ 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 or Motor) Tickets, \$ _____ Aero-plane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Undertaker's Charges _____

Sales Tax _____
 Total Footing of Bill \$ 107.50
 Less _____
 Balance \$ _____
 Entered into Ledger, page _____ or below _____

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

Insurance \$ _____ Lodgen. _____ 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 pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.
 Signed _____
 Witness _____
 Address _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	<u>Raymond Hoover</u>	\$		"	\$
	<u>Ed Kenner</u>	\$		"	\$
	<u>Fred Shields</u>	\$		"	\$
	<u>Raymond Jean</u>	\$		"	\$
	<u>Joe Boyer</u>	\$		"	\$

RECORD OF FUNERAL

Total No. 1953 Yearly No. 49 Date Dec 6 1941

Name of Deceased Louise Rebecca Jamison
 Married Single Widowed Divorced (What Rate)

Residence Jamoni, Iowa Husband Wife Widow of Lucian Jamison

Charge to Ben, Bamer

Address Jamoni, Ia.

Order given by H. M. Jamison
(or informant)

How Secured _____

Occupation _____ (Social Security Number)

Name of Employer _____

Address _____

Date of Death Dec 3 1941 6 P.M.
(Date) (Hour)

Date of Birth Jan 9, 1859
(Year) (Month) (Day)

Age 82 10 24
(Years) (Months) (Days)

Date of Funeral 12/6/41 Sat 2 P.M.
(Date) (Hour)

Services at M. E. Church

Clergyman J. M. Bessler
(Address)

Religion of the Deceased _____

Birthplace Hector Hill, New York

Resided in the State _____ (or U.S. or City or County) (Years) (Months)

Place of Death Jamoni, Iowa

Cause of Death Cerebral Hemorrhage

Contributory Causes Arteriosclerosis & Hypertension

Certifying Physician J. P. Reed
(or Coroner)

His Address Davis City, Ia.

Name of Father Chas. Nickelson

His Birthplace New York

Maiden Name of Mother Fanny Cadot

Her Birthplace New York

Motor Ship } Remains to _____

Size of Casket 232 G. N. Uelaur
(State, Color and Number)

Manufactured by Rose Hill

Interment at _____ Cemetery Crematory

Complete Funeral	\$ 271.00
Casket	
Burial Vault or Box <u>Galien Keebler</u>	76.00
Embalming Body <u>Lucian</u>	
Barber, \$ _____	
Hair Dressing, \$ _____	
Dressing Body, \$ _____	
Suit or Dress _____	0.95
Slippers, \$ _____	
Hose, \$ _____	
Folding Chairs, \$ _____	
Tarpaulin, \$ _____	
Candelabrum, \$ _____	
Candles, \$ _____	
Door Spray, \$ _____	
Gloves, \$ _____	
Funeral Car, \$ _____	
Ambulance, \$ _____	
Limousines to Cemetery 1. @ \$ _____	
Autos to R. R. Station _____ @ \$ _____	
Getting Remains from _____	
Taking Remains to _____	
Trip to Coroner's Inquest _____	
Delivering Box to _____	
Deliver Flowers to _____	
Removal Charges _____	
Procuring Burial Permit _____	
Certif. Copies of Death Certificates No. _____	
Pall Bearer Service, \$ _____	
Use of Chapel, \$ _____	
Personal Service _____	
Gross Total for Sales Tax _____	
Outlay for Lot _____	
Cremation _____	
_____ line Death Notices in _____ Papers	
Flowers, \$ _____	
Palms, \$ _____	
Matting, \$ _____	0.00
Rental of Tent, \$ _____	
of Temporary Vault, \$ _____	
Opening of Grave or Tomb _____	9.00
Lining Grave, \$ _____	
Lowering Device, \$ _____	
Outlay for Shipping Charges _____	
Clergyman, \$ _____	
Singers, \$ _____	
Organist, \$ _____	
Railroad or Motor Tickets, \$ _____	
Aero-plane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Out of town Undertaker's Charges _____	
Sales Tax _____	4.33
Total Footing of Bill _____	371.18
Less <u>Spec Desc</u> _____	146.88
Balance _____	224.30
Entered into Ledger, page _____ or below.	

Lot No. 423
 Grave No. 71
 Section No. _____
 Owner _____

Date	Amount Paid	Balance
To Above Balance	\$ _____	\$ _____
By Payment	\$ _____	\$ _____
" "	\$ _____	\$ _____
" "	\$ _____	\$ _____
" "	\$ _____	\$ _____
" "	\$ _____	\$ _____
" "	\$ _____	\$ _____
" "	\$ _____	\$ _____
" "	\$ _____	\$ _____

Date	Amount Paid	Balance
To Balance Forward	\$ _____	\$ _____
By Payment	\$ _____	\$ _____
" "	\$ _____	\$ _____
" "	\$ _____	\$ _____
" "	\$ _____	\$ _____
" "	\$ _____	\$ _____
" "	\$ _____	\$ _____
" "	\$ _____	\$ _____
" "	\$ _____	\$ _____

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 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 _____
 Address _____

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

RECORD OF FUNERAL

Total No. 1954 Yearly No. 50 Date Dec. 14, 1941

Name of Deceased George Barker Green

Residence Lamonia, Iowa Married Single Widowed Divorced Husband Wife Widow
or _____ of _____ (What Race)

Charge to: O.A.P.

Address _____
Order given by A. Elmer Green (or informant)

How Secured _____
Occupation Retired (Social Security Number)

Name of Employer _____
Address _____

Date of Death Dec 10, 1941 9 P.M. (Date) (Hour)

Date of Birth May 14, 1861 (Date) (Year) (Month) (Day) (Hour)

Age 80 6 76 (Years) (Months) (Days)

Date of Funeral 12/14/41 Sun 1:30 P.M. (Date) (Day of Week) (Hour)

Services at Lamonia Home

Clergyman Morris Wanta, Arthur Lave (Address)

Religion of the Deceased _____
Birthplace near Lamonia, Iowa

Resided in the State Iowa (or U. S. or City or County) (Years) (Months)

Place of Death Leon, Ia. (Dec Co Hosp)

Cause of Death Injured by in fall in Nov 1941

Contributory Causes Stroke 9 P.M.

Certifying Physician W. M. Hill (or Coroner)

His Address Lamonia, Iowa

Name of Father Andrew Green

His Birthplace unknown

Maiden Name of Mother Leroy Whitting

Her Birthplace unknown

Motor Ship } Remains to _____ (State Color and Number)

Size of Casket 1 1/2 x 3 1/2 x 6

Manufactured by Rose Hill

Interment at _____ (Cemetery or Crematory)

Lot No. 240

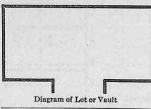
Grave No. 4

Section No. _____

Owner _____

Entered into Ledger, page _____ or below.

Complete Funeral	\$ 100.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	8.11
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery, @ \$	
Autos to R. R. Station, @ \$	
Getting Remains from	Dec Co Hosp
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	Cem
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Call Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$ 10.00	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$
Telegr. Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 130.11
Less	
Balance	



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ _____ Names of Ledgers _____ 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 pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness W. M. Hill Signed _____
Address _____

RECORD OF FUNERAL

Total No. 71, 1955 Yearly No. 7 Date January 15, 1942

Name of Deceased Frederick Needham (What Race) _____

Residence Lamoni Ia Married Single Widowed Divorced

Charge to: Mrs. Bertha Mahaffey Husband Wife Widow or _____ of _____

Address Muscataine Iowa

Order given by Mrs. Bertha Mahaffey (for Informant)

How Secured cash settlement

Occupation Farmer - retired (Social Security Number) _____

Name of Employer _____

Address _____

Date of Death January 13, 1942 7 P.M. (Date) (Hour)

Date of Birth July 20, 1851 (Date) (Year) (Month) (Days)

Age 90 (Years) 5 (Months) 17 (Days)

Date of Funeral 1/15/42 Thurs. 2 P.M. (Date) (Day of Week) (Hour)

Services at White Marsh Chapel (Address)

Clergyman Frank Stanley (Address)

Religion of the Deceased _____

Birthplace Indiana

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Muscataine County Hosp.

Cause of Death Stroke - Old age

Contributory Causes _____

Certifying Physician R. M. Hill, M.D. (or Coroner)

His Address Lamoni Ia

Name of Father not known

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Remains to New Boston, Ill. (Name of Newspaper)

Size of Casket Box Metallic, N. Cap. Doe. (State Color and Number)

Manufactured by _____

Interment at New Boston, Ill. Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$ 162.61
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, \$ Hair Dressing, \$	3
Dressing Body, \$ Underwear, \$	3.25
Suit or Dress (State Kind and Color)	
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	
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. (State Physician's or Coroner's)	
Pall Bearer Service, \$ Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax <u>Including Tax</u>	\$ 16.586
Outlay for Lot	
Cremation	
line Death Notices in Papers	
Flowers, \$ Palms, \$ Matting, \$	
Opening of Tent, \$ of Temporary Vault, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 16.586
Less	
Balance	
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness Wm. M. Marsh, Funeral Director Signed _____

Address _____

RECORD OF FUNERAL

Total No. 1956 Yearly No. 2 Date Feb 5 1947

Name of Deceased Herbert Steele Hamet
 Married Single Widowed Divorced (What Race) White

Residence Lamoni Ia Husband Wife Widow of Grace Hamet

Charge to Grace Hamet

Address Lamoni

Order given by Grace Hamet (or informant)

How Secured none

Occupation Farmer (Social Security Number)

Name of Employer self

Address Lamoni

Date of Death Feb 3 1942 11 P.M. (Date) (Hour)

Date of Birth Oct 12 1874 (Date) (Hour)

Age 66 (Years) 3 (Months) 21 (Days)

Date of Funeral 4/5/47 Thurs (Date) (Day of Week) (Hour) 2 P.M.

Services at White-Mayer Chapel

Clergyman D. B. Jordan (Address)

Religion of the Deceased A. D. D.

Birthplace Little Sioux, Ia

Resided in the State all his life (or U. S. or City or County) (Years) (Months)

Place of Death Lamoni Ia residence

Cause of Death Carcinoma of Liver

Contributory Causes

Certifying Physician A. P. Reed (for Coroner)

His Address Davis City

Name of Father Solomon Hamet

His Birthplace N.Y. state

Maiden Name of Mother Louisa Steele

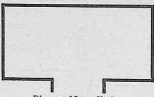
Her Birthplace Kentucky

Motor Ship } Remains to

Size of Casket Reg Home - sel emb. do.

Manufactured by Rose Casket Co. (State, Color and Number)

Interment at Rose Hill { Cemetery Crematory



Lot No. 1472
 Grave No. 1
 Section No.
 Owner Grace Hamet

Complete Funeral	\$ 228.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pal Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 228.00
Outlay for Lot	20.00
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	8.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad } Tickets, \$	Aero-plane Service, \$
or Motor	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	2.28
Total Footing of Bill	258.28
Less <u>discount</u>	11.40
Balance	246.88
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	<u>Mauda Derry</u>	\$		<u>Ed. Stoll</u>	\$
	<u>Mauda - Mrs. Joe Anthony</u>	\$		<u>Paula Mc Gray</u>	\$
	<u>Johnita White</u>	\$		<u>Eden Harden</u>	\$
		\$		<u>Art Lane</u>	\$
		\$		<u>E. C. Middle</u>	\$
		\$		<u>Joe Carr</u>	\$

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 Director,)

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.

Witness Wm. M. Marsh, Funeral Director Signed _____ Address _____

RECORD OF FUNERAL

Total No. 111957 Yearly No. 3 Date Feb. 7, 1942

Name of Deceased James Lawrence Richey W. White
 Married Single Widowed Divorced (What Race)

Residence Lanham Husband Wife Widow of May Margaret Richey

Charge to D.P.D. 50⁰⁰ Mrs Chasey 50⁰⁰

Address

Order given by Mrs Emma Chasey
(or Informant)

How Secured

Occupation Carpenter none
(Social Security Number)

Name of Employer

Address

Date of Death Feb. 5, 1942 1:00 PM
(Date) (Hour)

Date of Birth Feb. 12, 1849
(Date) (Hour)

Age 92 11 23
(Years) (Months) (Days)

Date of Funeral Feb. 7, 1942 Sat 2 P.M.
(Date) (Day of Week) (Hour)

Services at Walt-Mark Chapel

Clergyman J. Barr & Chas Harpe
(Address)

Religion of the Deceased L.D.S.

Birthplace Kingston, Mo.

Resided in the State 59 years
(or U. S. of City or County) (Years) (Months)

Place of Death Lanham, Ia.

Cause of Death Senility

Contributory Causes

Certifying Physician Dr. N.M. Hills
(or Coroner)

His Address Lanham, Ia.

Name of Father Robert Richey

His Birthplace Not known

Maiden Name of Mother Cornelia Ann Smith

Her Birthplace Penn.

Motor } Remains to
Ship }

Size of Casket D.A.P.
(State, Colony and Number)

Manufactured by Pine Bluff

Interment at Rose Hill { Cemetery
Crematory

Lot No. 107

Grave No. 3

Section No.

Owner Emma Chasey

Complete Funeral \$ 100.00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

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

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removing Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Personal Service

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

line Death Notices in Papers

Flowers, \$ 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 or Motor } Tickets, \$ Aero-plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax No. Tax on D.A.P.

Total Footing of Bill \$

Less \$

Balance \$ 100.00

Entered into Ledger, page

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>Feb. 10</u>	By Payment	\$ <u>500.00</u>		By Payment	\$
" "	" "	\$	" "	" "	\$
" "	" "	\$	" "	" "	\$
" "	" "	\$	" "	" "	\$
" "	" "	\$	" "	" "	\$
" "	" "	\$	" "	" "	\$
" "	" "	\$	" "	" "	\$
" "	" "	\$	" "	" "	\$
" "	" "	\$	" "	" "	\$

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

Witness Wm. Mark, Funeral Director Signed

Address

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

RECORD OF FUNERAL

Total No. 41,1958 Yearly No. 4 Date Feb 10 1942

Name of Deceased Neva Fern Sandage

Married Single Widowed Divorced (What Race)

Residence Lamoni, Ia Husband Wife Widow of M.R. Sandage

Charge to M.R. Sandage

Address Lamoni

Order given by M.R. Sandage (or informant)

How Secured

Occupation Housewife (Social Security Number)

Name of Employer

Address

Date of Death Feb 7, 1942 3 P.M. (Date) (Hour)

Date of Birth July 28, 1898 (Date) (Year)

Age 43 6 9 (Years) (Months) (Days)

Date of Funeral Feb 10 Thurs 2 P.M. (Date) (Day of Week) (Hour)

Services at Coliseum

Clergyman Roy Chiville Percy Howard (Address)

Religion of the Deceased L.P.

Birthplace Brown County, Kan.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Lamoni, Ia

Cause of Death Carcinoma

Contributory Causes

Certifying Physician Dr. Fred Bowman (or Coroner) Lamoni, Ia

His Address

Name of Father James Curtis

His Birthplace New York, stat

Maiden Name of Mother Alice Carroll

Her Birthplace Brown County, Kan.

Motor Ship } Remains to

Size of Casket # 232 Half Couch (State Color and Number)

Manufactured by Root

Interment at Rose Hill { Cemetery Crematory

Lot No. 1490

Grave No. 3

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral \$ 271.00

Casket

Burial Vault or Box Yulex (State Kind and Color) 76.50

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

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

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. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Personal Service

Gross Total for Sales Tax \$ 347.50

Outlay for Lot 40.00

Cremation

line Death Notices in Papers

Flowers, \$ (Names of Newspapers)

Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 10.00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad or Motor Tickets, \$ Aero-plans Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax 348

Total Footing of Bill \$ 400.98

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
<u>Singers, Wanda Neva Mrs Howard Wright</u>	\$	\$	<u>Blair</u>	\$	\$
<u>Organist, Mrs Barbara Siloby</u>	\$	\$	<u>Ronald Wickman, Henry Miller</u>	\$	\$
" "	\$	\$	<u>Elvin Balladyn, Everett Blawich</u>	\$	\$
" "	\$	\$	<u>Lloyd Ramshaw, Norm Stanley</u>	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Witness Wm. A. March, Funeral Director Signed

Address

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

15 mile

RECORD OF FUNERAL

Total No. M. 1959 Yearly No. 5 Date Feb. 14 1942

Name of Deceased Sylvester Royal Stone

Residence Hamilton County, Mo. Married Single Widowed Divorced (What Race)

Charge to Mrs. Sylvester Stone Husband Wife Widow of Olivia Stone

Address _____

Order given by Mrs. Stone (or informant)

How Secured _____

Occupation Farmer (Social Security Number)

Name of Employer _____

Address _____

Date of Death Feb. 13 1942 1 P.M. (Date) (Hour)

Date of Birth Sept. 17 1886 (Date) (Day of Week) (Hour)

Age 55 4 26 (Years) (Months) (Days)

Date of Funeral 7/5/42 7 P.M. (Date) (Day of Week) (Hour)

Services at Lone Rock Church

Clergyman Robt. Balantyne (Address)

Religion of the Deceased L.P.S.

Birthplace Boise, Idaho

Resided in the State 34 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Hamilton Co., Mo.

Cause of Death Chronic Myocarditis

Contributory Causes _____

Certifying Physician D. S. Boyles (or Coroner)

His Address Bethany, Mo.

Name of Father George Stone

His Birthplace New York, state

Maiden Name of Mother Sara M. Cain

Her Birthplace Mich.

Motor Ship } Remains to _____

Size of Casket _____ (State Color and Number)

Manufactured by Carter Casket Co.

Interment at Lone Rock { Cemetery } Geomatory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault

Complete Funeral	\$ 352.00
Casket	
Burial Vault or Box <u>Galion Vault</u>	76.50
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Use of Chapel, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 428.50
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	
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 or Motor } Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	428
Total Footing of Bill	432.78
Less <u>Dist. of 21.64 before Feb. 14</u>	
Balance	
Entered into Ledger, page	or below

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

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 I hereby covenant and agree to pay the same within _____ (Firm Name of Funeral Directors.)

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

Witness Wm. A. Walsh Signed _____ Address _____

Printed and Published by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. M. 1260 Yearly No. 6 Date Mar 2 1942

Name of Deceased Theresa B Mc Lees
 Married Single Widowed Divorced (What Race) white

Residence Lanoni
 Husband Wife Widow or _____ of Alexander M. Lees

Charge to D. A. P.

Address _____

Order given by Robt. Mc Lees (or informant)

How Secured _____

Occupation housewife none (Social Security Number)

Name of Employer self

Address _____

Date of Death Mar. 2 1942 4 A.M. (Date) (Hour)

Date of Birth Nov. 25 1856 (Date) (Hour)

Age 85 9 7 (Years) (Months) (Days)

Date of Funeral 3/3/42 Tue 10 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman H. B. Jordan, Wm. Lorraine (Address)

Religion of the Deceased L. D. P. (Address)

Birthplace Indiana

Resided in the State 40 yrs in Lanoni (or U.S. or City or County) (Years) (Months)

Place of Death DeCATUR, Ga. Hosp.

Cause of Death stroke, old age broken hip

Contributory Causes _____

Certifying Physician H. M. Kelly (or Coroner)

His Address Lanoni Ia

Name of Father Johnathan B. Glover

His Birthplace Penn.

Maiden Name of Mother Mary Deemer

Her Birthplace Penn.

(Motor Ship) Remains to Laneville

Size of Casket K. 1 43-70-107 (State Code and Number)

Manufactured by Rey Melode

Interment at Laneville cemetery { Cemetery Cemetary

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Entered into Ledger, page _____ or below.

Complete Funeral	\$ 100	00
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Funeral Car, \$		
Limousines to Cemetery		
Auto to R. R. Station		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates		
Pall Bearer Service, \$		
Personal Service		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
line Death Notices in		
Flowers, \$		
Rental of Tent, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Railroad Tickets, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill		
Less		
Balance	\$ 100	00

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Witness Wm. A. Marsh Signed _____

Funeral Director Address _____

RECORD OF FUNERAL

Total No. 11961 Yearly No. 7 Date March 11 1942

Name of Deceased Infant Married Single Widowed Divorced Surgeon (What Race)

Residence _____ Husband Wife Widow of _____ of _____

Charge to: _____

Address _____

Order given by _____ (or informant)

How Secured _____ (or informant)

Occupation _____ (Social Security Number)

Name of Employer _____

Address _____

Date of Death Mar. 11 1942 Stillborn (Date) (Hour)

Date of Birth Stillborn (Date)

Age _____ (Years) (Months) (Days)

Date of Funeral _____ M. (Date) (Day of Week) (Hour)

Services at _____

Clergyman _____ (Address)

Religion of the Deceased _____

Birthplace _____

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death _____

Cause of Death _____

Contributory Causes _____

Certifying Physician _____ (or Coroner)

His Address _____

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Motor Ship } Remains to _____

Size of Casket _____ (State Color and Number)

Manufactured by _____

Interment at _____ { Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral <u>no service</u>	\$	
Casket <u>coffin only</u>	\$	<u>10 00</u>
Burial Vault or Box _____ (State Kied)		
Embalming Body _____ (Name of Embalmer)		
Barber, \$ _____ Hair Dressing, \$ _____		
Dressing Body, \$ _____ Underwear, \$ _____		
Suit or Dress _____ (State Kind and Color)		
Slippers, \$ _____ Hose, \$ _____		
Folding Chairs, \$ _____ Tarpaulin, \$ _____		
Candelabrum, \$ _____ Candles, \$ _____		
Glove Spray, \$ _____ Gloves, \$ _____		
Funeral Car, \$ _____ Ambulance, \$ _____		
Limousines to Cemetery @ \$ _____		
Autos to R. R. Station @ \$ _____		
Getting Remains from _____		
Taking Remains to _____		
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. _____ (State Physician's or Coroner's)		
Pall Bearer Service, \$ _____ Use of Chapel, \$ _____		
Personal Service _____		
Gross Total for Sales Tax _____ \$		
Outlay for Lot _____		
Cremation _____		
_____ line Death Notices in _____ Papers _____		
Flowers, \$ _____ 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 Charges _____		
Cash Advanced _____		
Out of town Undertaker's Charges _____		
Sales Tax _____ <u>10 00</u>		
Total Footing of Bill _____ \$		<u>10 20</u>
Less _____ \$		
Balance _____ \$		
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. M 1962 Yearly No. 8 Date March 14 1942

Name of Deceased James Alvin Ballantyne white
(What Race)

Residence Lanou, Ia Married Single Widowed Divorced

Charge to Mrs. J. A. Ballantyne Husband Wife Widow Orphan of Lorena Ballantyne

Address Lanou, Ia

Order given by Mrs. J. A. Ballantyne (or informant)

How Secured note

Occupation farmer NAME
(Social Security Number)

Name of Employer self

Address _____

Date of Death March 12/42 (Date) 9:45 AM (Hour)

Date of Birth Oct 6 1895 (Date)

Age 46 (Years) 5 (Months) 6 (Days)

Date of Funeral 9/15/42 (Date) Sunday (Day of Week) 2:30 PM (Hour)

Services at Coburn

Clergyman T. B. Beck - P. B. Jordan (Address)

Religion of the Deceased L. P. S.

Birthplace Soldier, Ia

Resided in the State 46-6 (or U. S. or City or County) (Years) (Months)

Place of Death Anthony Hospital

Cause of Death acute nephritis

Contributory Causes Ruptured appendix

Certifying Physician H. P. Lyddan (or Coroner)

His Address Bethany, Mo

Name of Father R. G. Ballantyne

His Birthplace Soldier, Ia

Maiden Name of Mother Mary Bartholomew

Her Birthplace near Peperation, Ia

Motor Ship } Remains to _____

Size of Casket 23-11-11 (Specify Color and Number)

Manufactured by Roo

Interment at Rose Hill { Cemetery } { Cemeteries }

Lot No. 1488

Grave No. 2

Section No. _____

Owner Mrs. J. A. Ballantyne

Entered into Ledger, page _____ or below.

Complete Funeral	\$ 271.00
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress (State Kind and Color)	
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	
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.	
Pall Bearer Service, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 271.00
Outlay for Lot	20.00
Cremation	
line Death Notices in _____ Papers	
(Names of Newspapers)	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	8.00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad or Motor Tickets, \$	
Aero-plane Service, \$	
Telegr. Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	2.70
Total Footing of Bill	\$ 301.70
Less <u>135.00</u> (Balance Forward)	
Balance	

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$

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

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

1942
1941

Total No. M. 1263 Yearly No. 9 Date March 20 1941

Name of Deceased Donna Jean Gray Married Single Widowed Divorced W. Hill
(What Name)

Residence Lanoni, Ia Husband Wife Widow or of

Charge to Bruce Gray

Address Lanoni

Order given by Bruce Gray
(or informant)

How Secured order on N. & V.

Occupation _____ (Social Security Number)

Name of Employer _____

Address _____

Date of Death March 19, 1942 3 PM
(Date) (Hour)

Date of Birth Oct. 14, 1931
(Date) (Month) (Day of Week) (Hour)

Age 5 5
(Years) (Days)

Date of Funeral 3/20/42 Fun. 2:30 PM
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Arthur Lane
(Address)

Religion of the Deceased _____

Birthplace Des Moines, Ia

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Lanoni, Ia

Cause of Death F. L. C.

Contributory Causes _____

Certifying Physician H. M. Heils
(or Coroner)

His Address _____

Name of Father Not known

His Birthplace " " "

Maiden Name of Mother Elsie Gray

Her Birthplace Lanoni

Motor Ship } Remains to _____

Size of Casket 4.0 (State Color and Number)

Manufactured by R. S. T.

Interment at Rose Hill { Cemetery Crematory

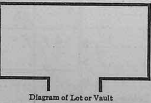
Lot No. 1078

Grave No. end of #1

Section No. _____

Owner _____

Complete Funeral	\$ 15.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pal Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	10.00
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor	Tickets, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	23
Total Footing of Bill	\$ 30.48
Less	
Balance	
Entered into Ledger, page	or below.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Witness _____ Address _____

RECORD OF FUNERAL

Total No. M. 1964 Yearly No. 10 Date March 20 1942

Name of Deceased Hattie Edna Sweeten W. wife

Residence Lamar Married Single Widowed Divorced (What Race)
 Husband Wife Widow or of Lee Sweeten

Charge to Mrs. Carl Cook

Address 1075-14th St. Plaza Des Moines
Mrs. Carl Cook
(or informant)

Order given by Mrs. Carl Cook

How Secured _____
 Occupation _____ (Social Security Number)
 Name of Employer _____

Address _____

Date of Death March 19 1942 6 A.M.
(Date) (Hour)

Date of Birth Feb. 9 1889

Age 54 1 10
(Years) (Months) (Days)

Date of Funeral 3/24/42 Sun 2 P.M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman J. Ben Maran Treasler
(Address)

Religion of the Deceased _____

Birthplace Harrison Co. Mo.

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death DeCATUR Co. Hosp. Leam.

Cause of Death Cancer

Contributory Causes _____

Certifying Physician Burman
(or Coroner)

His Address Leam Ia

Name of Father Jasper Sturelevant

His Birthplace not known

Maiden Name of Mother Lyla Kovity

Her Birthplace not known

Motor } Remains to _____
 Ship } _____

Size of Casket C. A. P.
(State Color and Number)

Manufactured by _____

Interment at Rose Hill Cemetery Crematory

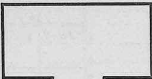


Diagram of Lot or Vault

Lot No. 1078

Grave No. 4

Section No. _____

Owner _____

Complete Funeral <u>County price</u>	\$ 40.00
Casket	
Burial Vault or Box	
Embalming Body <small>(State Kind)</small>	
Barber, \$ _____	Hair Dressing, \$ _____
Dressing Body, \$ _____	Underwear, \$ _____
Suit or Dress <small>(State Kind and Color)</small>	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____	<small>(State Number and District)</small>
Pall Bearer Service, \$ _____	Use of Chapel, \$ _____
Personal Service	
Gross Total for Sales Tax	\$ _____
Outlay for Lot	10.00
Cremation _____	
_____ line Death Notices in _____ Papers	
Flowers, \$ _____	<small>(Names of Newspapers)</small> Palms, \$ _____
Rental of Tent, \$ _____	of Temporary Vault, \$ _____
Opening of Grave or Tomb	6.00
Lining Grave, \$ _____	Lowering Device, \$ _____
Outlay for Shipping Charges	
Clergyman, \$ _____	Singers, \$ _____ Organist, \$ _____
Railroad } Tickets, \$ _____	Aero-plane Service, \$ _____
or Motor } _____	_____
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	80
Total Footing of Bill	\$ 56.80
Less _____	\$ _____
Balance _____	\$ _____
Entered into Ledger, page _____	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$ _____		To Balance Forward	\$ _____
	By Payment	\$ _____		By Payment	\$ _____
	" "	\$ _____		" "	\$ _____
	" "	\$ _____		" "	\$ _____
	" "	\$ _____		" "	\$ _____
	" "	\$ _____		" "	\$ _____
	" "	\$ _____		" "	\$ _____
	" "	\$ _____		" "	\$ _____
	" "	\$ _____		" "	\$ _____

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

Witness _____ Signed _____
 Address _____

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

RECORD OF FUNERAL

Total No. *M 1965* Yearly No. 11 Date April 9 1942

Name of Deceased Charles Edward Robinson white
(What Race)

Residence Lauron, Ia. Husband Wife Widow of Edna L. Robinson

Charge to Edna L. Robinson

Address Lauron, Ia.

Order given by Edna L. Robinson (Informant)

How Secured order no.

Occupation Farming none
(Social Security Number)

Name of Employer -

Address -

Date of Death April 6 1942 4 P.M.

Date of Birth Feb 22 1880

Age 62 1 14

Date of Funeral 4/9/42 Tues 2 P.M.

Services at W. White-Mason Chapel

Clergyman Carl Ballantyne, Walter Hoye

Religion of the Deceased L.D.S.

Birthplace Dave Co. Wis

Resided in the State 4 yrs

Place of Death Decorah Co. Hosp. Ia.

Cause of Death Cerebral Hemorrhage

Contributory Causes Hypertension

Certifying Physician S. P. Reed

His Address Davis City

Name of Father W. P. Robinson

His Birthplace Dave Co. Wis

Maiden Name of Mother Isabel Dick

Her Birthplace Wisconsin

Motor Ship } Remains to

Size of Casket # K-1 - Rex

Manufactured by Rep. W. H. Carter Co.

Interment at Rose Hill { Cemetery Crematory

Lot No. No. 12 of B. 1067

Grave No. 4

Section No. -

Owner -

Complete Funeral	\$ 148 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's)	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 148 00
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	
(Names of Newspapers)	
Flowers, \$	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 or Motor } Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	148
Total Footing of Bill	\$ 148 48
Less	
Balance	
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 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 _____ Address _____

Witness _____

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

RECORD OF FUNERAL

105

Total No. *M. 1966* Yearly No. *12* Date *April 15* 19*42*

Name of Deceased *Mary Francis Brenizer* *White*
 Married Single Widowed Divorced (What Race)

Residence: *Rural, near Lamoni, Ia* Husband Wife Widow of *Dr. Theo Brenizer*

Charge to: *H. N. Brenizer*

Address: *Lamoni Ia*

Order given by: *H. N. Brenizer* (or informant)

How Secured: *Housewife* none (Social Security Number)

Name of Employer: *-*

Address: *-*

Date of Death: *Apr. 14, 1942* 8:30 AM (Date) (Hour)

Date of Birth: *Aug. 26, 1850* (Date) (Hour)

Age: *91* 7 18 (Years) (Months) (Days)

Date of Funeral: *4/17/42* Fri. 2 P.M. (Date) (Day of Week) (Hour)

Services at: *H. N. Brenizer, home*

Clergyman: *J. Vincent Gray* (Address)

Religion of the Deceased: *-*

Birthplace: *Virginia*

Resided in the State: *72 yrs* (or U. S. or City or County) (Years) (Months)

Place of Death: *Lamoni Ia*

Cause of Death: *-*

Contributory Causes: *-*

Certifying Physician: *-* (or Coroner)

His Address: *-*

Name of Father: *Jacob Huer*

His Birthplace: *Virginia*

Maiden Name of Mother: *Rachel Todd*

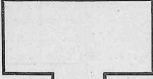
Her Birthplace: *Virginia*

(Motor Ship) Remains to: *Andover, Mo.*

Size of Casket: *Broadcloth #817 slab* (State Color and Number)

Manufactured by: *Root*

Interment at: *Andover* { Cemetery *Crematory* }

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

Complete Funeral	\$ 325.00
Casket	
Burial Vault or Box	<i>Galien Lestor</i> 80.00
Embalming Body	(State Kind)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	(State Number and District)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 405.00
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	(Names of Newspapers) 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, \$	Asso. plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	4.05
Total Footing of Bill	\$ 409.05
Less	
Balance	
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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.) days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____ Address _____

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

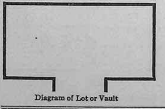
RECORD OF FUNERAL

Total No. 21, 1947 Yearly No. 13 Date April 20, 1948
 Name of Deceased Grover Carlisle Sharp White
 Married Single Widowed Divorced (What Race)
 Residence Rural near Lamoni Husband Wife Widow of Audie Sharp
 Charge to Mrs Audie Sharp
 Address _____
 Order given by Mrs Audie Sharp (or informant)
 How Secured _____
 Occupation Farming none (Social Security Number)
 Name of Employer _____
 Address _____
 Date of Death April 18, 1942 3 P.M. (Date) (Hour)
 Date of Birth June 24, 1892 (Date) (Month) (Day) (Year)
 Age 47 9 24 (Years) (Months) (Days)
 Date of Funeral 4/20/42 Mon 2:30 P.M. (Date) (Day of Week) (Hour)
 Services at Abland Church
 Clergyman Roy Chevill (Address)
 Religion of the Deceased T. D. I.
 Birthplace Harrison County, Mo.
 Resided in the State Harrison Co., all his life (or U. S. or City or County) (Years) (Months)
 Place of Death La. Methodist Hosp. Death
 Cause of Death Diabetic
 Contributory Causes _____

Complete Funeral <u>less vault</u>	\$ 285 00
Casket	
Burial Vault or Box	80 00
Embalming Body (State Kind)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	13 75
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Cert. Copies of Death Certificates No. (State Number and District)	
Full Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 278 75
Outlay for Lot	
Cremation	
_____ line Death Notices in _____ Papers (Names of Newspapers)	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$
Less	\$
Balance	\$
Entered into Ledger, page _____ or below.	

Certifying Physician Dr. Brown (or Coroner)
 His Address Lamoni, Ia.
 Name of Father Benj. Sharp
 His Birthplace Harrison Co. Mo.
 Maiden Name of Mother Ida Jones
 Her Birthplace Philadelphia, Pa.
 Motor Ship } Remains to _____
 Size of Casket F 222 - steel blue (State Color and Number)
 Manufactured by Ross
 Interment at Rose Hill Cemetery Crematory

Lot No. 713
 Grave No. #. 2
 Section No. _____
 Owner _____



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Print 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.

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

302 N. 14th

RECORD OF FUNERAL

Total No. 11, 1968 Yearly No. 111 Date April 21, 1947
 Name of Deceased Lars Leetun
 Married Single Widowed Divorced (What Race) White
 Residence: Lamoni, Ia Husband Wife Widow or Husband of Isabella Leetun
 Charge to: Isabella Leetun
 Address: Lamoni, Ia
 Order given by _____
 How Secured _____ (or informant)
 Occupation Farmer None (Social Security Number)
 Name of Employer _____
 Address _____
 Date of Death April 18, 1947 11 PM
 Date of Birth June 6, 1861
 Age 80 10 17 (Years) (Months) (Days)
 Date of Funeral April 19, 1947 Tues 2 P.M. (Day) (Day of Week) (Hour)
 Services at White Marsh Chapel
 Clergyman Carl Ballantyne Jay Barr (Address)
 Religion of the Deceased LD
 Birthplace Norway
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Lamoni, Ia
 Cause of Death Cerebral Hemorrhage
 Contributory Causes _____
 Certifying Physician R. B. Brown (or Coroner)
 His Address Lamoni
 Name of Father A. L. Leetun
 His Birthplace Norway
 Maiden Name of Mother Carrie Rongved
 Her Birthplace Norway
 Motor } Remains to _____
 Ship }
 Size of Casket Latin
 Manufactured by Ross Clark Co (State, City or Member)
 Interment at Ross Hill { Cemetery Crematory
 Lot No. 1487
 Grave No. 4
 Section No. _____
 Owner _____
 Diagram of Lot or Vault _____
 Complete Funeral \$ 236 00
 Casket _____
 Burial Vault or Box _____ (State Kind)
 Embalming Body _____ (Name of Embalmer)
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress _____ (State Kind and Color) 12 50
 Slippers, \$ _____ Hose, \$ _____ 35
 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 _____
 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. _____ (State Physician's or Coroner's)
 Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
 Personal Service _____
 Gross Total for Sales Tax \$ 248 85
 Outlay for Lot _____ 40 00
 Cremation _____
 _____ line Death Notices in _____ Papers
 Flowers, \$ _____ (Name of Newspaper) _____
 Palms, \$ _____ Matting, \$ _____
 Rental of Tent, \$ _____ of Temporary Vault, \$ _____
 Opening of Grave or Tomb _____ 9 00
 Lining Grave, \$ _____ Lowering Device, \$ _____
 Outlay for Shipping Charges _____
 Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____
 Railroad or Motor } Tickets, \$ _____ Aero- _____
 plane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Undertaker's Charges _____
 Sales Tax _____ 247
 Total Footing of Bill \$ _____ 300 34
 Less discount 12 43 \$ _____
 Balance \$ _____
 Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

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

RECORD OF FUNERAL

Total No. M. 1269 Yearly No. 15 Date April 29 1942

Name of Deceased Jane Elizabeth Stanley W. H. S.
 Married Single Widowed Divorced (When Married)

Residence Andover, Mo. Husband Wife Widow Orphan John Stanley

Charge to Ed. Stanley & Brothers

Address

Order given by Ed. Stanley & Brothers (or informant)

How Secured

Occupation housewife name (Social Security Number)

Name of Employer

Address

Date of Death April 27 1942 6 AM (Date) (Hour)

Date of Birth Nov 17 1856 (Date) (Year) (Month) (Day) (Hour)

Age 85 5 20 (Years) (Months) (Days)

Date of Funeral 4/29/42 Wed 2:30 P.M. (Date) (Day of Week) (Hour)

Services at Andover church

Clergyman J. A. Shumway, Laman (Address)

Religion of the Deceased

Birthplace England

Resided in the State 87 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Wentworthdale, Mo.

Cause of Death Arterio Sclerotic heart

Contributory Causes

Certifying Physician J. B. Haer (Signature)

His Address Andover, Mo.

Name of Father Thomas Haer

His Birthplace England

Maiden Name of Mother Alice Carter

Her Birthplace England

Motor Ship) Remains to

Size of Casket 22 x 40 H. Cook Gray (State Color and Number)

Manufactured by Proct

Interment at Andover { Cemetery Osborn } (Cemetery)

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

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Complete Funeral including Vault \$ 365 00

Casket

Burial Vault or Box Salem (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$ 7 50

Suit or Dress (State Kind and Color)

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

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. (State Physician's or Coroner's)

Pal Bearer Service, \$ Use of Chapel, \$

Personal Service

.....

.....

Gross Total for Sales Tax \$ 372 50

Outlay for Lot

Cremation

..... line Death Notices in Papers

Flowers, \$ 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 or Motor Tickets, \$ Aero plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

.....

.....

Sales Tax 3 72

Total Footing of Bill \$ 376 22

Less .5% deduct. in by May 10, 1881 \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

RECORD OF FUNERAL

Total No. M. 1970 Yearly No. 16 Date May 3 1942

Name of Deceased John William Wilcoxson
 Married Single Widowed Divorced (What Race)

Residence: Harrison Co., Mo. Husband Wife Widow or Sister of Mary C. Wilcoxson

Charge to: Harry Wilcoxson

Address: _____

Order given by: Harry W. & Brothers (or informant)

How Secured: _____

Occupation: Farming (Social Security Number) _____

Name of Employer: none

Address: _____

Date of Death: May 1, 1942 (Date) not known (Hour)

Date of Birth: Sept 18, 1853 (Date) _____ (Hour)

Age: 88 (Years) 7 (Months) 13 (Days)

Date of Funeral: 5/3/42 (Date) Sunday (Day of Week) 2 P.M. (Hour)

Services at: M. E. Church, Eagleville, Mo.

Clergyman: Chas Harpe (Address) _____

Religion of the Deceased: _____

Birthplace: Kentucky

Resided in the State: _____ (or U. S. or City or County) _____ (Years) _____ (Months)

Place of Death: Harrison Co., Mo. (State Physician's or Coroner's)

Cause of Death: Coronary Thrombosis

Contributory Causes: _____

Certifying Physician: Joe Wheeler, coroner (or Coroner)

His Address: Bethany, Mo.

Name of Father: George Wilcoxson

His Birthplace: not known

Maiden Name of Mother: Margaret Bowles

Her Birthplace: not known

Motor Ship } Remains to: Eagleville

Size of Casket: Perf. Shrine

Manufactured by: Root Casket Co. (State, Color and Number)

Interment at: Eagleville { Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner: _____

Diagram of Lot or Vault: 

Complete Funeral	\$ 276 00
Casket, <u>Perf. Shrine</u>	
Burial Vault or Box <u>Red Wood included</u>	
Embalming Body <u>included</u>	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to <u>Eagleville</u>	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Use of Chapel, \$	
Personal Service, <u>included</u>	
Gross Total for Sales Tax	\$ 236 00
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	
Flowers, \$	
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 or Motor Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	236
Total Footing of Bill	236 36
Less <u>5 Dollars if taken by May 13th</u>	
Balance	
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

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 Director.) 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.

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. M. 1971 Yearly No. 17 Date May 14 1942

Name of Deceased Nephi Lovell
 Married Single Widowed Divorced (What Race)
W. White

Residence Lamoni, Ia
 HUSBAND WIFE WIDOW OF Melina Lovell

Charge to Alma Lovell
 Address Lamoni, Ia

Order given by Alma Lovell & Sister
 (or informant)

How Secured _____
 Occupation farmer none
 (Social Security Number)

Name of Employer _____
 Address _____

Date of Death May 12 1942 12 M
 (Date) (Hour)

Date of Birth Sept 5 1857
 (Date) (Day of Week) (Hour)

Age 84 5 7
 (Years) (Months) (Days)

Date of Funeral 5/14/42 Thurs 2 P. M.
 (Date) (Day of Week) (Hour)

Services at White Man's Chapel
 Clergyman Arthur Lane J. W. Bar
 (Address)

Religion of the Deceased L. O. A.
 Birthplace Des Moines Co., Ia

Resided in the State all life
 (or U. S. or City or County) (Years) (Months)

Place of Death Lamoni, Ia
 Cause of Death Coronary Occlusion

Contributory Causes _____
 Certifying Physician D. R. Brown
 (or Coroner)

His Address Lamoni, Ia
 Name of Father Eben Lovell

His Birthplace England
 Maiden Name of Mother Elizabeth Ravel

Her Birthplace England
 Motor Ship } Remains to _____

Size of Casket K1-6/3 King Cap.
 (State Color and Number)

Manufactured by Res. Mel
 Interment at Rose Hill { Cemetery
 Crematory

Lot No. 191
 Grave No. 3-4

Section No. _____
 Owner _____

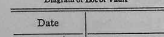


Diagram of Lot or Vault

Complete Funeral	\$ 148.00
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____ (State Physician or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 148.00
Outlay for Lot	
Cremation	
_____ line Death Notices in _____ Papers	
Flowers, \$	(Names of Newspapers) Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	<u>no discount</u> 9.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$ Organist, \$
Railroad or Motor	Tickets, \$ plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$
Less <u>disc of 6.00 of taken</u>	\$
Balance	\$
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

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 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 _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 41972 Yearly No. 18 Date May 28 1942

Name of Deceased Emma Alice Weedmark

Married Single Widowed Divorced (What Race)

Residence Lamoni, Ia Husband Wife Widow or _____ of John Weedmark

Charge to Mrs. Geo. Greenman

Address Kellerton

Order given by Mrs. Geo. Greenman (or informant)

How Secured _____

Occupation Housewife none (Social Security Number)

Name of Employer _____

Address _____

Date of Death May 26 1942 5:30 AM (Date) (Hour)

Date of Birth Oct 23 1866 (Date)

Age 75 7 3 (Years) (Months) (Days)

Date of Funeral 5/28/42 1 1 2 (Date) (Day of Week) (Hour)

Services at White Marsh Chapel

Clergyman _____ (Address)

Religion of the Deceased _____

Birthplace Near Toledo, Ohio

Resided in the State _____ (or U. S. on City or County) (Years) (Months)

Place of Death Near Kellerton, Ia

Cause of Death Stroke

Contributory Causes Old Age

Certifying Physician W. H. M. Hill (or Coroner)

His Address Lamoni, Ia

Name of Father Henry Sliger

His Birthplace not known

Maiden Name of Mother Anna (not known)

Her Birthplace not known

Motor Ship Remains to 232 N. Coml.

Size of Casket _____

Manufactured by Rose Hill Casket Co. (State Color and Number)

Interment at Rose Hill { Cemetery Crematory

Lot No. 1592

Grave No. 2

Section No. _____

Owner _____

Entered into Ledger, page _____ or below.

	Complete Funeral with Vault \$ 365 00
	Casket
	Burial Vault or Box (State Kind)
	Embalming Body (Name of Embalmer)
	Barber, \$ Hair Dressing, \$
	Dressing Body, \$ Underwear, \$
	Suit or Dress <u>dress</u> 7 50 (State Kind and Color)
	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
	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. (State Physician's or Coroner's)
	Fall Bearer Service, \$ Use of Chapel, \$
	Personal Service
	Gross Total for Sales Tax \$ 372 50
	Outlay for Lot
	Cremation
	..... line Death Notices in Papers
	Flowers, \$ (Names of Newspapers) Palms, \$ Matting, \$
	Rental of Tent, \$ of Temporary Vault, \$
	Opening of Grave or Tomb 7 00
	Lining Grave, \$ Lowering Device, \$
	Outlay for Shipping Charges
	Clergyman, \$ Singers, \$ Organist, \$
	Railroad or Motor Tickets, \$ Aero-plane Service, \$
	Telegr., Phone, Cable or Radio Charges
	Cash Advanced
	Out of town Undertaker's Charges
	Sales Tax on <u>order</u> <u>18% on funeral</u> <u>365</u> 3 80
	Total Footing of Bill 385 30
	Less
	Balance \$

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. 71,197.3 Yearly No. 19 Date May 28 1942

Name of Deceased James Lorenzo Kelley
 Married Single Widowed Divorced (What Race)

Residence Edna E. Kelley
or _____ of _____

Charge to Edna E. Kelley

Address 2 117 Madison Ave. Burlington, Ia

Order given by above (or informant)

How Secured _____

Occupation Salesman #80-01-5757 (Social Security Number)

Name of Employer _____

Address _____

Date of Death May 26, 1942 6:00 PM (Date) (Hour)

Date of Birth Aug 2, 1908 (Date) (Month) (Day) (Year)

Age 33 9 27 (Years) (Months) (Days)

Date of Funeral 28/42 Plus 10:30 A.M. (Date) (Day of Week) (Hour)

Services at Columbus

Clergyman M. B. Loreley, Lamoni (Address)

Religion of the Deceased L.D.S.

Birthplace Lamoni, Ia

Resided in the State Ia (or U. S. or City or County) (Years) (Months)

Place of Death Lamoni, Ia

Cause of Death sub-acute bacterial endocarditis with embolism

Contributory Causes Acute Rheumatic fever when 18 yrs old

Certifying Physician K. R. Brown (or Coroner)

His Address Lamoni

Name of Father James E. Kelley

His Birthplace Madison, Ind

Maiden Name of Mother Audencia Hayer

Her Birthplace Labelle Co. Ind

Motor Ship } Remains to _____

Size of Casket Solid Cherry Stab (Size, Color and Number)

Manufactured by Road Casket

Interment at Rose Hill Cemetery

Lot No. 841
Grave No. 7
Section No. _____
Owner _____



Complete Funeral with <u>alderwood box</u>	\$	458.00
Casket		
Burial Vault or Box	(State Kind)	
Embalming Body		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress	(State Kind Color)	
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		
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. _____	(State Physician's or Coroner's)	
Pal Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	458.00
Outlay for Lot		
Cremation		
_____ line Death Notices in _____ Papers	(Names of Newspapers)	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		9.00
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aero plane Service, \$	
or Motor		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		4.58
Total Footing of Bill		477.58
Less 2% <u>disc. taken by June 1/42</u>		
Balance		
Entered into Ledger, page _____ or below		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 Director's) 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 _____ Address _____

Witness _____

RECORD OF FUNERAL

113

Total No. M. 1974 Yearly No. 20 Date June 12, 1942

Name of Deceased Edward (Ted) Sheen
 Married Single Widowed Divorced (What Race) White

Residence Lamar, La. Husband Wife Widow of

Charge to H. N. Berry, guardian.

Address Lamar, La.

Order given by H. N. Berry (or informant)

How Secured laborer none (Social Security Number)

Name of Employer

Address

Date of Death June 10, 1942 10 P.M. (Date) (Hour)

Date of Birth March 6, 1888

Age 54 3 3 (Years) (Month) (Days)

Date of Funeral 6/14 Friday 2 P.M. (Date) (Day of Week) (Hour)

Services at White Marsh Chapel

Clergyman M. Traxler - Mateo Edmunds (Address)

Religion of the Deceased

Birthplace Near Birmingham, England

Resided in the State 45 yrs (or U. S. or City of County) (Years) (Months)

Place of Death Leon, La.

Cause of Death Coronary Heart Disease

Contributory Causes

Certifying Physician Dr. Fred Bowman (or Coroner)

His Address Leon, La.

Name of Father Chas. Sheen

His Birthplace England

Maiden Name of Mother Harriet Transfer

Her Birthplace England

Motor Ship } Remains to

Size of Casket C. A. P. Pine Bluff C. Co. (State Color and Number)

Manufactured by

Interment at Rose Hill { Cemetery } Crematory

Lot No. 767

Grave No. 1

Section No.

Owner

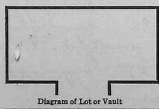


Diagram of Lot or Vault

Complete Funeral	\$ 100.00
Casket	
Burial Vault or Box	
Embalming Body (State Kind)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress (State Kind and Color)	
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	
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. (State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 100.00
Outlay for Lot	
Cremation	
line Death Notices in Papers (Names of Newspapers)	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	50
Total Footing of Bill	\$ 100.50
Less	
Balance	
Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Witness Signed Address

50 m/4

RECORD OF FUNERAL

Total No. 11,1975 Yearly No. 21 Date July 6 1942

Name of Deceased Howard Willis Loper (What Race) white

Residence Lauron, Ia Married Single Widowed Divorced Husband Wife Widow or of Emma Loper

Charge to

Address

Order given by Emma Loper (informant)

How Secured

Occupation retired farmer none (Social Security Number)

Name of Employer

Address

Date of Death July 4, 1942 8 A.M. (Date) (Hour)

Date of Birth Apr. 26, 1862 (Date) (Hour)

Age 80 (Years) 2 (Months) 8 (Days)

Date of Funeral 7/6/42 Monday 8:30 P.M. (Date) (Day of Week) (Hour)

Services at Funeral Chapel

Clergyman T. A. Beck J. A. Genssally (Address)

Religion of the Deceased

Birthplace Melville, New Jersey

Resided in the State 45 years (or U. S. or City or County) (Years) (Months)

Place of Death Lauron, Iowa (State Physician's or Coroner's)

Cause of Death acute urinary retention, prostate (Use of Chapel, \$)

Contributory Causes degenerity

Certifying Physician Dr. K. P. Brown (Signature)

His Address Lauron, Ia

Name of Father Isaac B. Loper

His Birthplace New Jersey

Maiden Name of Mother Caroline Hess

Her Birthplace New Jersey

Motor Ship } Remains to

Size of Casket H. C. Cop. Gray (State Color and Number)

Manufactured by Rex Metal

Interment at Ross Hall { Cemetery Crematory

Lot No. 863

Grave No. 1

Section No.

Owner

Complete Funeral \$ 148.00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$

Hair Dressing, \$

Dressing Body, \$

Suit or Dress (State Kind and Color)

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

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.

Pall Bearer Service, \$

Use of Chapel, \$

Personal Service

Gross Total for Sales Tax \$ 148.00

Outlay for Lot

Cremation

line Death Notices in

Papers (Names of Newspapers)

Flowers, \$

Palms, \$

Matting, \$

Rental of Tent, \$

of Temporary Vault, \$

Opening of Grave or Tomb \$ 8.00

Lining Grave, \$

Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$

Singers, \$

Organist, \$

Railroad or Motor Tickets, \$

Aero-Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax on 1/2 service chg. 1.48

Total Footing of Bill \$ 157.48

Less Direct for cash 13.00

Balance Paid \$ 144.48

Entered into Ledger, page

or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

days from date. Interest to accrue from maturity at the rate of

% per annum. Signed

Address

RECORD OF FUNERAL

115

Total No. M. 1976 Yearly No. 22 Date July 12 1947

Name of Deceased Gale Hartley (What Race) White

Residence Lamoni, Ia Husband Wife Widow Divorced

Charge to Walter Hartley

Address Lamoni

Order given by Walter Hartley & wife
(or informant)

How Secured _____

Occupation None (Social Security Number) _____

Name of Employer None

Address _____

Date of Death July 10, 1947 8:30 AM
(Date) (Hour)

Date of Birth Dec 23, 1897
(Date) (Day of Week) (Hour) M.

Age 44 6 17
(Years) (Months) (Days)

Date of Funeral _____

Services at _____

Clergyman _____ (Address) _____

Religion of the Deceased _____

Birthplace Diagonal - Ia

Resided in the State Ia
(or U.S. or City or County) (Years) (Months)

Place of Death State Hosp. Clarinda

Cause of Death Maniacal Exhaustion

Contributory Causes Exhaustion from
Psychosis

Certifying Physician Thomas P. Reader

His Address Clarinda, Ia

Name of Father Walter Hartley

His Birthplace Penn

Maiden Name of Mother Ava May Waddell

Her Birthplace Missouri

Motor Ship } Remains to _____

Size of Casket 22 00 6 13 High Crown
(State Color and Number)

Manufactured by Ray Metaller

Interment at Rose Hill { Cemetery Grammarary

Lot No. 1110

Grave No. 4

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$ 200 00
Casket	✓
Burial Vault or Box	✓ (State Kind) <u>None</u>
Embalming Body	✓ (Name of Embalmer)
Barber, \$	✓ Hair Dressing, \$
Dressing Body, \$	✓ Underwear, \$
Suit or Dress	✓ (State Kind and Color)
Slippers, \$	✓ Hose, \$
Folding Chairs, \$	✓ Tarpaulin, \$
Candelabrum, \$	✓ Candles, \$
Door Spray, \$	✓ Gloves, \$
Funeral Car, \$	✓ Ambulance, \$
Limousines to Cemetery	✓ @ \$
Autos to R. R. Station	✓ @ \$
Getting Remains from	✓ <u>Clarinda</u>
Taking Remains to	✓ <u>Lamoni</u>
Trip to Coroner's Inquest	✓
Delivering Box to	✓ <u> cemetery</u>
Deliver Flowers to	✓
Removal Charges	✓
Procuring Burial Permit	✓ (State Number and District)
Certif. Copies of Death Certificates No.	✓ (State Physician's or Coroner's)
Pall Bearer Service, \$	✓ Use of Chapel, \$
Personal Service	✓ <u>Save Marry's favor cards</u> <u>& memory book</u>
Gross Total for Sales Tax	\$ 200 00
Outlay for Lot # <u>1110</u>	\$ 20 00
Cremation	_____
line Death Notices in _____ Papers	_____
Flowers, \$	(Names of Newspapers) <u>Palms, \$</u> <u>Matting, \$</u>
Rental of Tent, \$	✓ of Temporary Vault, \$
Opening of Grave or Tomb	\$ 6 00
Lining Grave, \$	✓ Lowering Device, \$
Outlay for Shipping Charges	✓
Clergyman, \$	Singers, \$
Railroad (or Motor) Tickets, \$	Organist, \$
Telegr., Phone, Cable or Radio Charges	Aero. Service, \$
Cash Advanced	_____
Out of town Undertaker's Charges	_____
<u>Items are included in service</u>	
Sales Tax	2 00
Total Footing of Bill	\$
Less	\$
Balance	\$

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1977M Yearly No. 23 Date July 15 1947

Name of Deceased Zuella Jane Johnson (Mrs S.W.) W. Hite
 Married Single Widowed Divorced (What Name)

Residence Lamon, Ia Husband Wife Widow of S.W. Johnson

Charge to S.W. Johnson

Address Lamon, Ia

Order given by S.W. Johnson (or informant)

How Secured _____

Occupation housewife none (Social Security Number)

Name of Employer _____

Address _____

Date of Death July 13 1947 8 P.M. (Date) (Hour)

Date of Birth June 30 1860 (Date)

Age 80 (Years) 0 (Month) 13 (Days)

Date of Funeral 7/15/47 wed. 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Fred DeLong (Address)

Religion of the Deceased _____

Birthplace Penn.

Resided in the State 60 yrs. (or U.S. or City or County) (Years) (Months)

Place of Death Lamon, Ia

Cause of Death Heart Disease

Contributory Causes Old Age

Certifying Physician H. M. Neils (for Coroner)

His Address Lamon

Name of Father Hamilton T. Yswell

His Birthplace W. Va.

Maiden Name of Mother Elizabeth Thompson

Her Birthplace W. Va.

Motor Ship } Remains to _____

Size of Casket 232 - Half Couch (State Color and Number)

Manufactured by Rose Hill

Interment at Rose Hill { Cemetery } Crematory

Lot No. 98

Grave No. 2

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$ 258 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
—Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's)	
Full Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 258 00
Outlay for Lot	
Cremation	
_____ line Death Notices in _____ Papers	
Flowers, \$ _____ (Names of Newspapers)	
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 (or Motor) Tickets, \$ _____	
Aero. Service, \$ _____	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 258
Less	\$
Balance	\$
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 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 _____

Address _____

RECORD OF FUNERAL

Total No. 1978 M Yearly No. 24 Date Aug. 21 1942

Name of Deceased Nola Ann Hyde (Mrs. Charles)

Residence Lamoni, Ia. Married Single Widowed Divorced (What Race) Charles Hyde

Charge to Charles Hyde

Address Lamoni

Order given by Charles Hyde (Informant)

How Secured _____

Occupation Housewife name _____ (Social Security Number) _____

Name of Employer _____

Address _____

Date of Death Aug. 18, 1942 8:30 P.M. (Date) (Hour)

Date of Birth Jan. 24, 1891 (Date) (Year) (Month) (Day)

Age 51 6 24 (Years) (Months) (Days)

Date of Funeral 8/21/42 Friday 10 A.M. (Date) (Day of Week) (Hour)

Services at Cottagem

Clergyman Bishop Dettloff - Rev. Jordan (Address)

Religion of the Deceased L. P. S.

Birthplace Harrison County, Ia.

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Decatur Co. Hospital, Ia.

Cause of Death Peritonitis

Contributory Causes acute appendicitis

Certifying Physician D. K. R. Brown (or Coroner)

His Address Lamoni, Ia.

Name of Father Robert L. Park

His Birthplace Brown County, Ohio

Maiden Name of Mother Hannah Jane Careless

Her Birthplace England

Motor Ship } Remains to _____

Size of Casket Cherry - 14x24 (State Color and Number)

Manufactured by Road Casket Co. Cemetery Crematory

Interment at Rose Hill Lot No. 1528

Grave No. 2

Section No. _____

Owner Char. Hyde

Complete Funeral	\$ 458.00
Casket	✓
Burial Vault or Box	✓ (State Kind)
Embalming Body	✓ (Name of Embalmer)
Barber, \$	✓ Hair Dressing, \$
Dressing Body, \$	✓ Underwear, \$
Suit or Dress	(State Kind and Color)
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	✓ <u>L. Car</u>
Taking Remains to	✓ <u>Home</u>
Trip to Coroner's Inquest	✓
Delivering Box to	✓ <u>Cemetery</u>
Deliver Flowers to	✓
Removal Charges	✓
Procuring Burial Permit	(State Number and District)
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)
Full Bearer Service, \$	Use of Chapel, \$
Personal Service	✓
Gross Total for Sales Tax	\$ 458.00
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	10.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor	Organist, \$
Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	458
Total Footing of Bill	\$ 478.70
Less	\$
Balance	\$
Entered into Ledger, page _____	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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.) days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1979 M Yearly No. 25 Date Aug. 25 1942

Name of Deceased Mary A. Mc Kee
 Married Single Widowed Divorced (What Race)

Residence Clarinda State Hosp Husband Wife Widow of John Mc Kee

Charge to Elva Mc Kee

Address Milwaukee

Order given by Elva Mc Kee (or informant)

How Secured Note

Occupation _____ (Social Security Number)

Name of Employer None

Address _____

Date of Death Aug. 21 1942 (Date) (Hour)

Date of Birth _____ (Date) (Hour)

Age 79 yrs (Years) (Months) (Days)

Date of Funeral Aug 24 Mon 10 A.M. (Date) (Day of Week) (Hour)

Services at grave

Clergyman J. B. Shousally (Address)

Religion of the Deceased _____

Birthplace Lean Ia

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Clarinda State Hosp

Cause of Death Cerebral Hemorrhage

Contributory Causes _____

Certifying Physician _____ (or Coroner)

His Address _____

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Motor } Remains to _____
 Ship }

Size of Casket Hinge Cap (State Color and Number)

Manufactured by Ross

Interment at Rose Hill { Cemetery Crematory

Lot No. 880

Grave No. 3

Section No. _____

Owner _____

Entered into Ledger, page _____ or below.

Complete Funeral	\$ 149.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	<u>Clarinda</u> 7.50
Taking Remains to	
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.	(State Physician's or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	(Names of Newspapers) Palms, \$ Matting, \$ 2.00
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	9.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$ Organist, \$
Railroad or Motor Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	73
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	149
Total Footing of Bill	\$ 169.72
Less <u>cash pd Aug. 25/42</u>	\$ 28.72
Balance	\$ 144.00

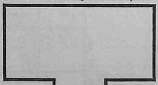


Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 I hereby covenant and agree to pay the same within _____ (Firm Name of Funeral Directors) maturity at the rate of _____ % per annum. days from date. Interest to accrue from

Witness _____ Signed _____

Address _____

200 copies

RECORD OF FUNERAL

Total No. 1,980 1/2 Yearly No. 26 Date Aug. 28 1947

Name of Deceased L. S. William Lea Kelley Married Single Widowed Divorced White
(What Race)

Residence _____ Husband Wife Widow
or _____ of _____

Charge to L. S. Kelley

Address Lamoni, Ia

Order given by above (or Informant)

How Secured _____

Occupation Lt. in Army Air Corp. (Social Security Number)

Name of Employer U. S. Army

Address _____

Date of Death _____ (Date) (Hour)

Date of Birth _____ (Date) (Hour)

Age 25 (Year) (Months) (Days)

Date of Funeral 9/28/47 Friday 2 P. M. (Date) (Day of Week) (Hour)

Services at Coliseum

Clergyman Blair Jensen, Chaplain Kahala (Address)

Religion of the Deceased S. D. S.

Birthplace Lamoni

Resided in the State 24 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death _____

Cause of Death Highway Crash

Contributory Causes _____

Certifying Physician _____ (or Coroner)

His Address _____

Name of Father L. S. Kelley

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Motor } Remains to _____
Ship }

Size of Casket _____ (State Color and Number)

Manufactured by _____

Interment at Rose Hill { Cemetery
Crematory

Lot No. 962

Grave No. 1

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral <u>Professional Service</u>	\$ 10.00
Casket <u>SHIP, I.N.</u>	
Burial Vault or Box _____ (State Kind)	
Embalming Body _____ (Name of Embalmer)	
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body, \$ _____ Underwear, \$ _____	
Suit or Dress _____ (State Kind and Color)	
Slippers, \$ _____ Hose, \$ _____	
Folding Chairs, \$ _____ Tarpaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Spray, \$ _____ Gloves, \$ _____	
Funeral Car, \$ _____ Ambulance, \$ _____	
Limosines to Cemetery @ \$ _____	
Autos to R. R. Station @ \$ _____	
Getting Remains from <u>Osceola</u>	7.00
Taking Remains to _____	
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. _____ (State Physician's or Coroner's)	
Pall Bearer Service, \$ _____ Use of Chapel, \$ _____	5.00
Personal Service _____	
<u>Rental of Hearse, Casket & Equipment</u>	10.00
<u>Rental of Cemetery equipment</u>	5.00
Gross Total for Sales Tax _____ \$	
Outlay for Lot _____	
<u>Concession Rental of Coliseum</u>	5.00
_____ line Death Notices in _____ Papers	
Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____	
Rental of Tent, \$ _____ of Temporary Vault, \$ _____	
Opening of Grave or Tomb _____	7.00
Lining Grave, \$ _____ Lowering Device, \$ _____	
Outlay for Shipping Charges _____	
Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad (or Motor) Tickets, \$ _____ Aero- or plane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Out of town Undertaker's Charges _____	
Sales Tax _____	
Total Footing of Bill _____ \$	49.00
Less _____ \$	
Balance _____ \$	

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 1981 M. Yearly No. 27 Date Oct 11 1942

Name of Deceased Mary Jane Wallenbaugh (What Race) White

Residence Lamar, Ia. Married Single Widowed Divorced Unmarried Wife Widow of Jacob Wallenbaugh

Charge to Old Age Assistance

Address _____

Order given by Mr. Bues (or informant)

How Secured _____

Occupation Housewife NONE (Social Security Number)

Name of Employer _____

Address _____

Date of Death Oct 9 1942 11:20 AM (Date) (Hour)

Date of Birth Oct 8 1861 (Date) (Day of Week) (Hour)

Age 81 (Years) (Months) (Days)

Date of Funeral Oct 14 1942 Sun 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Arthur Lane (Address)

Religion of the Deceased F. D. S.

Birthplace Laurens, Mich

Resided in the State _____ (or U. S. or City or County) (Year) (Months)

Place of Death Iowa City, Iab Hosp.

Cause of Death Carcinoma of Uterus

Contributory Causes _____

Certifying Physician J. H. Randall (or Coroner)

His Address Iowa City

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Motor Ship } Remains to _____ (State Color and Number)

Size of Casket 2 x 4 x 10 flat top

Manufactured by Pine Bluff

Interment at Rose Hill { Cemetery Cemetery

Lot No. 348

Grave No. ?

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$ 100 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Iowa City 1/20 mile</u>	<u>21 50</u>
Taking Remains to <u>@ 1/2 mile</u>	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. _____	
Full Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 121 50
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	
Flowers, \$	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 or Motor Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	<u>No Tax</u>
Total Footing of Bill	\$ 121 50
Less	\$
Balance	\$
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 1982 M Yearly No. 28 Date Oct 23 1947

Name of Deceased Levi Corless Brooks (What Race) White

Residence Rural near Lamon Married Single Widowed Divorced (What Race) Sarah E Brooks

Charge to Sarah E Brooks Husband Wife Widow or of Sarah E Brooks

Address Lamon Ia

Order given by Sarah E Brooks (or informant)

How Secured Farming None

Occupation Farming (Social Security Number)

Name of Employer _____

Address _____

Date of Death Oct 21 1947 3:30 AM (Date) (Hour)

Date of Birth May 2 1869 (Date) (Month) (Day) (Year)

Age 73 5 19 (Years) (Months) (Days)

Date of Funeral 1947 Friday 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Carlton Jay Barr (Address)

Religion of the Deceased W.P.A.

Birthplace Canada

Resided in the State 55 years (or U. S. or City or County) (Years) (Months)

Place of Death Rural near Lamon (State Physician's or Coroner's)

Cause of Death Chronic Myocarditis

Contributory Causes _____

Certifying Physician Dr. Reed (or Coroner)

His Address Davis City

Name of Father Henry Brooks

His Birthplace Canada

Maiden Name of Mother Phoebe Corless

Her Birthplace Michigan

Motor Ship } Remains to _____

Size of Casket 6-3 flat (State Color and Number)

Manufactured by Simpson Casket Co

Interment at Rose Hill { Cemetery Crematory

Lot No. 1473

Grave No. 4

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$ 352.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 352.00
Outlay for Lot	40.00
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	10.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor Tickets, \$	Organist, \$
Telegr. Phone, Cable or Radio Charges	Aero-plane Service, \$
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	3.35
Total Footing of Bill	\$ 405.35
Less <u>paid & taken</u>	17.70
Balance	\$ 387.65
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ _____ Names of Ledges _____ 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 _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1983M..... Yearly No. 29 Date Oct 27 1942

Name of Deceased James Ervin Ballantyne

Residence Lamoni, Ia - rural Married Single Widowed Divorced (What Race) White

Charge to: James E. Ballantyne Husband Wife Widow of Miss J. D. Ballantyne

Address Lamoni, Ia

Order given by Miss J. D. Ballantyne (or informant)

How Secured note

Occupation farmer none (Social Security Number)

Name of Employer himself

Address

Date of Death Oct 25 1942 6 P.M. (Date) (Hour)

Date of Birth May 6 1876 (Date) (Year) (Month) (Day) (Hour)

Age 66 5 19 (Years) (Months) (Days)

Date of Funeral Oct 27 7:30 (Date) (Day of Week) (Hour)

Services at Coliseum

Clergyman Chevill - Beck (Address)

Religion of the Deceased Soldier, Ia

Resided in the State all his life (or U. S. or City or County) (Years) (Months)

Place of Death farm home near Lamoni

Cause of Death Heart attack

Contributory Causes

Certifying Physician Fred A. Gorman, Coroner

His Address Lamoni, Ia

Name of Father James Ballantyne

His Birthplace Scotland

Maiden Name of Mother Emeline Andrews

Her Birthplace Tenn

Motor Ship } Remains to Rose Hill

Size of Casket Ref. Same (State Color and Number)

Manufactured by R. O. T.

Interment at Rose Hill { Cemetery } { Crematory }

Lot No. 1475

Grave No. 1

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$	236	00
Casket			
Burial Vault or Box			
Embalming Body			
Barber, \$			
Dressing Body, \$			
Suit or Dress			
Slippers, \$			
Folding Chairs, \$			
Candelabrum, \$			
Door Spray, \$			
Funeral Car, \$			
Limousines to Cemetery			
Autos to R. R. Station			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No.			
Use of Chapel, \$			
Personal Service			
Gross Total for Sales Tax	\$	236	00
Outlay for Lot		40	00
Cremation			
line Death Notices in			
Flowers, \$			
Palms, \$			
Matting, \$			
Rental of Tent, \$			
Opening of Grave or Tomb			8 00
Lining Grave, \$			
Lowering Device, \$			
Outlay for Shipping Charges			
Clergyman, \$			
Singers, \$			
Organist, \$			
Railroad or Motor } Tickets, \$			
Aero-plane Service, \$			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Sales Tax			2 36
Total Footing of Bill	\$	286	36
Less Discount if taken <u>9/11 20</u>			
Balance	\$		
Entered into Ledger, page			

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Witness

15 miles

RECORD OF FUNERAL

123

Total No. 1984M Yearly No. 30 Date Oct 28 1947

Name of Deceased John Scott
 Married Single Widowed Divorced (What Race) White

Residence: _____
 Charge to: Rothmere Scott
 Address: _____
 Order given by: _____ (or informant)
 How Secured: _____
 Occupation: _____ (Social Security Number)
 Name of Employer: _____

Address: _____
 Date of Death: _____ (Date) _____ (Hour)
 Date of Birth: _____ (Date) _____ (Month) _____ (Day) _____ (Year) _____ (Hour)
 Age: _____ (Years) _____ (Months) _____ (Days)

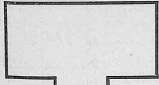
Date of Funeral: 10-28/47 W.E.A. 7:30 P.M.
 Services at: _____ (Address)
 Clergyman: Roy Chevill
 Religion of the Deceased: L.P.S.
 Birthplace: _____
 Resided in the State: _____ (or U. S. or City or County) _____ (Years) _____ (Months)

Place of Death: _____
 Cause of Death: _____
 Contributory Causes: _____
 Certifying Physician: _____ (or Coroner)
 His Address: _____

Name of Father: Rothmere Scott
 His Birthplace: _____
 Maiden Name of Mother: _____
 Her Birthplace: _____

Motor } Remains to _____
 Ship }
 Size of Casket: _____ (State Color and Number)
 Manufactured by: _____
 Interment at: Rose Hill { Cemetery
 _____ { Crematory

Lot No. 1504
 Grave No. 3
 Section No. _____
 Owner: _____

Diagram of Lot or Vault: 

Complete Funeral	<u>S.H.I.P.F.N.</u>	\$	
Casket			
Burial Vault or Box	<u>Blue Box</u>		<u>10.00</u>
Embalming Body			
Barber, \$	<u>Hair Dressing</u>		
Dressing Body, \$	<u>Underwear</u>		
Suit or Dress			
Slippers, \$	<u>Hose</u>		
Folding Chairs, \$	<u>Tarpaulin</u>		
Candelabrum, \$	<u>Candles</u>		
Door Spray, \$	<u>Gloves</u>		
Funeral Car, \$	<u>Red. & Gray</u>		<u>10.00</u>
Limousines to Cemetery			
Autos to R. R. Station			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
_____ Certif. Copies of Death Certificates No.			
Pall Bearer Service, \$	<u>Use of Chapel</u>		
Personal Service	<u>Callism. Ritual</u>		<u>15.00</u>
			<u>5.00</u>
Gross Total for Sales Tax		\$	
Outlay for Lot			
Cremation			
_____ line Death Notices in _____ Papers			
Flowers, \$	<u>Palms</u>		
Rental of Tent, \$	<u>5.00 of Temporary Vault</u>		<u>5.00</u>
Opening of Grave or Tomb			
Lining Grave, \$	<u>Lowering Device</u>		
Outlay for Shipping Charges			
Clergyman, \$	<u>Singers</u>		
Railroad } Tickets, \$	<u>Aero-plane Service</u>		
or Motor }			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Sales Tax			
Total Footing of Bill		\$	<u>45.00</u>
Less	<u>Adm. bill</u>	\$	
	<u>10/28/47</u>	\$	
Balance		\$	
Entered into Ledger, page _____ or below.			

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Witness _____ Signed _____
 Address _____

RECORD OF FUNERAL

Total No. 1785 M Yearly No. 31 Date Oct 29 1942

Name of Deceased Infant of Stanley Elliott U. S. C.
(What Race)

Residence Lanham Married Single Widowed Divorced Husband Wife Widow of of

Charge to: Stanley Elliott

Address Lanham

Order given by _____
(or informant)

How Secured _____

Occupation _____
(Social Security Number)

Name of Employer _____

Address _____

Date of Death Still born Oct 8/42
(Date) (Hour)

Date of Birth _____

Age _____
(Years) (Months) (Days)

Date of Funeral 10/9/42 Thurs 2:30 P.M.
(Date) (Day of Week) (Hour)

Services at: Home

Clergyman Arthur Lane
(Address)

Religion of the Deceased _____

Birthplace Decatur Co. Hoop

Resided in the State _____
(or U. S. or City or County) (Years) (Months)

Place of Death _____

Cause of Death Still-born

Contributory Causes _____

Certifying Physician Dr Reed
(Coroner)

His Address Lavis City

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

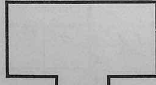
Her Birthplace _____

Motor Ship } Remains to _____

Size of Casket _____
(State Color and Number)

Manufactured by _____

Interment at _____ { Cemetery Crematory



Lot No. 1562
west end of #3
Grave No. _____

Section No. _____

Owner _____

Complete Funeral	\$	
Casket <u>and box</u>		10.00
Burial Vault or Box _____ (State Kind)		
Embalming Body _____ (Name of Embalmer)		
Barber, \$ _____		
Dressing Body, \$ _____		
Suit or Dress _____ (State Kind and Color)		
Slippers, \$ _____		
Folding Chairs, \$ _____		
Candelabrum, \$ _____		
Door Spray, \$ _____		
Funeral Car, \$ _____		
Limousines to Cemetery _____		
Autos to R. R. Station _____		
Getting Remains from _____		
Taking Remains to _____		
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. _____ (State Physician's or Coroner's)		
Pall Bearer Service, \$ _____		
Personal Service, \$ _____		5.00
Use of Chapel, \$ _____		
Gross Total for Sales Tax _____		
Outlay for Lot _____		
Cremation _____		
_____ line Death Notices in _____ Papers (Names of Newspapers)		
Flowers, \$ _____		
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 or Motor Tickets, \$ _____		
Aero plane Service, \$ _____		
Telegr., Phone, Cable or Radio Charges _____		
Cash Advanced _____		
Out of town Undertaker's Charges _____		
Sales Tax _____		
Total Footing of Bill _____		15.00
Less _____		
Balance _____		
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____
Address _____

RECORD OF FUNERAL

125

Total No. 1986 M Yearly No. 32 Date Nov 22 1942
 Name of Deceased Thomas Henry Currie White
(What Race)
 Married Single Widowed Divorced
 Residence Lamoni Ia Husband Wife Widow of West H. Currie

Charge to: Mrs T. H. Currie
 Address Lamoni
 Order given by same (or informant)
 How Secured _____
 Occupation Blacksmith none (Social Security Number)
 Name of Employer himself
 Address _____
 Date of Death Nov 18/42 7 A.M. (Date) (Hour)
 Date of Birth Aug 20 1871
 Age 70 2 28 (Years) (Months) (Days)
 Date of Funeral Nov 24/42 sun 2 P.M. (Date) (Day of Week) (Hour)

Services at Caliseum
 Clergyman Carl Balbutyme - Ted Beck (Address)
 Religion of the Deceased L. P. A.
 Birthplace Crescent Ia
 Resided in the State all his life (or U. S. or City or County) (Years) (Months)
 Place of Death Des Moines Co. Hosp. Leonora
 Cause of Death Coronary Occlusion
 Contributory Causes _____

Certifying Physician W. R. R. Brown (or Coroner)
 His Address Lamoni Ia
 Name of Father Robt Currie
 His Birthplace Scotland
 Maiden Name of Mother Elizabeth James
 Her Birthplace W. Va.
 Motor Ship } Remains to _____
 Size of Casket Reg. Half Couch gray (State Color and Number)
 Manufactured by Reg.
 Interment at Rose Hill Cemetery Caliseum Rental

Complete Funeral	\$ 227	00
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress		
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		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____		
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
<u>2 extra markers @ \$50</u>		5 00
Gross Total for Sales Tax	\$ 232	00
Outlay for Lot		
Cremation		
_____ line Death Notices in _____ Papers		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	_____ of Temporary Vault, \$	
Opening of Grave or Tomb		8 00
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		5 00
Sales Tax	237	
Total Footing of Bill	\$ 247	37
Less _____		
Balance		
Entered into Ledger, page _____ or below.		

Lot No. 885
 Grave No. 2
 Section No. _____
 Owner _____

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, 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 _____
 Address _____
 Witness _____
 Compiled by F. J. FEINEMAN, St. Louis Mo.

RECORD OF FUNERAL

Total No. 1987 M Yearly No. 33 Date Nov 24 1942

Name of Deceased John Allan Harper White
 Married Single Widowed Divorced (What Race)

Residence Rural - North of Plytheedale, Mo. Husband Wife Widow of _____ of _____

Charge to _____ Complete Funeral \$ 285.00

Address _____ Casket _____

Order given by Miss Minnie Harper (or informant) Burial Vault or Box _____ (State Kind)

How Secured _____ Embalming Body _____ (Name of Embalmer)

Occupation Farmer (Social Security Number) Barber, \$ _____ Hair Dressing, \$ _____

Name of Employer _____ Dressing Body, \$ _____ Underwear, \$ _____

Address _____ Suit or Dress 717 Brown suit 14.00 (State Kind and Color)

Date of Death Nov 22/42 5 P.M. Slippers, \$ _____ Hose, \$ _____

Date of Birth Jan 1/1889 (Date) (Hour) Folding Chairs, \$ _____ Tarpaulin, \$ _____

Age 53 10 13 (Years) (Months) (Days) Candelabrum, \$ _____ Candles, \$ _____

Date of Funeral Nov 24/42 3 P.M. (Date) (Day of Week) (Hour) M. Door Spray, \$ _____ Gloves, \$ _____

Services at Plytheedale Education Church Funeral Car, \$ _____ Ambulance, \$ _____

Clergyman Rev Burr Anthony (Address) Limousines to Cemetery @ \$ _____

Religion of the Deceased _____ Autos to R. R. Station @ \$ _____

Birthplace Harrison Co, Mo Getting Remains from _____

Resided in the State Missouri Taking Remains to _____

Place of Death Rural near Plytheedale, Mo Trip to Coroner's Inquest _____

Cause of Death apoplexy Delivering Box to _____

Contributory Causes chronic Myocarditis Deliver Flowers to _____

Certifying Physician D. Smith (or Coroner) Removal Charges _____

His Address Cainesville, Mo Procuring Burial Permit _____

Name of Father Willie Harper _____

His Birthplace Kentucky _____

Maiden Name of Mother Hanny Bridges _____

Her Birthplace Ill _____

Motor Ship } Remains to _____

Size of Casket 232 - Half Couch, gray _____

Manufactured by Root _____

Interment at Plytheedale Cemetery _____

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

Diagram of Lot or Vault _____

Complete Funeral	\$ 285.00
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress <u>717 Brown suit</u>	<u>14.00</u>
(State Kind and Color)	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____ (State Number and District)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ <u>2.99.00</u>
Outlay for Lot	
Cremation	
_____ line Death Notices in _____ Papers	
(Name of Newspaper)	
Flowers, \$	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 (or Motor) Tickets, \$	Aero plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>1/10 of total</u>	<u>2.99</u>
Total Footing of Bill	\$ <u>301.99</u>
Less <u>Percent of 5% by payee</u>	<u>14.99</u>
<u>2/8/43 Paid in full</u>	\$ <u>287.00</u>
Entered into Ledger, page _____ of below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1988 M Yearly No. 24 Date Dec 8 1942

Name of Deceased Emma P. Cochran
 Married Single Widowed Divorced (What Race)
 or, Frank Cochran of _____

Residence: _____
 Charge to: _____
 Address: _____

Order given by _____ (or informant)
 How Secured _____

Occupation _____ (Social Security Number)
 Name of Employer _____

Address _____
 Date of Death _____ (Date) (Hour)

Date of Birth _____ (Year) (Month) (Days)
 Age _____

Date of Funeral Dec 8/42 11:30 P.M.
 (Date) (Day of Week) (Hour)

Services at Cathedral
 Clergyman Fred Beck, T.S. Williams (Address)
 Religion of the Deceased L.P.S.

Birthplace _____
 Resided in the State _____ (or U.S. or City or County) (Years) (Months)

Place of Death New York, N.Y.
 Cause of Death _____

Contributory Causes _____

Certifying Physician _____ (or Coroner)
 His Address _____

Name of Father _____
 His Birthplace _____

Maiden Name of Mother _____
 Her Birthplace _____

Motor } Remains to _____
 Ship } _____

Size of Casket _____ (State Color and Number)
 Manufactured by _____

Interment at _____ { Cemetery
 Crematory

Lot No. 195
 Grave No. 4
 Section No. _____
 Owner _____

Complete Funeral _____ \$
 Casket _____
 Burial Vault or Box State Burial Vault 10 00
 (State Kind)
 Embalming Body _____ (Name of Embalmer)
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress _____ (State Kind and Color)
 Slippers, \$ _____ Hose, \$ _____
 Folding Chairs, \$ _____ Tarpsaulin, \$ _____
 Candelabrum, \$ _____ Candles, \$ _____
 Door Spray, \$ _____ Gloves, \$ _____
 Funeral Car, \$ _____ Ambulance, \$ _____
 Limousines to Cemetery @ \$ _____
 Autos to R. R. Station @ \$ _____
 Getting Remains from _____
 Taking Remains to _____
 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. _____
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
 Personal Service _____ 10 00
Cathedral Rental 8 00
Station Charges 9 00

Gross Total for Sales Tax _____ \$

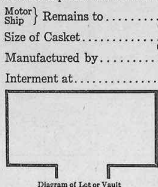
Outlay for Lot _____
 Cremation _____
 _____ line Death Notices in _____ Papers

Flowers, \$ _____ (Names of Newspapers)
 Palms, \$ _____ Matting, \$ _____
 Rental of Tent, \$ _____ of Temporary Vault, \$ _____
 Opening of Grave or Tomb _____ 8 00

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

Sales Tax _____
 Total Footing of Bill _____ 39 00
 Less Paid by Mr. Hauser _____ 15 00
 Balance _____ 24 00

Entered into Ledger, page _____ or below _____



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____
 Address _____

RECORD OF FUNERAL

Total No. 1989M Yearly No. 35 Date Dec. 13 1927

Name of Deceased Dorothy DeLong
 Married Single Widowed Divorced (What Race)

Residence 1232 Penn St. Des Moines
 Husband Wife Widow }
or of }

Charge to Mrs. V. M. Howard

Address 2212 - 47th St. Des Moines

Order given by Mrs. Howard
(or informant)

How Secured

Occupation (Social Security Number)

Name of Employer

Address

Date of Death Oct. 22 1927 (Date) (Hour)

Date of Birth Feb 5 1909 (Date) (Hour)

Age 33 (Years) 8 (Months) 17 (Days)

Date of Funeral 12/13/27 (Date) 3 P. M. (Hour)

Services at Rose Hill Cemetery

Clergyman Carl Ballantine (Address)

Religion of the Deceased S. P. S.

Birthplace Missouri

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Clarinda State Hosp.

Cause of Death Septicemia of Central Nervous system

Contributory Causes Therapeutic Malaria

Certifying Physician W. M. D. Bender (or Coroner)

His Address 1st St. Hosp. Clarinda Ia

Name of Father John D. DeLong

His Birthplace Iowa

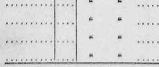
Maiden Name of Mother Hertude N. DeLong

Her Birthplace Iowa

Motor Ship } Remains to This body was secured from
Size of Casket Without Funeral Home, Ia. City
(State Color and Number)

Manufactured by

Interment at Cemetery Crematory



Lot No. 129

Grave No. 4

Section No.

Owner

Complete Funeral	.....	\$
Casket	.....
Burial Vault or Box	.....
Embalming Body	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress	(State Kind and Color)	
Slippers, \$	Hose, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>Des Moines</u>	<u>5.00</u>
Taking Remains to	<u>Rose Hill</u>	
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.	(State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		<u>1.00</u>
Gross Total for Sales Tax		\$
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
Flowers, \$	(Names of Newspapers)	
Palms, \$	Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		<u>8.00</u>
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax	<u>Express from Ia. City</u>	<u>18.62</u>
Total Footing of Bill		<u>23.00</u>
Less <u>Del. in full Jan 1/28</u>		<u>41.62</u>
Balance		\$
Entered into Ledger, page	..... or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 Director.)

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.

Witness Signed Address

3/10/28

RECORD OF FUNERAL

Total No. 1991M Yearly No. 37 Date Dec 17 1942

Name of Deceased Jesse Rossiter
 Married Single Widowed Divorced (What Race)

Residence Lamoni Ia Husband Wife Widow of Annabel Rossiter

Charge to Mrs Hache

Address Lamoni

Order given by Mrs Hache (or informant)

How Secured

Occupation (Social Security Number)

Name of Employer

Address

Date of Death 12-15-42 1 A.M. (Date) (Hour)

Date of Birth 8-23-1863 (Date)

Age 79 3 22 (Years) (Months) (Days)

Date of Funeral 12/17/42 Thurs 11 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Brasler Kellerton (Address)

Religion of the Deceased

Birthplace Charlotte Ia

Resided in the State all life (or U. S. or City or County) (Years) (Months)

Place of Death Lamoni Ia

Cause of Death

Contributory Causes

Certifying Physician Dr. N.M. Hills (or Coroner)

His Address Lamoni Ia

Name of Father Jesse Rossiter

His Birthplace England

Maiden Name of Mother Melissa Polaud

Her Birthplace not known

Motor Ship } Remains to

Size of Casket 232 M. Couch gray (State Color and Number)

Manufactured by Ross

Interment at Rose Hill { Cemetery

Lot No. 1474

Grave No. 1

Section No. 1

Owner Mrs Hache

Diagram of Lot or Vault

Complete Funeral	\$ 285.00
Casket	
Burial Vault or Box	<u>included</u>
Embalming Body	<u>included</u>
Barber, \$	<u>Hair Dressing, \$</u>
Dressing Body, \$	<u>Underwear, \$</u>
Suit or Dress	
Slippers, \$	<u>Hose, \$</u>
Folding Chairs, \$	<u>Tarpaulin, \$</u>
Candelabrum, \$	<u>Candles, \$</u>
Door Spray, \$	<u>Gloves, \$</u>
Funeral Car, \$	<u>Ambulance, \$</u>
Limousines to Cemetery	<u>@ \$</u>
Autos to R. R. Station	<u>@ \$</u>
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No.	
_____ (State Physician's or Coroner's)	
Pall Bearer Service, \$	<u>Use of Chapel, \$</u>
Personal Service	
Gross Total for Sales Tax	\$ 285.00
Outlay for Lot	<u>40.00</u>
Cremation	
_____ line Death Notices in _____ Papers	
Flowers, \$	<u>Palms, \$</u> <u>Matting, \$</u>
Rental of Tent, \$	<u>of Temporary Vault, \$</u>
Opening of Grave or Tomb	<u>7.00</u>
Lining Grave, \$	<u>Lowering Device, \$</u>
Outlay for Shipping Charges	
Clergyman, \$	<u>Singers, \$</u> <u>Organist, \$</u>
Railroad or Motor Tickets, \$	<u>Aero-service, \$</u>
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>19.01</u> <u>285.00</u>	<u>285</u>
Total Footing of Bill	\$ 336.85
Less <u>5% cash discount</u>	\$ 14.25
<u>Pd in full Dec 26/1942</u>	Balance \$ 322.60
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____

Address _____

10 mills

RECORD OF FUNERAL

Total No. 1992 M Yearly No. 38 Date Dec 23 1942

Name of Deceased Virgil Ora Parker White
(What Race)

Residence Hallsville, Mo. Married Single Widowed Divorced

Charge to Mrs. Virgil Parker Carol Parker
of _____ of _____

Address Hallsville, Mo.

Order given by Mrs. Virgil Parker (Informant)

How Secured Cash

Occupation Farming new
(Social Security Number)

Name of Employer _____

Address _____

Date of Death Dec 20 42 8 P.M. (Date) (Hour)

Date of Birth Sept 18 1891 (Date) (Hour)

Age 51 3 7 (Years) (Months) (Days)

Date of Funeral 17 23 42 Wed 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman J. S. Williams (Address)

Religion of the Deceased _____

Birthplace Decatur Co. Ia

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Home of Virgil Parker

Cause of Death Probably cerebral hemorrhage

Contributory Causes found dead, had been in apparent good health 15 min before

Certifying Physician Freeda Brown Coroner (or Coroner)

His Address Dean

Name of Father J. F. Parker

His Birthplace Ia

Maiden Name of Mother Roxie Patterson

Her Birthplace Iowa

Motor Slip } Remains to Davis City

Size of Casket Root - 232 N. Chick (State Color and Number)

Manufactured by Root

Interment at Root cemetery Davis City { Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

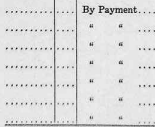


Diagram of Lot or Vault

Complete Funeral	\$ 285.10
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
—Certif. Copies of Death Certificates No. (State Number and District)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	<u>Suit</u> 14.50
Gross Total for Sales Tax	\$ 299.50
Outlay for Lot	5.00
Cremation	
_____ line Death Notices in _____ Papers	
(Names of Newspapers)	
Flowers, \$	Palms, \$
Rental of Tent, \$	Matting, \$
Opening of Grave or Tomb	of Temporary Vault, \$
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor Tickets, \$	Organist, \$
Telegr., Phone, Cable or Radio Charges	Aero-plane Service, \$
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	3.00
Total Footing of Bill	\$ 302.50
Less <u>11% cash in advance</u>	\$ 30.25
<u>Paid in full</u>	Balance \$ 272.25
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

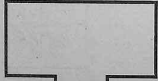
Signed _____

Witness _____ Address _____

RECORD OF FUNERAL

Total No. 1993 M Yearly No. 39 Date Dec 24 1942
 Name of Deceased Samuella (Happy) Paris Married Single Widowed Divorced (What Race) White
 Residence Lamoni Husband Wife Widow of Geo. Paris
 Charge to George Paris
 Address Lamoni
 Order given by above (or informant)
 How Secured _____ (State Kind)
 Occupation Housewife none (Social Security Number)
 Name of Employer _____
 Address _____
 Date of Death Dec 22 1942 6 AM (Date) (Hour)
 Date of Birth Jan 13 1909 (Date) (Hour)
 Age 33 11 9 (Years) (Months) (Days)
 Date of Funeral 1/24/42 Thurs 11:30 P.M. (Date) (Day of Week) (Hour)
 Services at Cathedral
 Clergyman Ray Chevillie J. Barr (Address)
 Religion of the Deceased L.D.S.
 Birthplace Lamoni
 Resided in the State 10 yrs (or U. S. or City or County) (Years) (Months)
 Place of Death L. D. S. Cathedral Co. Hosp. Lamoni
 Cause of Death _____
 Contributory Causes _____
 Certifying Physician H. Reed (or Coroner)
 His Address Lamoni
 Name of Father Elmer Hatcher
 His Birthplace Green Co., Ia
 Maiden Name of Mother Minnie Reagon
 Her Birthplace Wecater Co., Ia
 Motor Ship) Remains to _____ (State Color and Number)
 Size of Casket State Asks of ones
 Manufactured by Rep.
 Interment at Rose Hill { Cemetery Crematory
 Lot No. 695
 Grave No. 4
 Section No. _____
 Owner _____

Complete Funeral	\$ 269.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Use of Chapel, \$	
Personal Service, \$	
Gross Total for Sales Tax	\$ 269.00
Outlay for Lot	40.00
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	9.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	27.00
Total Footing of Bill	320.70
Less	
Balance	
Entered into Ledger, page	or below.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____
 Witness _____
 Address _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1944 M. Yearly No. 40 Date Dec 26 1942
 Name of Deceased Albert S. Whitting
 Married Single Widowed Divorced (What Race) White

Residence Rural West of Andover, Mo. Husband Wife Widow }
 Charge to Estate of Albert S. Whitting or..... of }

Address P.O. M. 1011, Andover, Mo.

Order given by Rose W. Whitting (or informant)

How Secured

Occupation Farming None (Social Security Number)

Name of Employer

Address

Date of Death Dec. 22 1942 4 P.M. (Date) (Hour)

Date of Birth Feb. 27 1852 (Date) (Year) (Month) (Day)

Age 90 9 23 (Years) (Days)

Date of Funeral Dec 24 Saturday 2 P.M. (Date) (Day of Week) (Hour)

Services at White-Mark Chapel

Clergyman Marion Traylor (Address)

Religion of the Deceased

Birthplace Elkhart, Ind.

Resided in the State 80 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Decatur Co. Hosp. Leem.

Cause of Death Lobar Pneumonia

Contributory Causes Thrombosis of Brachial

Certifying Physician R. R. Brown (or Coroner)

His Address Landon

Name of Father W. M. Whitting

His Birthplace Saxton, Ohio

Maiden Name of Mother Elizabeth White

Her Birthplace Elkhart, Ind.

Motor Ship } Remains to

Size of Casket State - Wellmet (State Color and Number)

Manufactured by R. O. T.

Interment at Andover { Cemetery } Crematory

Lot No.

Grave No.

Section No.

Owner

Entered into Ledger, page..... or below.

Complete Funeral \$ 536.00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress (State Kind and Color) 16.25

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

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. (State Physician's or Coroner's)

Pall Bearer Service, \$..... Use of Chapel, \$.....

Personal Service

Gross Total for Sales Tax \$ 552.60

Outlay for Lot

Cremation

..... line Death Notices in Papers

Flowers, \$..... Palms, \$..... Matting, \$.....

Rental of Tent, \$..... of Temporary Vault, \$.....

Opening of Grave or Tomb 11.00

Lining Grave, \$..... Lowering Device, \$.....

Outlay for Shipping Charges

Clergyman, \$..... Singers, \$..... Organist, \$.....

Railroad or Motor Tickets, \$..... Aero plane Service, \$.....

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax No Tax - State Act 3.2

Total Footing of Bill \$ 564.60

Less Paid in full 12.26.1943 \$ 564.60

Balance \$

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 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

Address

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

58-1111

RECORD OF FUNERAL

Total No. 1995M Yearly No. 1 Date Jan. 3 1943

Name of Deceased Margaret M. Allen
 Married Single Widowed Divorced (What Race)

Residence Lamar, La.
Charge to Henry Allen
Address Lamar
Order given by Henry Allen (or informant)
Occupation _____ (Social Security Number)
Name of Employer _____
Address _____

Date of Death Jan. 1, 1943 (Date) (Hour)
Date of Birth _____ (Date) (Hour)
Age 3 (Years) 26 (Months) 26 (Days)

Date of Funeral 1/3/43 (Date) Sun. (Day of Week) 2:30 P.M. (Hour)
Services at Allen home
Clergyman Ray Chevill (Address)
Religion of the Deceased _____

Birthplace _____
Resided in the State _____ (or U. S. or City or County) (Years) (Months)
Place of Death Independence, Mo.
Cause of Death Pneumonia
Contributory Causes _____

Certifying Physician _____ (or Coroner)
His Address _____
Name of Father _____
His Birthplace _____

Maiden Name of Mother _____
Her Birthplace _____
Motor Ship } Remains to _____
Size of Casket _____ (State Color and Number)

Manufactured by _____
Interment at _____ { Cemetery
Crematory

Diagram of Lot or Vault _____
Lot No. 1518
Grave No. 1
Section No. _____
Owner _____

Complete Funeral	<u>Ship In</u>	\$	
Casket		\$	
Burial Vault or Box		\$	
Embalming Body	(Name of Embalmer)	\$	
Barber	\$		
Hair Dressing	\$		
Dressing Body	\$		
Underwear	\$		
Suit or Dress	(State Kind and Color)	\$	
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			
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. _____		
State Physician's or Coroner's			
Use of Chapel	\$		
Personal Service, incl. of car and	<u>equipment</u>	\$	<u>15.00</u>
Gross Total for Sales Tax	<u>No. Tax</u>	\$	
Outlay for Lot		\$	
Cremation		\$	
line Death Notices in	Papers _____	\$	
(Names of Newspapers)			
Flowers	\$		
Palms	\$		
Matting	\$		
Rental of Tent	\$		
of Temporary Vault	\$		
Opening of Grave or Tomb	\$		<u>7.00</u>
Lining Grave	\$		
Lowering Device	\$		
Outlay for Shipping Charges		\$	
Clergyman	\$		
Singers	\$		
Organist	\$		
Railroad Tickets	\$		
Aero-plane Service	\$		
Telegr., Phone, Cable or Radio Charges		\$	
Cash Advanced		\$	
Out of town Undertaker's Charges		\$	
Sales Tax	<u>No. Tax (Severe)</u>	\$	
Total Footing of Bill		\$	<u>22.00</u>
Less		\$	
Balance		\$	
Entered into Ledger, page _____ or below.			

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		\$ 22.00		To Balance Forward		\$
3/27/43	By Payment 3/	\$ 10.00	\$ 12.00		By Payment	\$	\$
5/12/43	" "	\$ 10.00	\$ 2.00		" "	\$	\$
10/7/43	" "	\$ 2.00	\$ 0.00		" "	\$	\$
	" "				" "	\$	\$
	" "				" "	\$	\$
	" "				" "	\$	\$
	" "				" "	\$	\$
	" "				" "	\$	\$
	" "				" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Address _____

RECORD OF FUNERAL

Total No. 1996 M Yearly No. 2 Date Jan 4 1943

Name of Deceased Arthur Gilbert Boswell

Married Single Widowed Divorced (What Race)

Residence Davis City - rural Husband Wife Widow of Edel Boswell

Charge to Edel Boswell

Address Davis City

Order given by same (or informant)

How Secured _____

Occupation Farmer

Name of Employer self (Social Security Number) 484-12-6531

Address _____

Date of Death Jan 1 1943 7 P.M. (Date) (Hour)

Date of Birth Mar 13 1887 (Date) (Month) (Day)

Age 55 9 18 (Years) (Months) (Days)

Date of Funeral 1/4/43 Mon 2 P.M. (Date) (Day of Week) (Hour)

Services at Church of Christ, Davis City (Address)

Clergyman Rev. Campbell (Address)

Religion of the Deceased _____

Birthplace Iowa

Resided in the State 15 years (or U. S. City or County) (Years) (Months)

Place of Death Decatur Co. Hosp. Leam

Cause of Death Hodgkin disease

Contributory Causes _____

Certifying Physician A. M. Reed (or Coroner)

His Address Davis City

Name of Father Joseph Boswell

His Birthplace England

Maiden Name of Mother Elvira Jordan

Her Birthplace Iowa

Motor } Remains to _____
Ship }

Size of Casket 7.75 x 34.5 x 14.5 (State Color and Number)

Manufactured by R. H. T.

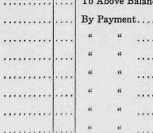
Interment at Leam { Cemetery } Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____



Sales Tax 1.79

Total Footing of Bill 180.79

Less 9% death of PD by law 11/1/43 9.00

Paid in full Jan 9/43 171.79

Entered into Ledger, page _____ or below.

Complete Funeral	\$ 179.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
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.	
(State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 179.00
Outlay for Lot	
Cremation	
line Death Notices in	Papers
(Names of Newspapers)	
Flowers, \$	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 or Motor	Aero-Service, \$
Tickets, \$	plane
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	1.79
Total Footing of Bill	\$ 180.79
Less 9% death of PD by law 11/1/43	\$ 9.00
<u>Paid in full Jan 9/43</u>	\$ 171.79
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Witness _____ Signed _____
Address _____

2 trip 80 Mch

RECORD OF FUNERAL

Total No. 1997 M. Yearly No. 3 Date Jan 10 1943

Name of Deceased William Arthur Grenawalt white

Residence Lamoni, Ia Married Single Widowed Divorced (What Race)

Charge to Sarah C. Grenawalt Husband Wife Widow Other Sarah C. Grenawalt

Address Lamoni

Order given by above (or informant)

How Secured

Occupation (Social Security Number)

Name of Employer

Address

Date of Death 1/6/43 2 P.M. (Date) (Hour)

Date of Birth 3/30/1873 (Date)

Age 69 9 6 (Years) (Months) (Days)

Date of Funeral 1/10/43 Jan 2 P.M. (Date) (Month) (Day of Week) (Hour)

Services at Coleseum

Clergyman (Address)

Religion of the Deceased L.D.S. (Address)

Birthplace Harrison Co. Mo.

Resided in the State 48 yrs. (or U.S. or City or County) (Years) (Months)

Place of Death Lamoni Ia

Cause of Death Angina Pectoris

Contributory Causes flu

Certifying Physician H.M. Hells (or Coroner)

His Address Lamoni

Name of Father John Grenawalt

His Birthplace Iowa

Maiden Name of Mother Fannie Robinson

Her Birthplace Illinoi

Motor Ship } Remains to Plymouth O.H.

Size of Casket R.O.T. (State Color and Number)

Manufactured by R.O.T.

Interment at Rose Hill { Cemetery Crematory

Lot No. 83

Grave No. 2

Section No.

Owner

Diagram of Lot or Vault

Entered into Ledger, page or below.

Complete Funeral	\$ 397 00
Casket	
Burial Vault or Box	(State Kled)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
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	
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.	(State Physician's or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 397 00
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	(Names of Newspapers)
Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	9 00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aero. plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	397
Total Footing of Bill	409 97
Less <u>5% 1/23/43 20 00</u>	
Balance	

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

Witness Signed Address

3 copies 10 miles

RECORD OF FUNERAL

Total No. 1998 M. Yearly No. 4 Date Jan 17 1943

Name of Deceased Joseph Shakespeare
 Married Single Widowed Divorced (What Race) W. Hill

Residence: Lanham, Ia Husband Wife Widow or... of Emma Rose Shakespeare

Charge to Mrs. E. Rose Shakespeare

Address Lanham, Ia

Order given by same (or informant)

How Secured

Occupation Farmer none (Social Security Number)

Name of Employer

Address

Date of Death Jan 15/1943 3 P.M. (Date) (Hour)

Date of Birth Dec 1 1893

Age 49 1 14 (Years) (Months) (Days)

Date of Funeral 1/17/43 Monday 2 P.M. (Date) (Day of Week) (Hour)

Services at White Marsh Chapel

Clergyman T. A. Beck - Rob. J. Ballantyne (Address)

Religion of the Deceased L.P.S.

Birthplace Lecatur Co. Ia

Resided in the State 49 yrs. (or U. S. City or County) (Years) (Months)

Place of Death Lecatur County, Ia

Cause of Death Cerebral Hemorrhage

Contributory Causes Hypertension

Arterio Sclerosis

Certifying Physician R. P. Brown (or Coroner)

His Address Lanham, Ia

Name of Father W. J. Shakespeare

His Birthplace Ia

Maiden Name of Mother Jane Willet

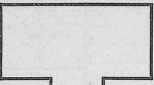
Her Birthplace Dubley, Penn.

Motor Ship } Remains to

Size of Casket 23 x gray plush (State Telephone Number)

Manufactured by Ross Casket Co.

Interment at Rose Hill { Cemetery } { Crematory }



Lot No. 1120
 Grave No. 2
 Section No.
 Owner

Complete Funeral	\$ 285.00
Casket	
Burial Vault or Box	
Embalming Body (State Kind)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress (State Kind and Color)	
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	
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. (State Physician's or Coroner's)	
Full Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 285.00
Outlay for Lot	
Cremation	
line Death Notices in Papers (Names of Newspapers)	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	9.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor Tickets, \$	Aero plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	285
Total Footing of Bill	\$ 296.85
Less <u>5% on or before Jan. 17, 1943</u>	
Balance	
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

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

Signed _____

Witness _____ Address _____

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

RECORD OF FUNERAL

Total No. 1999 M. Yearly No. 5 Date Feb. 3 1943

Name of Deceased Mattie Ann Jenkins
 Married Single Widowed Divorced (What Race) W. Hill

Residence Lamoni, Ia. Husband Wife Widow or of John Jenkins

Charge to P. A. O.

Address

Order given by John Jenkins (or informant)

How Secured

Occupation Housewife Name (Social Security Number) None

Name of Employer

Address

Date of Death Jan. 31, 1943 10 P.M. (Date) (Hour)

Date of Birth Dec. 10, 1869 (Date) (Hour)

Age 73 (Years) 1 (Months) 20 (Days)

Date of Funeral 2/3/43 Wed 11:30 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Buttave (Address)

Religion of the Deceased

Birthplace Indiana

Resided in the State 60 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Lamoni, Ia.

Cause of Death F. live

Contributory Causes Stroke

Certifying Physician H. M. Hill (or Coroner)

His Address Lamoni

Name of Father John F. Jones

His Birthplace Indiana

Maiden Name of Mother Sarah Ann Nickman

Her Birthplace Indiana

Motor Ship } Remains to Pleasanton, Ia.

Size of Casket P. A. O. (State Color and Number)

Manufactured by Pine Hill

Interment at Pleasanton Cemetery

Diagram of Lot or Vault Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 100 00
Casket	
Burial Vault or Box	
Embalming Body (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress (State Kind and Color)	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @	(State Mile)
Autos to R. R. Station @	
Getting Remains from	
Taking Remains to	
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.	
State Physician's or Coroner's	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax <u>No Tax</u>	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers	
Flowers, \$ (Names of Newspapers)	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 or Motor Tickets, \$	Auto-Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>No tax</u>	
Total Footing of Bill	\$ 100 00
Less	\$
Balance	\$
Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

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 Director.)

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.

Witness Signed

Address

RECORD OF FUNERAL

Total No. 2000 Yearly No. 6 Date Feb 7 1943

Name of Deceased Carrie P. Nelson
 Married Single Widowed Divorced (What Race) White

Residence Lamoni of James Nelson
 Charge to: P. A. P.

Address

Order given by

How Secured John Nelson (Informant)

Occupation Homemaker (Social Security Number) none

Name of Employer

Address

Date of Death Feb 5/43 6 A.M. (Hour)

Date of Birth Apr 4/1858 (Date)

Age 84 10 1 (Years) (Months) (Days)

Date of Funeral 2/4/43 Sunday 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Art. Lane (Address)

Religion of the Deceased

Birthplace Iceland

Resided in the State 50 yrs. (or U. S. City or County) (Years) (Months)

Place of Death Lamoni

Cause of Death Old Age

Contributory Causes Heart - Kidney

Certifying Physician H. M. Nells (or Coroner)

His Address Lamoni

Name of Father Peter Hansen

His Birthplace Norway

Maiden Name of Mother Hella Luamm

Her Birthplace Norway

Motor Ship } Remains to

Size of Casket P. A. P. (State Color and Number)

Manufactured by Rose Hill (Cemetery)

Interment at Rose Hill (Cemetery)

Lot No. 707

Grave No. 7

Section No.

Owner

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Complete Funeral	\$ 100 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	<u>No Tax</u>
Total Footing of Bill	\$ 100 00
Less	\$
Balance	\$
Entered into Ledger, page	or below.

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

Witness Signed

Address

7700 - 5 rule

RECORD OF FUNERAL

Total No. 2001 Yearly No. 7 Date Feb. 9, 1943
 Name of Deceased Alford P. Petersen
 Married Single Widowed Divorced
 Residence Rural, Near Audubon, Mo. (husband) (wife) (widow) of _____ of _____
 Charge to Estab. (What Rate)

Address _____
 Order given by Chris Petersen (or informant)
 How Secured _____
 Occupation Farming None (Social Security Number)
 Name of Employer Self
 Address _____
 Date of Death Feb. 7, 1943 4:30 AM (Date) (Hour)
 Date of Birth June 26, 1907 (Date)
 Age 35 7 11 (Years) (Months) (Days)
 Date of Funeral Feb. 9, 1943 2 P. M. (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman H. E. Shakespeare (Address)
 Religion of the Deceased _____
 Birthplace Rowley, Ia.
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Bethany, Ho. Hospital
 Cause of Death Uremia
 Contributory Causes Paralysis of Kidneys
 Certifying Physician Dr. Lydden (Name and Address)
 His Address Bethany, Mo.
 Name of Father Chris Petersen
 His Birthplace Denmark
 Maiden Name of Mother Mary Hansen
 Her Birthplace Denmark
 Motor Ship } Remains to _____
 Size of Casket State-Gray Road Coach (State Color and Number)
 Manufactured by Simpson Casket Co.
 Interment at Rose Hill Cemetery (Crematory)

Complete Funeral	\$ 387.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	13.50
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates	No. _____ (State Physician's or Coroner's)
Full Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 4.00 50
Outlay for Lot	
Cremation	
_____ line Death Notices in _____ Papers	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	2.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor	Tickets, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	4.00
Total Footing of Bill	\$ 413.50
Less <u>\$20.00</u> paid by Feb. 20, 1943	
<u>Paid in full 1/15/43</u>	
Entered into Ledger, page _____ or below.	

Diagram of Lot or Vault

Lot No. 376
 Grave No. 4
 Section No. _____
 Owner _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

2 Feb 70

RECORD OF FUNERAL

Total No. 2002 Yearly No. 8 Date Feb. 20 1943

Name of Deceased Merrilyn Kay Murray White
(What Race)

Married Single Widowed Divorced

Residence: West of Lamon Husband Wife Widow
or..... of

Charge to: Merril E Murray

Address: Lamon Ia

Order given by: same (or informant)

How Secured.....

Occupation..... none (Social Security Number)

Name of Employer.....

Address.....

Date of Death: Feb 18 1943 3 P.M. (Date) (Hour)

Date of Birth: Feb 24 1940 (Date) (Hour)

Age: 2 (Years) 11 (Months) 24 (Days)

Date of Funeral: 2/20/43 Sat 2:30 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Rev Dressler (Address)

Religion of the Deceased: Methodist (Address)

Birthplace: Lecom, Ia Hospital

Resided in the State: Ia (or U. S. or City or County) (Years) (Months)

Place of Death: Home west of Lamon (State Physician's or Coroner's Use of Chapel, \$)

Cause of Death: Congenital Heart Disease

Contributory Causes.....

Certifying Physician: K. R. Brown (or Coroner)

His Address: Lamon

Name of Father: Merril E Murray

His Birthplace: Maryville, Mo

Maiden Name of Mother: Corinne Clough

Her Birthplace: Courtland, Neb

Motor Ship } Remains to..... (State Color and Number)

Size of Casket: 3-0 White

Manufactured by: Ret

Interment at: Rose Hill { Cemetery

Lot No. 1121

Grave No. 4

Section No.....

Owner: Merril E Murray

Diagram of Lot or Vault.....

Complete Funeral.....	\$	
Casket..... <u>7 Oak</u>	30	00
Burial Vault or Box.....		
Embalming Body..... (State Kind)		10 00
Barber, \$..... (Name of Embalmer)		
Hair Dressing, \$.....		
Dressing Body, \$..... Underwear, \$.....		
Suit or Dress..... (State Kind and Color)		
Slippers, \$..... Hose, \$.....		20
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.....		
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..... (State Physician's or Coroner's Use of Chapel, \$)		
Pall Bearer Service, \$..... Use of Chapel, \$.....		
Personal Service, <u>including cost of car, chapel & equipment</u>		10 00
<u>Drive Walker</u>		2 50
Gross Total for Sales Tax.....	\$	52 70
Outlay for Lot.....		20 00
Cremation.....		
..... line Death Notices in..... Papers		
Flowers, \$..... (Names of Newspapers)		
Palms, \$..... Matting, \$.....		
Rental of Tent, \$..... of Temporary Vault, \$.....		
Opening of Grave or Tomb.....		5 00
Lining Grave, \$..... Lowering Device, \$.....		
Outlay for Shipping Charges.....		
Clergyman, \$..... Singers, \$..... Organist, \$.....		
Railroad } Tickets, \$..... Aero- plane Service, \$.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Sales Tax.....		53
Total Footing of Bill.....	\$	78 23
Less <u>Paid in Full 2/21/43</u>		
Balance.....	\$	

Entered into Ledger, page..... or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Witness..... Signed.....

Address.....

RECORD OF FUNERAL

Total No. 2,003 Yearly No. 9 Date Feb 22 1943

Name of Deceased Samuel Moses Sheets (Name of Embalmor) W.H.S.

Residence Near Plymfield, Mo. Married Single Widowed Divorced (What Race)

Charge to Mrs. Miss Sheet Husband Wife Widow Or of Bro. Sheets

Address Eagleville, Mo.

Order given by Mrs. Miss Sheet (or informant)

How Secured Cash 100%

Occupation Farmer (Social Security Number) none

Name of Employer ✓

Address ✓

Date of Death Feb 20 1943 6 AM (Date) (Hour)

Date of Birth Jan 8 1869 (Date) (Year) (Month) (Day)

Age 74 1 12 (Years) (Months) (Days)

Date of Funeral Feb 23 1943 2:30 P.M. (Date) (Day of Week) (Hour)

Services at Christian Church, Plymfield

Clergyman ✓ (Address)

Religion of the Deceased ✓

Birthplace Near Eagleville Mo.

Resided in the State Missouri (or U. S. in City or County) (Years) (Months)

Place of Death Between Eagleville & Plymfield

Cause of Death Coronary Embolism

Contributory Causes ✓

Certifying Physician Joe Wheeler, Corner (or Coroner)

His Address Bothany Mo

Name of Father Andrew J. Sheets

His Birthplace Ohio

Maiden Name of Mother Estimiss Shirley

Her Birthplace Delaware

Motor Ship } Remains to 232 H.C. Couch (State Color and Number)

Manufactured by Root

Interment at Eagleville Cemetery Crematory

Complete Funeral	\$ 85.00
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	<u>Suit</u> 8.50 (State Kind and Color)
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	
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.	(State Physician's or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 29.35
Outlay for Lot	
Cremation	
... line Death Notices in	Papers
(Names of Newspapers)	
Flowers, \$	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 or Motor	Tickets, \$
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	2.93
Total Footing of Bill	\$ 29.643
Less	5.92
Balance	\$ 28.721
Entered into Ledger, page	or below.

Lot No.	
Grave No.	
Section No.	
Owner	

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. 2004 Yearly No. 10 Date March 3, 1943

Name of Deceased Nellie M. Olsen
 Married Single Widowed Divorced (What Race)
 Residence Lamoni Ia Husband Wife Widow } Thomas E. Olsen
 or _____ of _____

Charge to: R. A. P.

Address _____

Order given by Ray Kofziger (or Informant)

How Secured _____

Occupation _____ (Social Security Number)

Name of Employer _____

Address _____

Date of Death Feb 28/43 1 P.M.
 (Date) (Hour)

Date of Birth Sept 28 1863
 (Date) (Year) (Month) (Day)

Age 79 5 0
 (Years) (Months) (Days)

Date of Funeral 3/3/43 Wed 2:30 P.M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Arthur Law, Wm. Loewen
 (Address)

Religion of the Deceased L.D.S.

Birthplace Illinois

Resided in the State 55 years
 (or U. S. or City or County) (Years) (Months)

Place of Death Peculiar County Hospital

Cause of Death Hangover, both legs

Contributory Causes Arterio Sclerosis

Certifying Physician Dr. S. P. Reed

His Address Davis City

Name of Father John Hanson

His Birthplace Norway

Maiden Name of Mother Mary Ann Seal

Her Birthplace New York State

(Motor Ship) Remains to _____

Size of Casket R. A. P.

Manufactured by Rim. Steel (State Color and Number)

Interment at Rose Hill Cemetery Crematory

Lot No. 729

Grave No. 2

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Entered into Ledger, page _____ or below.

Complete Funeral	\$ 100 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
—Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	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 Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	<u>Not Ass. No Tax</u>
Total Footing of Bill	\$ 100 00
Less	
Balance	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Print Name of Funeral Director.)
 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.

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. 7,005 Yearly No. 11 Date March 15 1943

Name of Deceased Frederick Edworthy
 Married Single Widowed Divorced (What Race) White

Residence L. D. S. Home, Lamoni, Ia.
 Husband Wife Widow or of }

Charge to: P. A. P.

Address

Order given by T. A. Beck (or informant)

How Secured

Occupation none (Social Security Number) none

Name of Employer

Address

Date of Death March 13, 1943 8 A.M. (Date) (Hour)

Date of Birth Apr 3, 1863 (Date) (Hour)

Age 79 (Years) 11 (Months) 10 (Days)

Date of Funeral 3/15/43 Mon 2:30 P.M. (Date) (Day of Week) (Hour)

Services at L. D. S. Home

Clergyman Chas. Harpe (Address)

Religion of the Deceased L. D. S.

Birthplace England

Resided in the State 20 years (or Town, City or County) (Years) (Months)

Place of Death L. D. S. Home, Lamoni

Cause of Death Carcinoma of Stomach

Contributory Causes

Certifying Physician K. R. Brown (or Coroner)

His Address Lamoni Ia.

Name of Father William Edworthy

His Birthplace England

Maiden Name of Mother May Harris

Her Birthplace England

Motor Ship } Remains to P. A. P. (State Colonial Number)

Manufactured by Pine Valley

Interment at Rose Hill { Cemetery Crematory

Lot No. 1521

Grave No. 2

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$ 1.00	00
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress		
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		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
Flowers, \$	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 or Motor	Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax <u>No Tax State Funeral</u>		
Total Footing of Bill	\$ 1.00	00
Less	\$	
Balance	\$	
Entered into Ledger, page		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 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 Address

Witness

RECORD OF FUNERAL

145

Total No. 2006 Yearly No. 12 Date March 19 1943

Name of Deceased Mary Alice France
 Married Single Widowed Divorced (What Race)

Residence Lamoni Ia Husband Wife Widow M.A. France

Charge to Tom France

Address Lamoni Ia

Order given by Tom & Dave France
 (or informant)

How Secured _____

Occupation Housewife None
 (Social Security Number)

Name of Employer _____

Address _____

Date of Death March 17 1943 11AM
 (Date) (Hour)

Date of Birth Jan 2 1863
 (Date)

Age 80 2 15
 (Years) (Months) (Days)

Date of Funeral 3/19/43 Friday 2:30 P.M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Roy Chevill (Address)

Religion of the Deceased 202

Birthplace Keovane, Ill.

Resided in the State 50 years
 (or U. S. of City or County) (Years) (Months)

Place of Death Lamoni Ia

Cause of Death _____

Contributory Causes _____

Certifying Physician H. P. Brown
 (or Coroner)

His Address Lamoni Ia

Name of Father Abraham Atkinson

His Birthplace England

Maiden Name of Mother Mary Most

Her Birthplace England

Motor Ship } Remains to _____

Size of Casket Reg. State Rose Cedar
 (State Color and Number)

Manufactured by Reg. Metalls

Interment at Rose Hill { Cemetery
 Crematory

Lot No. 1543

Grave No. 3

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Entered into Ledger, page _____ or below.

Complete Funeral	\$ 269.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No.	
_____ (State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 269.00 X
Outlay for Lot	
Cremation	
_____ line Death Notices in _____ Papers	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	10.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad (or Motor) Tickets, \$	Aero-planes Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	17.0
Total Footing of Bill	\$ 281.69
Less <u>5% - 10 day</u> <u>19.58</u>	\$
<u>Balance</u>	\$ 269.00

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

RECORD OF FUNERAL

Total No. 2007 Yearly No. 13 Date March 23, 1943

Name of Deceased Anna Aurelia Lasley
 Married Single Widowed Divorced (What Race)
 Residence Lamoni, Ia of Frank Lasley

Charge to Frank Lasley
 Address Lamoni, Ia
 Order given by same (or informant)
 How Secured

Occupation none (Social Security Number)
 Name of Employer
 Address

Date of Death Mar. 21/1943 7 A.M. (Date) (Hour)
 Date of Birth Oct. 2, 1877
 Age 65 4 29 (Years) (Months) (Days)

Date of Funeral 3/22/43 Mon 2 P.M. (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Chas. Harp (Address)

Religion of the Deceased
 Birthplace Peoria, Ill.
 Resided in the State 5 years (or U.S. or City/County) (Years) (Months)

Place of Death Decatur County Hosp.
 Cause of Death Influenza
 Contributory Causes Malnutrition

Certifying Physician H. M. Hill (or Coroner)
 His Address Lamoni
 Name of Father Isaac Baggerly
 His Birthplace Iud.

Maiden Name of Mother Francis Parton
 Her Birthplace Iud.
 Remains to Tulsa, Okla.
 Size of Casket Hael Cuch # 232 (State Color and Number)

Manufactured by Ryan
 Interment at Tulsa, Okla. { Cemetery Crematory

Complete Funeral \$ 285.00
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress \$ 7.01 Silver 7.75
 Slippers, \$ Hose, \$ 2.37 2.37
 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
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No. (State Number and District)

Pail Bearer Service, \$ Use of Chapel, \$
 Personal Service
 Gross Total for Sales Tax \$ 295.12
 Outlay for Lot
 Cremation
 line Death Notices in Papers (Names of Newspapers)

Flowers, \$ 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- or Motor plane Service, \$
 Telegr., Phone, Cable or Radio Charges 4.03
 Cash Advanced
 Out of town Undertaker's Charges

Sales Tax 2.95
 Total Footing of Bill \$ 302.10
 Less 10.00 pd. \$ 292.10
 Balance \$ 292.10
 Entered into Ledger, page or below

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Apr. 1</u>	To Above Balance	\$ <u>292.10</u>		To Balance Forward	\$
<u>Apr. 10</u>	By Payment	\$ <u>60.00</u>		By Payment	\$
<u>June 30</u>	" "	\$ <u>60.00</u>		" "	\$
<u>Aug. 16</u>	" "	\$ <u>40.00</u>		" "	\$
" "	" "	\$		" "	\$
" "	" "	\$		" "	\$
" "	" "	\$		" "	\$
" "	" "	\$		" "	\$
" "	" "	\$		" "	\$

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 pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed _____
 Witness _____
 Address _____

Filed to her on 8.10.43

RECORD OF FUNERAL

Total No. 2008 Yearly No. 14 Date March 27 1943

Name of Deceased Moses Williams
 Married Single Widowed Divorced (What Race)

Residence Independence, Mo.
 Husband Wife Widow }
 or _____ of _____

Charge to _____
 Address _____

Order given by _____
 (or Informant)

How Secured _____
 (Name of Embalmer)

Occupation _____
 (Social Security Number)

Name of Employer _____
 Address _____

Date of Death _____
 (Date) (Hour)

Date of Birth _____
 (Date) (Hour)

Age _____
 (Years) (Months) (Days)

Date of Funeral Mar. 27, 1943 10 A.M.
 (Date) (Day of Week) (Hour)

Services at grave service
 (Address)

Clergyman J. Barr
 (Address)

Religion of the Deceased _____
 Birthplace _____

Resided in the State _____
 (or U. S. or City or County) (Years) (Months)

Place of Death _____
 Cause of Death _____

Contributory Causes _____

Certifying Physician _____
 (or Coroner)

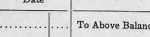
His Address _____

Name of Father _____
 His Birthplace _____

Maiden Name of Mother _____
 Her Birthplace _____

Motor } Remains to _____
 Ship }
 Size of Casket _____
 (State Color and Number)

Manufactured by _____
 Interment at _____ { Cemetery
 Crematory



Lot No. 835
 Grave No. 3
 Section No. _____
 Owner _____

Complete Funeral <u>Ship In</u>	\$ 20 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No.	
Personal Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
_____ line Death Notices in _____ Papers	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Aero- } plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>all service no. tax</u>	
Total Footing of Bill	\$ 20 00
Less _____	
Balance <u>paid in full</u>	\$
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

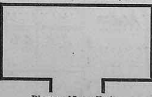
Witness _____ Signed _____
 Address _____

RECORD OF FUNERAL

Total No. 2009 Yearly No. 15 Date April 14 ~~March 14~~ 1943
 Name of Deceased Susan Louise Hayer White
 Married Single Widowed Divorced (What Race)
 Residence Lamoni, Ia Oliver Hayer
 Charge to Estate of Susan Hayer
 Address _____
 Order given by Lucille Spague
 How Secured _____
 Occupation Housewife
 Name of Employer _____
 Address _____

Date of Death April 12, 1943
 Date of Birth Mar 31, 1869
 Age 74
 Date of Funeral 4/14/43 Wed 2:30 P.M.
 Services at Chapel
 Clergyman Roy Charles - T.D. Beck
 Religion of the Deceased L. D. S.
 Birthplace _____
 Resided in the State _____
 Place of Death Independence, Mo.
 Cause of Death Senile Dementia
 Contributory Causes _____

Certifying Physician _____
 His Address _____
 Name of Father _____
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor Ship } Remains to _____
 Size of Casket Cedar, Velvet 1/2 cover
 Manufactured by Simpson
 Interment at Rose Hill { Cemetery
 Crematory



Lot No. 458
 Grave No. 4
 Section No. _____
 Owner _____

Complete Funeral	\$ 317.00
Casket	<u>included</u>
Burial Vault or Box	<u>included</u>
Embalming Body	<u>Caulley Funeral Home</u>
Barber, \$	<u>Hair Dressing, \$</u>
Dressing Body, \$	<u>Underwear \$</u>
Suit or Dress	<u>H. G. 76 Rosewood \$ 11.95</u>
Slippers, \$	<u>Hose, \$</u>
Folding Chairs, \$	<u>Tarpaulin, \$</u>
Candelabrum, \$	<u>Candles, \$</u>
Door Spray, \$	<u>Gloves, \$</u>
Funeral Car, \$	<u>Ambulance, \$</u>
Limousines to Cemetery	<u>@ \$</u>
Autos to R. R. Station	<u>@ \$</u>
Getting Remains from	<u>Independence N.C.</u>
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
— Certif. Copies of Death Certificates No.	
Pal Bearer Service, \$	<u>Use of Chapel, \$</u>
Personal Service	
Gross Total for Sales Tax	\$ 328.95
Outlay for Lot	
Cremation	
... line Death Notices in	<u>Papers</u>
Flowers, \$	<u>Palms, \$</u> <u>Matting, \$</u>
Rental of Tent, \$	<u>of Temporary Vault, \$</u>
Opening of Grave or Tomb	<u>9.00</u>
Lining Grave, \$	<u>Lowering Device, \$</u>
Outlay for Shipping Charges	
Clergyman, \$	<u>Singers, \$</u> <u>Organist, \$</u>
Railroad or Motor Tickets, \$	<u>Aero-plane Service, \$</u>
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	<u>15.00</u>
Sales Tax	<u>3.29</u>
Total Footing of Bill	\$ 351.24
Less <u>5% on 328.95</u> by <u>Chapel</u> <u>16.42</u>	\$ 339.79
Balance	<u>415.43</u>
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

RECORD OF FUNERAL

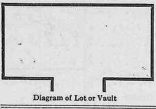
Total No. 2010 Yearly No. 16 Date April 27 1943
 Name of Deceased Dalen T. Konopasek
 Married Single Widowed Divorced (What Race) White

Residence Rural, near Lou Rock
 Charge to Frank Konopasek
 Address Harfield Mo
 Order given by Frank Konopasek
 (or informant)
 How Secured _____
 Occupation student
 (Social Security Number) _____
 Name of Employer _____

Address _____
 Date of Death April 25/43 7 AM
 (Date) (Hour)
 Date of Birth Sept 18 1925
 (Date) (Month) (Year)
 Age 17 8 7
 (Years) (Months) (Days)
 Date of Funeral Apr 27/43 Tues 2:30 P.M.
 (Date) (Day of Week) (Hour)

Services at M. E. Church, Eaglebeak
 Clergyman Ray Chevill Ted Beck
 (Address)
 Religion of the Deceased C. D. D.
 Birthplace Clearwater, Neb.
 Resided in the State 3 yrs
 (or U. S. or City or County) (Years) (Months)
 Place of Death Bethany, Mo
 Cause of Death Eveng carcinoma left knee
 Contributory Causes _____

Certifying Physician H. P. Lyddan
 (or Coroner)
 His Address Bethany, Mo
 Name of Father Frank Konopasek
 His Birthplace Chesno Slavosha
 Maiden Name of Mother Lothe Gatorby
 Her Birthplace Archard, Neb.
 Motor Ship } Remains to _____
 Size of Casket Half Couch Gray
 (State Color and Number)
 Manufactured by Rep.
 Interment at Rose Hill Cemetery
 Crematory



Lot No. 1100
 Grave No. 2
 Section No. _____
 Owner _____

Complete Funeral	\$ 227 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	

Gross Total for Sales Tax	\$ 227 00
Outlay for Lot <u>Residual will take care of</u>	20 00
Cremation	
_____ line Death Notices in _____ Papers	

Flowers, \$	Palms, \$	Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb			8 00
Lining Grave, \$	Lowering Device, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$	Organist, \$	
Railroad } Tickets, \$	Aero } plane Service, \$		
or Motor } Tickets, \$	Telegr., Phone, Cable or Radio Charges		
Cash Advanced			
Out of town Undertaker's Charges			
Sales Tax			2 27
Total Footing of Bill			257 27
Less <u>800.00 Section</u>			8 00
Balance			\$ 49 27

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Apr 27/43	To Above Balance	\$ 227 27		To Balance Forward	\$
" 28/43	By Payment <u>T.A. Beck</u>	\$ 59 27		By Payment	\$
May 28/43	" " <u>Ch.</u>	\$ 149 91		" "	\$
	" "	\$		" "	\$
	" "	\$ 20 09		" "	\$
Sept 25/43	" " <u>Ch.</u>	\$ 20 00		" "	\$
	" " <u>Pd in Full</u>	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 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 _____
 Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 2011 Yearly No. 17 Date April 29 1943

Name of Deceased George S. Foreman
 Married Single Widowed Divorced (What Race)

Residence Lamoni, Ia
 Husband Wife Widow or _____ of _____

Charge to Mrs. E. C. McCook

Address _____
 Order given by Mrs. M. C. Cook (or informant)

How Secured _____
 Occupation Merchant (Social Security Number)

Name of Employer himself

Date of Death Apr 26 1943 7 PM (Date) (Hour)

Date of Birth Mar 14 1867 (Date) (Hour)

Age 76 1 12 (Years) (Months) (Days)

Date of Funeral Apr 29 1943 Thurs 2 P. M. (Date) (Day of Week) (Hour)

Services at Coleseum
 Clergyman Rev. Chevill (Address)

Religion of the Deceased _____
 Birthplace Laurence, Mich

Resided in the State 63 yrs (for U. S. Gov. City or County) (Years) (Months)

Place of Death Lea Hosp. & Cem. Ia
 Cause of Death Crosis of Liver

Contributory Causes _____
 Certifying Physician Dr. Reed (or Coroner)

His Address Davis City
 Name of Father John Foreman

His Birthplace England
 Maiden Name of Mother Lucy Setchel

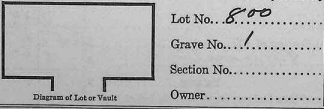
Her Birthplace England
 Motor Ship } Remains to _____

Size of Casket Breaker
 Manufactured by Ross (State, Color and Number)

Interment at Rose Hill Cemetery Crematory

Complete Funeral	\$ 285.00
Casket	
Burial Vault or Box <u>Rockolite Vault</u>	120.00
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	

Gross Total for Sales Tax	\$ 405.00	
Outlay for Lot		
Cremation		
_____ line Death Notices in _____ Papers		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	_____ of Temporary Vault, \$	
Opening of Grave or Tomb		10.00
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax	450	
Total Footing of Bill	\$ 419.50	
Less <u>paid by May 10 30</u>		
<u>paid in Fall 58/43 399.00</u>		
Entered into Ledger, page _____ or below.		



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Address _____
 Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 2012 Yearly No. 18 Date May 11 1943

Name of Deceased Jacob Alexander Cole Married Single Widowed Divorced (What Race) white

Residence Landon, La Husband Wife Parent Other of Sarah Cole

Charge to Mrs. Jacob Cole

Address Landon

Order given by Mrs. Jacob Cole (Informant)

How Secured _____

Occupation Farming none (Social Security Number)

Name of Employer himself

Address _____

Date of Death May 8 1943 9 P.M. (Hour)

Date of Birth Feb 19 1865

Age 75 2 19 (Years) (Month) (Days)

Date of Funeral May 11 1943 - Tues. 2:30 P.M. (Date) (Day of Week) (Hour)

Services at chapel

Clergyman _____ (Address)

Religion of the Deceased L.D.D.

Birthplace Greenwood, Virginia

Resided in the State 32 years (or U. S. or City or County) (Years) (Months)

Place of Death Home near Landon

Cause of Death _____

Contributory Causes _____

Certifying Physician _____ (or Coroner)

His Address _____

Name of Father Fayette Cole

His Birthplace Penn.

Maiden Name of Mother Susan Denty

Her Birthplace Virginia

Motor } Remains to _____
Ship } _____

Size of Casket 6 ft 11 in (State Color and Number) wood

Manufactured by Root

Interment at Rose Hill { Cemetery Crematory

Lot No. 1567

Grave No. 3

Section No. _____

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	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.

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

Witness _____ Signed _____ Address _____

Complete Funeral	\$ 236.00
Casket	325.00
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____	
_____ (State Physician's or Coroner's)	
_____ Use of Chapel, \$	
Personal Service	
	325.00
Gross Total for Sales Tax	\$ 236.00
Outlay for Lot	
Cremation	
_____ line Death Notices in _____ Papers	
Flowers, \$ _____ (Names of Newspapers)	
Palms, \$ _____	Matting, \$ _____
Rental of Tent, \$ _____	of Temporary Vault, \$ _____
Opening of Grave or Tomb	<u>A. MARSHALL</u> 9.00
Lining Grave, \$ _____	Lowering Device, \$ _____
Outlay for Shipping Charges	
Clergyman, \$ _____	Singers, \$ _____
Organist, \$ _____	
Railroad or Motor Tickets, \$ _____	Aero-Service, \$ _____
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
<u>Columbus rental</u>	5.00
Sales Tax	3.25
Total Footing of Bill	\$ 252.26
Less <u>Root is charge 16.25</u>	\$ 342.25
<u>John full 16.25</u>	\$ 325.00

RECORD OF FUNERAL

Total No. 2013 Yearly No. 19 Date May 12 1943

Name of Deceased Arthur Porter Blake
 Married Single Widowed Divorced (What Race)

Residence Rural, near Lamon Husband Wife Widow of Beatrice B. Blake

Charge to Beatrice B. Blake

Address Lamon, Ia.

Order given by above (or informant)

How Secured

Occupation Farming none (Social Security Number)

Name of Employer self

Address

Date of Death May 8, 1943 2:30 AM (Date) (Hour)

Date of Birth July 16, 1882 (Date)

Age 60 9 22 (Year) (Month) (Days)

Date of Funeral 5/11/43 Wed 2:30 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Vincent H. Gray, Art Lave (Address)

Religion of the Deceased

Birthplace Harrison Co., Mo.

Resided in the State 22 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Homes, near Lamon

Cause of Death Coronary occlusion

Contributory Causes

Certifying Physician K. R. Brown (or Coroner)

His Address Lamon

Name of Father Albert Blake

His Birthplace Ill.

Maiden Name of Mother Mary Jane Lowe

Her Birthplace Ill.

Motor Ship) Remains to

Size of Casket Blake (State Color and Number)

Manufactured by Ross

Interment at Rose Hill { Cemetery Crematory

Lot No. 147.1

Grave No. 1

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral with casket \$ 285.00

Casket

Burial Vault or Box P. Laita Vault \$ 120.00 (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

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

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.

Pall Bearer Service, \$ Use of Chapel, \$ (State Physician's or Coroner's)

Personal Service

Gross Total for Sales Tax \$

Outlay for Lot 1971 \$ 40.00

Cremation

line Death Notices in Papers

Flowers, \$ (Names of Newspapers) Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb \$ 10.00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad Tickets, \$ (Railroad or Motor) plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax \$ 4.05

Total Footing of Bill \$ 0

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
May 15	To Above Balance	\$	To Balance Forward	\$	
" 15	By Payment <u>Nutland Blake</u>	\$ 146.25	By Payment	\$	
" 24	" <u>Beard Blake</u>	\$ 146.25	" "	\$	
" 27	" <u>Mary Jane Johnston</u>	\$ 146.25	" "	\$	
" "	" "	\$	" "	\$	
" "	" "	\$	" "	\$	
" "	" "	\$	" "	\$	
" "	" "	\$	" "	\$	
" "	" "	\$	" "	\$	
" "	" "	\$	" "	\$	

Insurance \$ Names of Lodges Insurance Companies

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

Witness Address

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

RECORD OF FUNERAL

153

Total No. 2014 Yearly No. 20 Date May 24 1943

Name of Deceased Nelen Gertrude Barth
 Married Single Widowed Divorced (What Race) White

Residence: Rural, near Lamoni Husband Wife Other of Ellen Barth

Charge to: Ellen Barth

Address: Lamoni Ia

Order given by: Ellen Barth
(or informant)

How Secured _____

Occupation: homemaker none
(Social Security Number)

Name of Employer _____

Address _____

Date of Death: May 22, 1943 2:45 AM
(Date) (Hour)

Date of Birth: April 11, 1896
(Date)

Age: 47 1 11
(Years) (Months) (Days)

Date of Funeral: May 24/43 Monday 2 P.M.
(Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Thos. Williams, Paul Campbell
(Address)

Religion of the Deceased: C.P.

Birthplace: Scraper County

Resided in the State: lifetime
(or U. S. or City or County) (Years) (Months)

Place of Death: near Lamoni

Cause of Death _____

Contributory Causes _____

Certifying Physician _____
(or Coroner)

His Address _____

Name of Father: Wm. T. Shakespeare

His Birthplace: Ia.

Maiden Name of Mother: Jane Willets

Her Birthplace: Ia.

Motor Ship } Remains to _____
(State Color and Number)

Size of Casket: double # Archid

Manufactured by: Geo.

Interment at: Rose Hill Cemetery Crematory

Lot No.: 1111

Grave No.: 4

Section No. _____

Owner _____

Entered into Ledger, page _____ or below.

Complete Funeral	\$ 259.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress	7.95
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	266.95
Outlay for Lot	10.00
Cremation	
line Death Notices in	Papers
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	9.00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad or Motor Tickets, \$	
Aero. Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	285.95
Less: <u>Cash on selection</u>	89.00
Balance	196.95

Date	To Above Balance	Amount Paid	Balance
7/2/43	By Payment	\$ 40.00	\$ 196.95
8/2/43	" "	40.00	156.95
9/10/43	" "	40.00	116.95
10/11/43	" "	40.00	76.95
11/9/43	" "	40.00	36.95
		36.95	0.00

Paid in full

Insurance \$ _____
Name of Lodging 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 _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____
 Address _____

RECORD OF FUNERAL

Total No. 2015 Yearly No. 21 Date June 5 1943
 Name of Deceased Minnie Moffett Married Single Widowed Divorced (What Race) White
 Residence Lamar, Ia Husband Wife Widow of _____ of _____
 Charge to: estab.
 Address _____
 Order given by Geo. Donelson & Parrie Moffett (or persons)
 How Secured _____
 Occupation waitress - 488-14-3890 (Social Security Number)
 Name of Employer unemployed
 Address _____
 Date of Death June 3 1943 5 A.M. (Date) (Hour)
 Date of Birth 1896
 Age 47 (Years) (Months) (Days)
 Date of Funeral 9/5/43 Sat 2 P. M. (Date) (Day of Week) (Hour)
 Services at Lamar, W. E. Church
 Clergyman H. A. Pollock Helman City Mo.
 Religion of the Deceased Methodist
 Birthplace Harrison Co., W. Va.
 Resided in the State 5 (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp. St. Joseph, Mo.
 Cause of Death pericarditis - endocarditis
 Contributory Causes _____
 Certifying Physician _____
 His Address _____ (or Coroner)
 Name of Father _____
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor Ship } Remains to _____
 Size of Casket 232 H. Couch (State Color and Number)
 Manufactured by Ross
 Interment at Rose Hill { Cemetery }
 Lot No. 1458
 Grave No. 3
 Section No. _____
 Owner _____

Complete Funeral	\$ 285.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	(Name of Embalmer) Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____	(State Number and District)
_____	Cert. Copies of Death Certificates No. _____
Funeral Home Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 285.00
Outlay for Lot No. <u>1458</u>	20.00
Cremation	
_____	line Death Notices in _____ Papers
Flowers, \$	(Names of Newspapers) Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	9.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad Tickets, \$	Organist, \$
Telegr., Phone, Cable or Radio Charges	Aero-Service, \$
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	285
Total Footing of Bill	\$ 316.85
Less <u>Balance Paid</u>	\$ 32.62
Entered into ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 Director.)
 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 _____
 Address _____
 Witness _____

RECORD OF FUNERAL

155

Total No. 2016 Yearly No. 22 Date June 9 1943

Name of Deceased Gordon Eugene Hatenby white
 Married Single Widowed Divorced (What Race)

Residence: Hallatin, Mo. Husband Wife of

Charge to: Floyd Hatenby

Address: Hallatin, Mo.

Order given by: Floyd Hatenby (informant)

How Secured: _____

Occupation: Student (Social Security Number)

Name of Employer: _____

Address: _____

Date of Death: June 7 1943 8 A.M. (Date) (Hour)

Date of Birth: Aug 23 1929 (Date) (Hour)

Age: 13 (Years) 9 (Months) 14 (Days)

Date of Funeral: 6/9/43 Wed. 2:30 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Roy Chevill (Address)

Religion of the Deceased: DP

Birthplace: Richard, Neb.

Resided in the State: _____ (or U. S. or City or County) (Year) (Month)

Place of Death: Bethany Hosp., Bethany, Mo.

Cause of Death: Acute Appendicitis

Contributory Causes: ruptured appendix and general peritonitis

Certifying Physician: H. R. Brown (or Coroner)

His Address: Lamora

Name of Father: Floyd Hatenby

His Birthplace: Richard, Neb.

Maiden Name of Mother: Maya R. Reth

Her Birthplace: Dodds, Neb.

Motor Ship } Remains to _____

Size of Casket: #100 Mahogany Marlborough (Style Color and Number)

Manufactured by: Simon

Interment at: Rose Hill { Cemetery Crematory

Lot No. 1090

Grave No. 7

Section No. _____

Owner: _____

Diagram of Lot or Vault: 

Complete Funeral	\$ 317 00	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress (State Kind and Color)		
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		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District)		
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$ 317 00	
Outlay for Lot	20 00	
Cremation		
line Death Notices in Papers (Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		9 00
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad (or Motor) Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		8 17
Total Footing of Bill		\$ 349 17
Less <u>Discount</u>		16 00
<u>Balance Full June 10/43</u>		\$ 333 17
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. 2016 Yearly No. 23 Date June 14 1943

Name of Deceased Emily H Bower

Residence Rural - Near Lone Rock Married Single Widowed Divorced (What Race)
 Husband Wife Widow of Sam H. Bower

Charge to: E. H. Bower

Address

Order given by E. H. Bower (or Informant)

How Secured signed order

Occupation Housewife (Social Security Number)

Name of Employer

Address

Date of Death June 13 1943 6 A.M. (Date) (Hour)

Date of Birth Aug 23 1867 (Date) (Day of Week) (Hour)

Age 75 9 20 (Years) (Months) (Days)

Date of Funeral 6/14/43 Mon 2:30 P.M. (Date) (Day of Week) (Hour)

Services at Lone Rock church

Clergyman Art. Lane - Paul Campbell (Address)

Religion of the Deceased

Birthplace Near Albany Mo.

Resided in the State Lifelong (or U. S. or City or County) (Years) (Months)

Place of Death Farm near Lone Rock, Mo.

Cause of Death Leukemia - T. B. lung

Contributory Causes

Certifying Physician Joe Wheeler Coroner (or Coroner)

His Address Bethany Mo

Name of Father Thos. S. Holloway

His Birthplace Mo.

Maiden Name of Mother Evelyn Mc Gee

Her Birthplace Kentucky

Motor Ship } Remains to Lone Rock Cemetery

Size of Casket Shrine

Manufactured by R. P. A. (State, Color and Number)

Interment at Lone Rock { Cemetery (Crematory)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 236 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	<u>Miss</u> 7 95
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 243 95
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	(Names of Newspapers) 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 Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	2 43
Total Footing of Bill	\$ 246 38
Less <u>Recd by July 10 1943</u>	
<u>Del July 14 1943</u>	\$ 237 00
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

157

Total No. 2017 Yearly No. 24 Date June 28 1943

Name of Deceased Charley Arthur Bowen White
(What Race)

Residence: Rural - Near Low Rock Married Single Widowed Divorced Husband Wife Widow of Leona Bowen

Charge to Leona Bowen

Address Englewood Mo.

Order given by above (or informant)

How Secured _____

Occupation Farmer (Social Security Number) _____

Name of Employer self

Address _____

Date of Death June 26/43 10:30 AM (Date) (Hour)

Date of Birth July 20, 1870 (Date)

Age 72 11 6 (Years) (Months) (Days)

Date of Funeral 6/28/43 Mon 3 - P. M. (Date) (Day of Week) (Hour)

Services at Low Rock Church

Clergyman Art Lane T. D. Beck (Address)

Religion of the Deceased _____

Birthplace Harmon County - Mo.

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Bethany Mo. (State Physician's or Coroner's)

Cause of Death Cerebral Hemorrhage

Contributory Causes Hypertension

Certifying Physician D. S. Reed (or Coroner)

His Address Bethany Mo.

Name of Father Uriah Bowen

His Birthplace Not known

Maiden Name of Mother Elizabeth Moore

Her Birthplace Kentucky

Motor Ship } Remains to _____ (State Color and Number)

Size of Casket 12x14x11 Solid Cherry

Manufactured by Root

Interment at Low Rock { Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$ 458.00	plus 20%
Casket	44.30	
Burial Vault or Box		
Embalming Body		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress		
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		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$ 443.00	
Outlay for Lot		
Cremation		
line Death Notices in		Papers
Flowers, \$		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 or Motor Tickets, \$		Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Underwriter's Charge - Vault		11.50
Trip after vault		10.88
		5.58
Sales Tax		
Total Footing of Bill	\$ 573.87	
Less <u>443.28</u>		
Balance	\$ 130.59	
Entered into Ledger, page _____ or below _____		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (First Name of Funeral Director.) 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.

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. 1018 Yearly No. 26 Date July 28 1943

Name of Deceased Ruby Arnold Parker (What Race)

Residence Mar Lamoni, Ia Married Single Widowed Divorced alive Parker

Charge to: Mrs. Olive Parker

Address Lamoni, Ia

Order given by above (or informant)

How Secured

Occupation Farmer & Auctioneer 18-5-01-9274 (Social Security Number)

Name of Employer self employed

Address

Date of Death July 25 1943 3 P.M. (Date) (Hour)

Date of Birth May 1 1885 (Date) (Hour)

Age 58 (Years) 2 (Months) 24 (Days)

Date of Funeral 7/28/43 Wed 2:00 P.M. (Date) (Day of Week) (Hour)

Services at Davis City, M.E. Church

Clergyman Art Lane (Address)

Religion of the Deceased

Birthplace Decatur Co. Ia

Resided in the State Iowa (or U.S. or City or County) (Years) (Months)

Place of Death Home near Lamoni

Cause of Death Coronary Occlusion

Contributory Causes Mitral stenosis

.. insufficiency

Certifying Physician K. R. Brown (or Coroner)

His Address /

Name of Father James F. Parker

His Birthplace Iowa

Maiden Name of Mother Beatha R. Patterson

Her Birthplace Iowa

Motor Remains to Davis City

Size of Casket Reg. Stab. Rose Tan (State, Color and Number)

Manufactured by Rex Metal

Interment at I.O.O.F. Cem. Davis City Cemetery Crematory

Lot No.

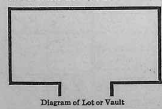
Grave No.

Section No.

Owner

Entered into Ledger, page or below

Complete Funeral	\$ 269.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ 7.75 - 13.00	14.00
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 283.00
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	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- or Motor Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	283
Total Footing of Bill	\$ 285.83
Less 500 - 1428	271.55
Balance	
Entered into Ledger, page or below	



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$ 285.83		To Balance Forward	\$
Aug 23/43	By Payment Cash \$ 100.00	\$ 185.83		By Payment	\$
" "	" " " \$ 5.00	\$ 180.83		" "	\$
Nov 20/40	" " " \$ 180.83	\$		" "	\$
" "	" " " \$ P. J. Feineman	\$		" "	\$
" "	" " " \$	\$		" "	\$
" "	" " " \$	\$		" "	\$
" "	" " " \$	\$		" "	\$

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 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 Address Witness

RECORD OF FUNERAL

Total No. 2020 Yearly No. 27 Date Aug 17 1943

Name of Deceased Stella May Wiley Married Single Widowed Divorced (What Race)

Residence Lamon Husband Wife Widow or of D. E. Wiley

Charge to O. A. P.

Address

Order given by D. E. Wiley (or informant)

How Secured

Occupation Housewife None (Social Security Number)

Name of Employer

Address

Date of Death Aug 14/43 11:45 P.M. (Date) (Hour)

Date of Birth Feb 12 1871 (Date) (Day of Week) (Hour)

Age 72 6 2 (Years) (Months) (Days)

Date of Funeral 8/17/43 Tues 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Robt Ballantyne Art Lane (Address)

Religion of the Deceased

Birthplace Harrison Co. Mo.

Resided in the State 56 yrs (or U. S. or City or County) (Years) (Months)

Place of Death DeCATUR Co. Hosp. 2 mi. (State Physician's or Coroner's)

Cause of Death Carcinoma of Brain

Contributory Causes

Certifying Physician D. J. W. Wailes (or Coroner)

His Address Davis City

Name of Father Joseph Hunt

His Birthplace not known

Maiden Name of Mother Sara Rakestraw

Her Birthplace not known

Motor Ship } Remains to O. A. P.

Size of Casket

Manufactured by Pine Bluff (State Color and Number)

Interment at Rose Hill { Cemetery Crematory

Lot No. 1516

Grave No. 3

Section No.

Owner

Complete Funeral \$ 100 00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Autos to R. R. Station @ \$

Taking Remains from

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. (State Physician's or Coroner's)

Personal Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

..... line Death Notices in Papers

Flowers, \$ (Names of Newspapers)

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad or Motor } Tickets, \$ Aero-Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax No Tax

Total Footing of Bill \$ 100 00

Less pd in full Sept 20/43 \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 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 (Print Name of Funeral Directors)

Witness Address

RECORD OF FUNERAL

161

Total No. 2021 Yearly No. 28 Date Sept 7 1943

Name of Deceased Joseph Arthur Johnson
 Married Single Widowed Divorced (What Race)
 Residence Barnum, Minn Husband Wife Widow
 or..... of

Charge to.....
 Address.....
 Order given by.....
(or informant)
 How Secured.....
 Occupation.....
(Social Security Number)
 Name of Employer.....
 Address.....
 Date of Death Sept 1 1943
(Date) (Hour)
 Date of Birth.....
 Age 57
(Years) (Months) (Days)
 Date of Funeral 7/7/43 Tues 2 P. M.
(Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Roy Chevill
(Address)
 Religion of the Deceased.....
 Birthplace.....
 Resided in the State.....
(or U. S. or City or County) (Years) (Months)
 Place of Death Barnum, Minn
 Cause of Death.....
 Contributory Causes.....

Complete Funeral.....	\$	
Casket.....		
Burial Vault or Box.....		
<small>(State Kind)</small>		
Embalming Body.....		
<small>(Name of Embalmer)</small>		
Barber, \$.....		
Hair Dressing, \$.....		
Dressing Body, \$.....		
Underwear, \$.....		
Suit or Dress.....		
<small>(State Kind and Color)</small>		
Slippers, \$.....		
Hose, \$.....		
Folding Chairs, \$.....		
Tarpaulin, \$.....		
Candelabrum, \$.....		
Candles, \$.....		
Door Spray, \$.....		
Gloves, \$.....		
Funeral Car, \$.....		
Ambulance, \$.....		
Limousines to Cemetery @ \$.....		
Autos to R. R. Station @ \$.....		
Getting Remains from <u>Diagonal Ia.</u>		10 00
Taking Remains to.....		
Trip to Coroner's Inquest.....		
Delivering Box to <u>Rose Hill</u>		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit.....		
<small>(State Number and District)</small>		
—Certif. Copies of Death Certificates No.....		
<small>(State Physician's or Coroner's)</small>		
Pall Bearer Service, \$.....		
Use of Chapel, \$.....		
Personal Service <u>arranging & conducting funeral</u>		10 00
<u>Use of Chapel, plane & cem. equip. incl. in</u>		
<u>attendant at chapel 7/6-7/7</u>		20 00
Gross Total for Sales Tax.....		
Outlay for Lot.....		
Cremation.....		
.....line Death Notices in.....		
<small>(Names of Newspapers)</small>		
Flowers, \$.....		
Palms, \$.....		
Matting, \$.....		
Rental of Tent, \$.....		
.....of Temporary Vault, \$.....		
Opening of Grave or Tomb.....		10 00
Lining Grave, \$.....		
Lowering Device, \$.....		
Outlay for Shipping Charges.....		
Clergyman, \$.....		
Singers, \$ <u>3.00</u>		
Organist, \$.....		3 00
Railroad } Tickets, \$.....		
or Motor } Aero-plane Service, \$.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Sales Tax <u>No tax all services</u>		
Total Footing of Bill.....		53 00
Less.....		
<u>Balance</u>		
Entered into Ledger, page.....		
.....or below.		

Certifying Physician.....
(or Coroner)
 His Address.....
 Name of Father.....
 His Birthplace.....
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor } Remains to.....
 Ship }
 Size of Casket.....
(State Color and Number)
 Manufactured by.....
 Interment at Rose Hill { Cemetery
 Crematory

Lot No. 1558 - \$
 Grave No. 3
 Section No.....
 Owner.....

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance.....	\$	\$	To Balance Forward.....	\$	\$
By Payment.....	\$	\$	By Payment.....	\$	\$
" ".....	\$	\$	" ".....	\$	\$
" ".....	\$	\$	" ".....	\$	\$
" ".....	\$	\$	" ".....	\$	\$
" ".....	\$	\$	" ".....	\$	\$
" ".....	\$	\$	" ".....	\$	\$
" ".....	\$	\$	" ".....	\$	\$

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

RECORD OF FUNERAL

Total No. 2022 Yearly No. 29 Date Sept 10 1943

Name of Deceased Benjamin Albertus Jerome (What Race) W.

Residence Pawnee, Mo Married Single Widowed Divorced

Charge to Mrs Ben Jerome of Lillian Jerome

Address Pawnee

Order given by Mrs Ben Jerome (or informant)

How Secured

Occupation farmer (Social Security Number)

Name of Employer self

Address

Date of Death Sept 8 1943 10 PM (Date) (Hour)

Date of Birth Jan 29 1893 (Date)

Age 50 (Years) 7 (Months) 9 (Days)

Date of Funeral 9/11/43 Sat 2 P.M. (Date) (Day of Week) (Hour)

Services at Haysville, Church Linn Co. Mo

Clergyman Rev Pollock Hilman City, Mo (Address)

Religion of the Deceased M.C. (Address)

Birthplace Linn Co. Mo

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Harrison Co. Mo

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Dr. McCarty (City)

His Address Earlville, Mo

Name of Father Nancy T. Jerome

His Birthplace Linn Co. Mo

Maiden Name of Mother Nancy McCann

Her Birthplace Linn Co. Mo

Motor Ship } Remains to Haysville Church

Size of Casket octagon - Rose Cedar (State Color and Number)

Manufactured by P.R.

Interment at Haysville Mo Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$ 298.00
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
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	
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.	(State Physician's or Coroner's)
Pal Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	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 or Motor Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	298
Total Footing of Bill	\$
Less	
Balance	Paid in full Oct 30/43 \$
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

RECORD OF FUNERAL

163

Total No. 2023 Yearly No. 30 Date Sept 29 1943

Name of Deceased Miss Elsie Moon (Name of Embalmer) (Mrs Willard Moon) W. (What Race)

Married Single Widowed Divorced

Residence Lamoni Husband Wife Widow of Willard Moon

Charge to Willard Moon

Address Lamoni

Order given by above (or informant)

How Secured _____

Occupation housewife (Social Security Number)

Name of Employer _____

Address _____

Date of Death Sept 27/1943 8:30 AM (Date) (Hour)

Date of Birth July 18/1897 (Date) (Month) (Day) (Year) (Month) (Days)

Age 46 (Years) (Months) (Days)

Date of Funeral Sept 29/43 Wed 2:30 P.M. (Date) (Day of Week) (Hour)

Services at Columbus

Clergyman Roy Chevillat, T. B. Deek & Glenn (Address)

Religion of the Deceased L. D. S.

Birthplace Way Springs, Neb

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Independence, Mo (State Physician's or Coroner's)

Cause of Death Pericarditis with Effusion

Contributory Causes _____

Certifying Physician _____ (or Coroner)

His Address _____

Name of Father Feldthahn

His Birthplace Berlin, Germany

Maiden Name of Mother _____

Her Birthplace Hamburg, Germany

Motor Ship } Remains to Lamoni

Size of Casket State - Wisconsin (State Color and Number)

Manufactured by Rose Hill

Interment at Rose Hill Cemetery

Lot No. 1445

Grave No. 4

Section No. _____

Owner _____

Complete Funeral	\$ 397.00
Casket	
Burial Vault or Box <u>Rock Hill</u>	120.00
<small>(State Kind)</small>	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	<small>(State Kind and Color)</small>
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousine to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	<small>(State Number and District)</small>
_____ Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 5.17.00
Outlay for Lot	
Cremation	
_____ line Death Notices in _____ Papers	
<small>(Names of Newspapers)</small>	
Flowers, \$	Palms, \$
Rental of Tent, \$	Temporary Vault, \$
Opening of Grave or Tomb	12.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	30.00
<u>Fun. Exp. to Independence Mo. 11/3</u>	15.85
Sales Tax	5.17
Total Footing of Bill	\$ 580.02
Less <u>\$ Paid on 5/22/43</u> <u>26.10</u> <u>by 10/1/43</u>	26.10
Balance	\$ 553.92
Entered into Ledger, page _____ or below <u>Paid in full 10/1/43</u>	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Signed _____

Address _____

Witness _____

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

RECORD OF FUNERAL

Total No. 2024 Yearly No. 31 Date Oct 17 1943

Name of Deceased Mary Ellen Carley (Simpson)
 Married Single Widowed Divorced (What Race) W

Residence Near Lamoni Husband Wife Widow of J. Carley

Charge to None

Address _____

Order given by None (or informant)

How Secured _____

Occupation Housewife None (Social Security Number)

Name of Employer _____

Address _____

Date of Death Oct 15 1943 6 A.M. (Date) (Hour)

Date of Birth April 12 1864 (Date) (Hour)

Age 79 (Years) 6 (Months) 3 (Days)

Date of Funeral 1917/43 Sun 2 P.M. (Date) (Day of Week) (Hour)

Services at Funeral Chapel

Clergyman Chas Harpo Art Lane (Address)

Religion of the Deceased _____

Birthplace Green County, Ind.

Resided in the State 20 yrs (Years) (Months)

Place of Death at home near Lamoni (or U. S. of City or County) (Years) (Months)

Cause of Death _____

Contributory Causes _____

Certifying Physician K. R. Brown (or Coroner)

His Address Lamoni

Name of Father Jim Turpin

His Birthplace Ind.

Maiden Name of Mother Martha Arthur

Her Birthplace Ind.

Motor Ship } Remains to _____ (State Color and Number)

Size of Casket Shrine Grey

Manufactured by Ross

Interment at Lolly Cemetery

Complete Funeral	\$ 236	00
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress		7 75
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		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$ 243	75
Outlay for Lot		
Cremation		
line Death Notices in		
Papers		
Flowers, \$		
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 (or Motor) Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Less 10% Cash in advance		24 40
Sales Tax	219	55
Total Footing of Bill	221	75
Less		
Plus Station fee \$9.00		
Balance 230 75		
Entered into Ledger, page _____ or below.		

Diagram of Lot or Vault

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 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 _____

Address _____

Witness _____

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

RECORD OF FUNERAL

Total No. 2025 Yearly No. 32 Date Oct 22 1943

Name of Deceased Lenora Fuller
 Married Single Widowed Divorced (What Race)

Residence St. Louis, Mo. Husband Wife Widow or..... of

Charge to Self by Payment

Address

Order given by Mrs. Anaby

How Secured As to J.E. Laughlin (or Informant)

Occupation Bookkeeper (Social Security Number)

Name of Employer

Address

Date of Death Oct 21, 1943 3 A.M. (Date) (Hour)

Date of Birth

Age

Date of Funeral 10/22/43 Fri. 2:30 P.M. (Date) (Day of Week) (Hour)

Services at St. Louis

Clergyman Reverend - Ches. Harke (Address)

Religion of the Deceased L. W. I. (Address)

Birthplace Ohio

Resided in the State

Place of Death L. W. I. - Ohio (or U. S. of City or County) (Years) (Months)

Cause of Death

Contributory Causes

Certifying Physician Dr. R. R. Brown (or Coroner)

His Address Lamar

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to
Ship }

Size of Casket

Manufactured by Pine Bluff (State Color and Number)

Interment at Rose Hill { Cemetery Crematory

Lot No. 1248

Grave No. 3

Section No.

Owner

Entered into Ledger, page or below.

Complete Funeral	\$ 100.00
Casket	
Burial Vault or Box	
Embalming Body (State Kind)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress (State Kind and Color)	
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	
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. (State Physician's or Coroner's)	
Pal Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
..... line Death Notices in Papers	
Flowers, \$ (Names of Newspapers)	Palms, \$
Rental of Tent, \$	..... of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor Tickets, \$	Aero plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>State Case Noted</u>	
Total Footing of Bill	\$ 100.00
Less <u>Police Fund</u>	
Balance	\$

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Witness Signed

Address

RECORD OF FUNERAL

Total No. 2026 Yearly No. 27 Date Nov. 15 1943

Name of Deceased Irma Mae Hartley
 Married Single Widowed Divorced

Residence chester Hartley (What Name)
 Charge to chester Hartley

Address

Order given by

How Secured

Occupation

Name of Employer

Address

Date of Death Nov. 8, 1943 (Date) (Hour)

Date of Birth

Age 24 (Years) (Months) (Days)

Date of Funeral Nov. 15, 1943 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Ray Chiville (Address)

Religion of the Deceased

Birthplace

Resided in the State Kentucky (or U. S. or City or County) (Years) (Months)

Place of Death Kentucky (State Physician's or Coroner's)

Cause of Death Bus Collision

Contributory Causes

Certifying Physician

His Address

Name of Father Otis L. Lyngner

His Birthplace

Maiden Name of Mother Verna Huntman

Her Birthplace

Motor Ship } Remains to

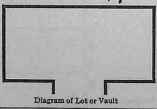
Size of Casket

Manufactured by

Interment at S. Park Hill { Cemetery Crematory

Lot No. 1447
 Grave No. 4
 Section No.
 Owner

Complete Funeral <u>Shipman</u>	\$ <u>71.00</u>
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	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 or Motor } Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>Service No tax</u>	
Total Footing of Bill	\$ <u>71.00</u>
Less	
Balance	\$
Entered into Ledger, page	or below



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Witness

RECORD OF FUNERAL

Total No. 2027 Yearly No. 34 Date Nov 15 1923

Name of Deceased Infant of Marvin Kelly
 Married Single Widowed Divorced (What Race)

Residence Beltsdale, Mo.
 Husband Wife Widow
 or _____ of _____

Charge to Pat

Address _____

Order given by _____
(or Informant)

How Secured _____
(or Informant)

Occupation _____
(Social Security Number)

Name of Employer _____

Address _____

Date of Death _____
(Date) (Hour)

Date of Birth _____
(Date) (Hour)

Age _____
(Years) (Months) (Days)

Date of Funeral _____
(Date) (Day of Week) (Hour) M.

Services at _____

Clergyman _____
(Address)

Religion of the Deceased _____

Birthplace _____

Resided in the State _____
(or U. S. or City or County) (Years) (Months)

Place of Death _____

Cause of Death _____

Contributory Causes _____

Certifying Physician _____
(or Coroner)

His Address _____

Name of Father _____

His Birthplace _____

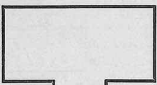
Maiden Name of Mother _____

Her Birthplace _____

Motor Ship } Remains to _____
(State Color and Number)

Manufactured by _____

Interment at _____ { Cemetery
 Crematory

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

Complete Funeral	\$	
Casket		15.00
Burial Vault or Box		
Embalming Body	<small>(State Kind)</small>	
Barber, \$	<small>(Name of Embalmer)</small>	
Hair Dressing, \$		
Dressing Body, \$	Underwear, \$	
Suit or Dress	<small>(State Kind and Color)</small>	
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		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
<small>(State Number and District)</small>		
Certif. Copies of Death Certificates No. _____		
<small>(State Physician's or Coroner's)</small>		
Full Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
<small>(Names of Newspapers)</small>		
Flowers, \$	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 Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$	15.00
Less	\$	
Balance	\$	
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____
Names of Lodges _____
Insurance Companies _____

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

RECORD OF FUNERAL

Total No. 2028 Yearly No. 35 Date Nov 30 1943

Name of Deceased Maurice Darwin de Long W.
 Married Single Widowed Divorced (What Race)

Residence Rural south of Laramie Husband Wife Widow of Form de Long

Charge to Mrs. Fern de Long

Address Laramie, Wyo.

Order given by above

How Secured (Farmer's fruit grower)

Occupation _____ (Social Security Number)

Name of Employer self

Address _____

Date of Death Nov 28 1943 5:30 PM
(Date) (Hour)

Date of Birth Nov 23 1894

Age 49 5
(Years) (Months) (Days)

Date of Funeral Nov 30 1943 2 P. M.
(Date) (Day of Week) (Hour)

Services at Cathedral

Clergyman Roy Chevill (Address)

Religion of the Deceased R. I.

Birthplace Harrison Co. Mo.

Resided in the State _____

Place of Death Madison, Mo. Reed Hosp.

Cause of Death _____

Contributory Causes _____

Certifying Physician Dr. McCarty (or Coroner)

His Address Eaglewell

Name of Father John F. de Long

His Birthplace Jones Co. Ia.

Maiden Name of Mother Lara E. Harris

Her Birthplace Appleton Wis.

Motor Ship } Remains to _____

Size of Casket Rich End Stab. Gray Bird Co.
(State Color and Number)

Manufactured by Huffman

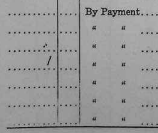
Interment at Rose Hill (Cemetery Crematory)

Lot No. 1459

Grave No. 3

Section No. _____

Owner _____



Complete Funeral \$ 375 00

Casket _____

Burial Vault or Box _____ (State Kind)

Embalming Body _____ (Name of Embalmer)

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress _____ (State Kind and Color)

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 _____

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. _____ (State Physician's or Coroner's)

Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

Personal Service _____

Gross Total for Sales Tax \$ 375 00

Outlay for Lot 40 00

Cremation _____

_____ line Death Notices in _____ Papers (Names of Newspapers)

Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____

Rental of Tent, \$ _____ of Temporary Vault, \$ _____

Opening of Grave or Tomb _____ 10 00

Lining Grave, \$ _____ Lowering Device, \$ _____

Outlay for Shipping Charges _____

Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____

Railroad or Motor Tickets, \$ _____ Aero-plane Service, \$ _____

Telegr., Phone, Cable or Radio Charges _____

Cash Advanced _____

Out of town Undertaker's Charges _____

_____ Coliseum Rental 5 00

Sales Tax _____ 3 75

Total Footing of Bill _____ 433 75

Less Receipt on 375 = 375 _____ 17 75

Balance Paid in full Dec 11 _____ 41 6 00

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

Insurance \$ _____ Names of _____ 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 pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. 2089 Yearly No. 36 Date Dec 12 1943

Name of Deceased Harriet Gertrude Baker
 Married Single Widowed Divorced (What Race)

Residence: Ramon, Ia. Husband Wife Widow

Charge to: Mrs. Clara Westphal

Address: Ramon, Ia.

Order given by: same (or informant)

How Secured: Housework none (Social Security Number)

Occupation: Housework none

Name of Employer:

Address:

Date of Death: Dec 10, 1943 10 A.M. (Date) (Hour)

Date of Birth: Sept 6, 1853 (Date) (Hour)

Age: 90 3 4 (Years) (Months) (Days)

Date of Funeral: 12/12/43 sun 2 P.M. (Date) (Day of Week) (Hour)

Services at: Funeral Chapel

Clergyman: Ed. Pleaser - J. A. Hunsalley (Address)

Religion of the Deceased:

Birthplace: Near Springfield, Ill.

Resided in the State: Louisa (or U.S. or City or County) (Years) (Months)

Place of Death: Louisa

Cause of Death: Exhaustion

Contributory Causes: old age

Certifying Physician: Dr. S. P. Reed (or Coroner)

His Address: Davis City

Name of Father: S. K. Alden

His Birthplace: New York

Maiden Name of Mother: Nancy Abby

Her Birthplace: Not known

Motor Ship } Remains to

Size of Casket: Oschid, Viola, 11x16x20 (State Color and Number)

Manufactured by: R.O.

Interment at: Rose Hill Cemetery Crematory

Lot No. 834

Grave No. 2

Section No.

Owner:

Diagram of Lot or Vault

Complete Funeral	\$ 349.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pal Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 349.00
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Mattings, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb to A. Marshall	10.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad or Motor Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	349.00
Total Footing of Bill	\$ 362.49
Less 10% <u>deduct</u>	39.90
Balance	\$ 322.59
Entered into Ledger, page	or below

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	<u>By Cash</u>	\$		By Payment	\$
	<u>Carl Ballard</u>	\$		" "	\$
	<u>Wm. Lawrence</u>	\$		" "	\$
	<u>Mr. W. W. Wadgorden</u>	\$		" "	\$
	<u>Arthur Lane</u>	\$		" "	\$
	<u>H. H. Wolf</u>	\$		" "	\$
	<u>Clarence B.ootman</u>	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

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

Witness Address

RECORD OF FUNERAL

Total No. 2030 Yearly No. 37 Date Dec 17 1943

Name of Deceased Lou Theresa Bremyer
 Married Single Widowed Divorced (What Race) W

Residence rural near Lamoni Husband Wife Widow of Clarence Bremyer

Charge to Clarence Bremyer

Address Lamoni Ia

Order given by same (or informant)

How Secured

Occupation housewife (Social Security Number) NONE

Name of Employer

Address

Date of Death Dec 12 1943 8 P.M. (Date) (Hour)

Date of Birth Mar 10 1872 (Date) (Year) (Month) (Days)

Age 71 (Years) 9 (Months) 2 (Days)

Date of Funeral 12/14/43 Tues 2 P.M. (Date) (Day of Week) (Hour)

Services at Funeral Chapel

Clergyman Charly Ballantine (Address)

Religion of the Deceased

Birthplace Decatur Co.

Resided in the State 50 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death home near Lamoni

Cause of Death

Contributory Causes

Certifying Physician H. R. Brown (or Coroner)

His Address Lamoni Ia

Name of Father John B. Evans

His Birthplace Penn.

Maiden Name of Mother Elizabeth Lemmon

Her Birthplace Not known

Motor Ship } Remains to

Size of Casket Reg. H. Card May (State of Number)

Manufactured by Reg. Metalite

Interment at Rose Hill (Cemetery Crematory)

Lot No. 1476 7

Grave No. 2

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$ 268.00	
Casket <u>ROCK-O-LITE-PLASTIC</u>	120.00	
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber \$	Hair Dressing \$	
Dressing Body \$	Underwear \$	
Suit or Dress <u>Rose Dress</u>	13.65	
(State Kind and Color)		
Slippers \$	Hose \$	
Folding Chairs \$	Tarpaulin \$	
Candelabrum \$	Candles \$	
Glove Spray \$	Gloves \$	
Funeral Car \$	Ambulance \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
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.		
Pall Bearer Service \$ (State Physician's or Coroner's)		
Personal Service		
Gross Total for Sales Tax	402.65	
Outlay for Lot <u>1476</u>	40.00	
Cremation		
... line Death Notices in ... Papers		
Flowers \$	Palms \$	Matting \$
Rental of Tent \$... of Temporary Vault \$	
Opening of Grave or Tomb		12.00
Lining Grave \$	Lowering Device \$	
Outlay for Shipping Charges		
Clergyman \$	Singers \$	Organist \$
Railroad Tickets \$	Aero plane Service \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		4.03
Total Footing of Bill		458.68
Less <u>5/20</u> <u>403.65</u> <u>by Dec 27</u>		20.13
<u>paid in full Dec 31/44</u> Balance		438.55
Entered into Ledger, page ... or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Witness

Address

RECORD OF FUNERAL

171

Total No. 2031 Yearly No. 38 Date Dec 19 1943

Name of Deceased Bertha Lucinda Weyermann

Residence: Near Lamoni Married Single Widowed Divorced (What Race)
 Charge to: Arnold Weyermann Husband Wife Widow of Arnold Weyermann

Address: Lamoni or Adalia Colorado

Order given by above (or informant)

How Secured _____
 Occupation housewife none (Social Security Number)

Name of Employer _____
 Address _____

Date of Death Dec 16/43 12:10 PM
 Date of Birth Aug 19 1893

Age 50 3 27
 (Years) (Months) (Days)

Date of Funeral 11/19/43 Sun 2 P. M.
 (Date) (Day of Week) (Hour)

Services at Chapel
 Clergyman Glenger (Address)

Religion of the Deceased L. D. S. (Address)
 Birthplace Clearwater, Neb.

Resided in the State 3 months
 (or U. S. or City or County) (Years) (Months)

Place of Death Wenger home near Lamoni
 Cause of Death Cancer of both breasts extending to right arm & back

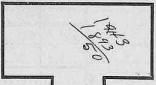
Contributory Causes _____
 Certifying Physician H. M. Hills (or Coroner)

His Address Lamoni
 Name of Father Wm E. Kuter

His Birthplace Ohio
 Maiden Name of Mother Carrie J. Smith

Her Birthplace Indiana
 Motor Ship } Remains to _____
 Size of Casket Reg 722 or N. Creek cedar

Manufactured by Pex (Patent Number)
 Interment at Rose Hill { Cemetery
 Crematory



Lot No. 1432
 Grave No. 4
 Section No. _____
 Owner _____

Complete Funeral	\$ 295 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No.	
_____ (State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 295 00
Outlay for Lot <u>Mar 19 1943</u>	20 00
Cremation	
_____ line Death Notices in _____ Papers	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	<u>P. A. Marshall</u> 4 00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad or Motor Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	2 95
Total Footing of Bill	\$ 326 95
Less <u>2/3 of 295 = 197 50</u>	14 45
Balance	312 20
Entered into _____ page <u>full 11/20/43</u>	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 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 _____
 Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 2032 Yearly No. 39 Date Dec. 23 1943

Name of Deceased Phyllis A. Dagget
 Married Single Widowed Divorced (What Race) W

Residence L. D. S. Home
 Husband Wife Widow or of }

Charge to L. D. S. Home

Address Lamar

Order given by Frank Landburg
 (or informant)

How Secured Housewife none
 (Social Security Number)

Name of Employer

Address

Date of Death Dec 21/43 4 PM
 (Date) (Hour)

Date of Birth Dec 15/1874
 (Date) (Hour)

Age 69 6
 (Years) (Months) (Days)

Date of Funeral 12/23/43 10 A.M.
 (Date) (Day of Week) (Hour)

Services at At Home

Clergyman Ed. Fleeger
 (Address)

Religion of the Deceased L. D. S.

Birthplace Looking Glass, Ore

Resided in the State 30 days
 (or U. S. or City or County) (Years) (Months)

Place of Death At Home

Cause of Death Heart Block

Contributory Causes

Certifying Physician N. M. Hill
 (or Coroner)

His Address Lamar

Name of Father Erson N. Buell

His Birthplace Ore

Maiden Name of Mother Ophelia Goble

Her Birthplace not known

Motor } Remains to
 Ship } P. A. S.
 (State, City and Number)

Manufactured by Rose Hill
 (State, City and Number)

Interment at Rose Hill Cemetery
 Crematory

Diagram of Lot or Vault

Lot No. 1248

Grave No. 2

Section No.

Owner

Complete Funeral	\$ 100 00
Casket	
Burial Vault or Box	
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
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	
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. _____	
Full Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 100 00
Outlay for Lot	
Cremation	
..... line Death Notices in	..... Papers
Flowers, \$	(Names of Newspapers)
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 or Motor	Tickets, \$
Aero-Service, \$	plane
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	1 00
Total Footing of Bill	\$ 101 00
Less	
<u>paid in full Feb 19/44</u>	
Balance	\$
Entered into Ledger, page	..... or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

173

Total No. 2033 Yearly No. 40 Date Dec 26 1943

Name of Deceased William Steffen
 Married Single Widowed Divorced (What Race)

Residence: Lamoni Husband Wife Widow of Mrs. Francis Steffen

Charge to: Mrs. Francis Steffen

Address: Lamoni

Order given by: above (or informant)

How Secured: _____

Occupation: farmer none (Social Security Number)

Name of Employer: self

Address: _____

Date of Death: Dec 23 1943 4 AM (Date) (Hour)

Date of Birth: Mar 4 1864 (Date) (Year) (Month) (Days)

Age: 79 (Years) 9 (Months) 19 (Days)

Date of Funeral: 12/26/43 Sun 2 P.M. (Date) (Day of Week) (Hour)

Services at: Steffen residence

Clergyman: Arthur Lane (Address)

Religion of the Deceased: L.D.S.

Birthplace: Penn.

Resided in the State: 23 yrs (or U. S. or City or County) (Years) (Months)

Place of Death: residence in Lamoni

Cause of Death: Cerebral Thrombosis

Contributory Causes: _____

Certifying Physician: _____ (or Coroner)

His Address: _____

Name of Father: Ina Steffen

His Birthplace: not known

Maiden Name of Mother: not known

Her Birthplace: not known

Motor Ship } Remains to _____ (State Color and Number)

Size of Casket: _____

Manufactured by: _____

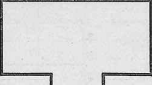
Interment at: Rose Hill { Cemetery or Crematory

Lot No.: 1492

Grave No.: 1

Section No.: _____

Owner: _____

Diagram of Lot or Vault: 

Complete Funeral	\$ 397.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Personal Service	
Gross Total for Sales Tax	\$ 397.00
Outlay for Lot # <u>1492</u> <u>Rose Hill</u>	40.00
Cremation	
line Death Notices in _____ Papers	
Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____	
Rental of Tent, \$ _____ of Temporary Vault, \$ _____	10.00
Opening of Grave or Tomb	
Lining Grave, \$ _____ Lowering Device, \$ _____	
Outlay for Shipping Charges	
Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad or Motor Tickets, \$ _____ Aero-Service, \$ _____	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	3.95
Total Footing of Bill	450.95
Less <u>59.00</u> <u>paid on 2/27/43</u> <u>19.50</u> <u>by check</u>	19.50
<u>Pd. in Full</u> <u>balance 12/27/43</u>	431.10
Entered into Ledger, page _____ of below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

Insurance \$ _____ Names of Ldgges. 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 _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____

Address: _____

RECORD OF FUNERAL

Total No. 2034 Yearly No. 41 Date Dec 28 1949

Name of Deceased Otis John Married Single Widowed Divorced (What Race) W.

Residence Blytheedale Husband Wife Widow of John

Charge to: Complete Funeral John \$ 35.00

Address: Casket

Order given by: Burial Vault or Box (State Kind)

How Secured: Embalming Body (Name of Embalmer)

Occupation: Barber, \$ Hair Dressing, \$ Dressing Body, \$ Underwear, \$

Name of Employer: Suit or Dress (State Kind and Color)

Address: Slippers, \$ Hose, \$

Date of Death: Folding Chairs, \$ Tarpaulin, \$

Date of Birth: Candelabrum, \$ Candles, \$

Age: Door Spray, \$ Gloves, \$

Date of Funeral: Funeral Car, \$ Ambulance, \$

Services at: Limousines to Cemetery @ \$ Autos to R. R. Station @ \$

Clergyman: Getting Remains from Taking Remains to

Religion of the Deceased: Trip to Coroner's Inquest

Birthplace: Delivering Box to Deliver Flowers to

Resided in the State: Removal Charges Procuring Burial Permit

Place of Death: Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Cause of Death: Pall Bearer Service, \$ Use of Chapel, \$

Contributory Causes: Personal Service

Certifying Physician: Gross Total for Sales Tax \$

His Address: Outlay for Lot Cremation

Name of Father: line Death Notices in Papers

His Birthplace: Flowers, \$ Palms, \$ Matting, \$

Maiden Name of Mother: Rental of Tent, \$ of Temporary Vault, \$

Her Birthplace: Opening of Grave or Tomb

Motor Ship } Remains to: Lining Grave, \$ Lowering Device, \$

Size of Casket: Outlay for Shipping Charges

Manufactured by: Clergyman, \$ Singers, \$ Organist, \$

Interment at: Railroad or Motor } Tickets, \$ Aero-Service, \$

Diagram of Lot or Vault: Cemetery Crematory

Complete Funeral <u>John</u>	\$	<u>35.00</u>
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress (State Kind and Color)		
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		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in		
Papers (Names of Newspapers)		
Flowers, \$		
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 or Motor } Tickets, \$		
Aero-Service, \$		
plane		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$	<u>35.00</u>
Less <u>John</u>	\$	
Balance	\$	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 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 Address

Witness

RECORD OF FUNERAL

Total No. 2031 Yearly No. 7 Date Jan 11 1944

Name of Deceased John Johnston

Residence Hatfield, Mo Married Single Widowed Divorced (What Race)
 Husband Wife Widow of } Mayann Johnston

Charge to Sam Johnston
 Address Hatfield, Mo

Order given by Sam & Dave Johnston
 (or informant)

How Secured None
 Occupation farming (Social Security Number)

Name of Employer self
 Address

Date of Death Jan 8 1944 (Date) (Hour)
 Date of Birth Aug 22 1846 (Date) (Hour)

Age 97 (Years) 4 (Months) 16 (Days)

Date of Funeral 1/11/44 (Date) Tues (Day of Week) 2 P (Hour) M.

Services at Lone Rock church
 Clergyman Marion Probst (Address)

Religion of the Deceased R. P. S.
 Birthplace Canada

Resided in the State 21 yrs (or U. S. or City or County) (Years) (Months)

Place of Death rural near Lone Rock Church
 Cause of Death

Contributory Causes

Certifying Physician Cecil Probst (or Coroner)

His Address Bethany, Mo

Name of Father Robert Johnston
 His Birthplace Ireland

Maiden Name of Mother Martha Foster
 Her Birthplace not known

Motor Ship } Remains to
 Size of Casket 6/3 - 23 x 1 1/2 each gray

Manufactured by R. Payne (State, Color and Number)
 Interment at R. Payne } Cemetery
 Crematory

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

Complete Funeral	\$ 285 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Suit or Dress	10 00
Slippers, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery	
Autos to R. R. Station	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Personal Service	
Gross Total for Sales Tax	\$ 295 00
Outlay for Lot	
Cremation	
line Death Notices in	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
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 Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	2 95
Total Footing of Bill	\$ 297 95
Less <u>14 95 - 5 00 for Jan. 11/44</u>	14 95
Balance	283 00
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.

Witness _____ Address _____

RECORD OF FUNERAL

Total No. 2032 Yearly No. 2 Date Jan. 16 1944

Name of Deceased Frank Lasley Married Single Widowed Divorced (What Race)

Residence Lamoni, Ia Husband Wife Widow of of

Charge to: Ad. Lasley

Address Lamoni

Order given by Ad. Lasley (or informant)

How Secured

Occupation brick mason (Social Security Number)

Name of Employer

Address

Date of Death Jan. 13, 1944 11:50 AM (Date) (Hour)

Date of Birth July 12, 1871 (Date)

Age 72 6 1 (Years) (Months) (Days)

Date of Funeral Jan 14, 1944 Sun 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Chas. Harpe (Address)

Religion of the Deceased L.P.S. (Address)

Birthplace Morris City - Ia

Resided in the State (or U.S. or City of Penna.) (Year) (Months)

Place of Death Clarinda, Ia

Cause of Death Chronic Alcoholism

Contributory Causes

Certifying Physician Norman A. Reucher (or Coroner)

His Address Clarinda, Ia

Name of Father Andrew J. Lasley

His Birthplace Ohio

Maiden Name of Mother Julia Portnum

Her Birthplace Wenu

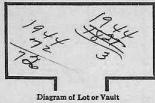
Motor } Remains to
Ship }

Size of Casket B.A.P. (State) (Color) (Finish)

Manufactured by Rose Hill (Cemetery) (Crematory)

Interment at Rose Hill { Cemetery (Crematory)

Complete Funeral	<u>C.A.P.</u>	\$ <u>100</u> <u>00</u>
Casket		
Burial Vault or Box	(State Kind)	
Embalming Body	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress	(State Kind and Color)	
Slippers, \$	Hose, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>Clarinda</u>	<u>7 50</u>
Taking Remains to		
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.	(State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax		\$
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
Flowers, \$	(Names of Newspapers) Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb	<u>G.A. Marshall</u>	<u>7 00</u>
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor, \$	Tickets, \$	plane Service, \$
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		<u>1 00</u>
Total Footing of Bill		\$ <u>115 50</u>
Less <u>Adm. Fee 1/19/44</u>		\$
Balance		\$
Entered into Ledger, page		or below.



Lot No. 366-4
 Grave No. _____
 Section No. _____
 Owner _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. 2033 Yearly No. 3 Date Jan 21 1949

Name of Deceased Jemima Jane Stanley
 Married Single Widowed Divorced (What Rate)
 Residence Davis City, Ia Husband Wife Widow of Liver Stanley

Charge to Mom Stanley
 Address Davis City, Ia

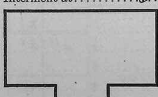
Order given by _____
 How Secured _____
 Occupation Housewife none
 (Social Security Number)

Name of Employer _____
 Address _____
 Date of Death Jan 16/49 2:45 AM
 (Date) (Hour)
 Date of Birth Dec 13, 1865
 (Date) (Month) (Day) (Year)

Age 78
 (Year) (Month) (Days)
 Date of Funeral 1/21/49 Fri 2-0 M.
 (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Chas Ballantyne - Carl Lewis
 (Address)

Religion of the Deceased _____
 Birthplace Harrison Co, Mo
 Resided in the State _____
 (or U. S. or Foreign County) (Years) (Months)
 Place of Death Davis City
 Cause of Death Bronchial Pneumonia
 Contributory Causes _____

Certifying Physician E. P. Reid
 His Address Davis City
 Name of Father Henry Poush
 His Birthplace Germany
 Maiden Name of Mother Pauline Barth
 Her Birthplace Germany
 Motor Ship } Remains to _____
 Size of Casket Ref. 1 - Coach, Madgy
 (State City and Number)
 Manufactured by Ref. Mitchell
 Interment at Audover { Cemetery
 Crematory



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

Complete Funeral	\$ 284 00
Casket	
Burial Vault or Box <u>Wicks Lita</u>	120 00
(State Kind)	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	11 75
(State Kind and Color)	
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	
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.	
(State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 415 75
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
(Names of Newspapers)	
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	F. A. MARSHALL
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad or Motor	Tickets, \$
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	4 75
Total Footing of Bill	\$ 431 90
Less 5% on 415 75	- 20 90
Balance	\$ 411 00
Entered into Ledger, page	or below

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$ 411 00		To Balance Forward	\$
	By Payment	\$ 300 00		By Payment	\$
Feb 29	" "	\$ 111 00		" "	\$
" "	" "	\$		" "	\$
" "	" "	\$		" "	\$
" "	" "	\$		" "	\$
" "	" "	\$		" "	\$
" "	" "	\$		" "	\$
" "	" "	\$		" "	\$

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 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 _____
 Address _____
 Witness _____

RECORD OF FUNERAL

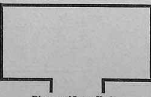
Total No. 2034 Yearly No. 4 Date Jan. 22 1944
 Name of Deceased Karen Irene Batho (Infant)
 Married Single Widowed Divorced (What Race)

Residence Irwin Lee Batho
 Charge to Irwin Lee Batho
 Address _____
 Order given by above (or informant)
 How Secured _____
 Occupation _____ (Social Security Number)
 Name of Employer _____

Address _____
 Date of Death Jan 20th 1944 (Date) (Hour)
 Date of Birth Jan 21st 1944 (Date) (Hour)
 Age 6 hours
 Date of Funeral 1/22/44 Sat (Date) (Day of Week) (Hour) P.M.

Services at grave
 Clergyman Louis Landebury (Address)
 Religion of the Deceased _____
 Birthplace Leam Hospital
 Resided in the State _____ (or U.S. or City or County) (Years) (Months)
 Place of Death Leam Hospital
 Cause of Death premature birth
 Contributory Causes _____

Certifying Physician R. P. Brown (or Coroner)
 His Address _____
 Name of Father Irwin Lee Batho
 His Birthplace Decatur Co. Ga
 Maiden Name of Mother Sallan Irene Woods
 Her Birthplace Decatur County
 Motor Ship } Remains to _____
 Size of Casket 2 1/2 (State Color and Number)
 Manufactured by W. W. Hill
 Interment at Lille { Cemetery Crematory



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

Complete Funeral	\$	
Casket		12 50
Burial Vault or Box		
Embalming Body		
Barber, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Funeral Car, \$		
Limousines to Cemetery		
Autos to R. R. Station		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Personal Service, \$		7 50
Gross Total for Sales Tax	\$	20 00
Outlay for Lot		
Cremation		
line Death Notices in		
Flowers, \$		
Rental of Tent, \$		
Opening of Grave or Tomb		4 00
Lining Grave, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Railroad or Motor Tickets, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax	20% 19%	2 00
Total Footing of Bill		24 20
Less		
Balance		
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

RECORD OF FUNERAL

179

Total No. 2035 Yearly No. 5 Date Jan. 26 1944
 Name of Deceased Robert J. Smith
 Married Single Widowed Divorced (What Race)
 Residence Lamour, La
 Husband Wife Widow
 or _____ of _____
 Charge to C. A. P.
 Address _____
 Order given by _____
 (or informant)
 How Secured _____
 Occupation farmer (Social Security Number)
 Name of Employer retired
 Address _____
 Date of Death 1/24/44 1:13 P.M.
 (Date) (Hour)
 Date of Birth 4/4/1868
 Age 75 9 20
 (Years) (Months) (Days)
 Date of Funeral 1/26/44 Wed. 2 P.M.
 (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Arthur Lane (Address)
 Religion of the Deceased _____
 Birthplace Fayette County, La
 Resided in the State Lafayette (Years) (Months)
 (or U. S. or City or County)
 Place of Death Leam Hospital
 Cause of Death Heart trouble
 Contributory Causes _____

Certifying Physician Dr. Bowman (or Coroner)
 His Address Leam
 Name of Father John Smith
 His Birthplace Scotland
 Maiden Name of Mother Lythia Copeland
 Her Birthplace not known
 Motor Ship) Remains to _____
 Size of Casket C. A. P. (State Color and Number)
 Manufactured by Crematorium
 Interment at Rose Hill Cemetery
 Crematory

Complete Funeral to C. A. P. \$ 100 00
 Casket _____
 Burial Vault or Box _____ (State Kind)
 Embalming Body _____ (Name of Embalmer)
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress Blue & R.R. suit \$ 10 00 (State Kind and Color)
 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 _____
 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. _____ (State Physician's or Coroner's)
 Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
 Personal Service _____
 Gross Total for Sales Tax \$ _____
 Outlay for Lot to 1st lot # 533 \$ 20 00
 Cremation _____
 _____ line Death Notices in _____ Papers
 (Name of Newspaper)
 Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____
 Rental of Tent, \$ _____ of Temporary Vault, \$ _____
 Opening of Grave or Tomb to A. MARSHALL \$ 8 00
 Lining Grave, \$ _____ Lowering Device, \$ _____
 Outlay for Shipping Charges _____
 Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____
 Railroad Tickets, \$ _____ Aero-plane Service, \$ _____
 or Motor) _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Undertaker's Charges _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 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 _____

RECORD OF FUNERAL

Total No. 2036 Yearly No. 6 Date Jan 28 1944

Name of Deceased Isaac J Hawley
 Married Single Widowed Divorced (What Race) W

Residence Rural near Lamoni
 Husband Wife Widow of

Charge to P. A. P.

Address

Order given by Fred Ballantyne (or informant)

How Secured

Occupation farm laborer None (Social Security Number)

Name of Employer

Address

Date of Death Jan 26 1944 10 P.M. (Date) (Hour)

Date of Birth Jan 8 1866 (Date) (Hour)

Age 78 (Years) 0 (Months) 18 (Days)

Date of Funeral 1/28/44 Fri 2 P.M. (Day of Week) (Hour)

Services at Chapel

Clergyman Art Lane J. Barr (Address)

Religion of the Deceased

Birthplace Golden Utah

Resided in the State

Place of Death Rural, near Lamoni (or U. S. or City or County) (Years) (Months)

Cause of Death

Contributory Causes

Certifying Physician K. R. Brown (or Coroner)

His Address Lamoni

Name of Father John Hawley

His Birthplace Id.

Maiden Name of Mother Lylvia Johnson

Her Birthplace Not known

Motor Ship } Remains to

Size of Casket 2 1/2 x 7 1/2 (State Body and Number)

Manufactured by Reinforced (State Body and Number)

Interment at Rose Hill { Cemetery Crematory

Lot No. 649 single

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral <u>G. O. A. O.</u>	\$ 100 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 10 00
Outlay for Lot	
Cremation	
..... line Death Notices in	Papers
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb. <u>G. A. Marshall</u>	9 00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad or Motor Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 117 00
Less	\$ 17 00
Balance <u>claim filed 1/31/43</u>	\$ 100 00
Entered into Ledger, page <u>108</u> or below	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" " "	\$	\$	" " "	\$	\$
" " "	\$	\$	" " "	\$	\$
" " "	\$	\$	" " "	\$	\$
" " "	\$	\$	" " "	\$	\$
" " "	\$	\$	" " "	\$	\$
" " "	\$	\$	" " "	\$	\$

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

Witness

RECORD OF FUNERAL

181

Total No. 1037 Yearly No. 7 Date Feb 2 1944

Name of Deceased Sara Ann Hargas
 Married Single Widowed Divorced (What Race) W

Residence Hastings, Ia Husband Wife Widow or _____ of Wm E Hargas

Charge to _____
 Address _____

Order given by _____
 (or informant)

How Secured _____
 (Social Security Number)

Occupation _____
 (Social Security Number)

Name of Employer _____
 Address _____

Date of Death _____
 (Date) (Hour)

Date of Birth _____
 (Date) (Hour)

Age _____
 (Years) (Months) (Days)

Date of Funeral 7/2/44 Wed 2:30 P.M.
 (Date) (Day of Week) (Hour)

Services at Chapel
 (Address)

Clergyman Ed. Hlager, Art Lane
 (Address)

Religion of the Deceased L. O. S.
 (Address)

Birthplace _____
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Hastings, Ia
 (or U. S. or City or County) (Years) (Months)

Cause of Death _____

Contributory Causes _____

Certifying Physician _____
 (or Coroner)

His Address _____

Name of Father _____
 His Birthplace _____

Maiden Name of Mother _____
 Her Birthplace _____

Motor } Remains to _____
 Ship } _____

Size of Casket _____
 (State Color and Number)

Manufactured by _____

Interment at Rose Hill { Cemetery
 Crematory

Lot No. 820
 Grave No. 2
 Section No. _____
 Owner _____

Diagram of Lot or Vault _____

Complete Funeral Shop. In \$ _____

Casket _____

Burial Vault or Box _____ (State Kind)

Embalming Body _____ (Name of Embalmer)

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress _____ (State Kind and Color)

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 _____

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. _____ (State Physician's or Coroner's)

Full Bearer Service, \$ _____ Use of Chapel, \$ _____

Personal Service _____

Gross Total for Sales Tax _____ \$

Outlay for Lot _____

Cremation _____

_____ line Death Notices in _____ Papers

Flowers, \$ _____ (Names of Newspapers)

Palms, \$ _____ Matting, \$ _____

Rental of Tent, \$ _____ 5.00

Opening of Grave or Tomb _____ 9.00

Lining Grave, \$ _____ Lowering Device, \$ _____

Outlay for Shipping Charges _____

Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____ 6.00

Railroad or Motor } Tickets, \$ _____ Aero Service, \$ _____

Telegr., Phone, Cable or Radio Charges _____

Cash Advanced Chapel _____ 5.00

Out of town Undertaker's Charges _____

_____ 11.50

Professional Services _____ 12.00

Sales Tax _____

Total Footing of Bill _____ 48.50

Less _____

Balance Pol in full by M. M. Malcom _____

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. 2038 Yearly No. 7 Date Feb 3 1949

Name of Deceased Joseph Herm Carley
 Married Single Widowed Divorced (What Race) W

Residence Urban Wldw Wldw of

Charge to Complete Funeral Ship In \$

Address State Barth

Order given by State Barth (for informant)

How Secured

Occupation (Social Security Number)

Name of Employer

Address

Date of Death Jan 31 1949 (Date) (Hour)

Date of Birth Nov 2 1873 (Date) (Hour)

Age 70 (Years) 2 (Months) 29 (Days)

Date of Funeral 2/3/49 Thurs 2 P. M. (Date) (Day of Week) (Hour)

Services at Andover Church

Clergyman Art Lane (Address)

Religion of the Deceased

Birthplace Kewanee Ill

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Marshalltown Ia (State Physician's or Coroner's)

Cause of Death Coronary Thrombosis

Contributory Causes Pulmonia

Certifying Physician B. L. Tey

His Address Marshalltown

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Interment at Andover Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Entered into Ledger, page or below.

Diagram of Lot or Vault

Complete Funeral	\$
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
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.	(State Physician's or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	(Names of Newspapers)
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 Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Professional services and use of equipment	20 00
Sales Tax	
Total Footing of Bill	20 00
Less	<u>Pat. in full 2/3/49</u>
Balance	\$

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

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

RECORD OF FUNERAL

Total No. 2039 Yearly No. 9 Date Feb 10 1944

Name of Deceased Ira Minthorn
 Married Single Widowed Divorced (What Race)
 Residence Kellerton, Ia Husband Wife Widow of Maynard Minthorn

Charge to Maynard Minthorn
 Address Kellerton, Ia
 Order given by above (or informant)

How Secured _____
 Occupation Housewife None (Social Security Number)
 Name of Employer _____

Address _____
 Date of Death Feb 6 1944 9:55 PM
 Date of Birth Dec 3 1896 (Date) (Hour)

Age 47 2 9 (Years) (Months) (Days)
 Date of Funeral 7/10/44 7 AM 2 P M (Date) (Day of Week) (Hour)
 Services at M. I. C. Church, Kellerton

Clergyman Art Lane (Address)
 Religion of the Deceased _____
 Birthplace Decatur County, Ia

Resided in the State Iowa (or U. S. or City or County) (Years) (Months)
 Place of Death Ia. Meth. Hosp. Des Moines
 Cause of Death Myocardial failure

Contributory Causes _____
 Certifying Physician C. B. Lubinell (or Coroner)
 His Address Des Moines, Ia

Name of Father N. S. Bartlett
 His Birthplace Ill.
 Maiden Name of Mother Rachel Howell

Her Birthplace Ill.
 Motor Ship } Remains to Lauran
 Size of Casket double X 232 N.O. (State Color and Number)

Manufactured by R. P. R.
 Interment at Boze Hill { Cemetery
 Crematory

Lot No. 1460
 Grave No. 3
 Section No. _____
 Owner _____

Diagram of Lot or Vault _____
 Complete Funeral \$ 285.00
 Casket _____
 Burial Vault or Box _____ (State Kind)
 Embalming Body _____ (Name of Embalmer)
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress _____ (State Kind and Color)
 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 _____
 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. _____ (State Physician's or Coroner's)
 Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
 Personal Service _____
 Gross Total for Sales Tax \$ 285.00
 Outlay for Lot _____
 Cremation _____
 _____ line Death Notices in _____ Papers (Names of Newspapers)
 Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____
 Rental of Tent, \$ _____ of Temporary Vault, \$ _____
 Opening of Grave or Tomb G. A. Marshall 10.00
 Lining Grave, \$ _____ Lowering Device, \$ _____
 Outlay for Shipping Charges _____
 Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____
 Railroad or Motor Tickets, \$ _____ Aero-plane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Undertaker's Charges _____
 Sales Tax _____ 285.00
 Total Footing of Bill \$ 297.85
 Less Receipt - 1440 \$ 14.90
 Balance \$ 283.95
 Entered into Ledger, page _____ or below.

Date	To Above Balance	Amount Paid	Balance	Date	To Balance Forward	Amount Paid	Balance
			\$283.95				
<u>2/19/44</u>	By Payment <u>ch.</u>	\$173.45	\$110.45				
<u>2/19/44</u>	" " <u>cash</u>	\$10.00	\$100.00				
<u>3/18/44</u>	" " <u>ch.</u>	\$100.00	\$0.00				
	" " <u>pd in full</u>		<u>3/18/44</u>				
	" "						
	" "						
	" "						
	" "						

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 _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1040 Yearly No. 10 Date Feb 13 1944

Name of Deceased Mary A. Mader Married Single Widowed Divorced (What Race) W.

Residence Lamoni Husband Wife Widow Or Jacob Mader

Charge to _____

Address _____

Order given by Lucelle Mader Sprague (or informant)

How Secured _____

Occupation Housewife None (Social Security Number)

Name of Employer _____

Address _____

Date of Death Feb 8 1944 11:15 AM (Date) (Hour)

Date of Birth January 20 1851 (Date) (Hour)

Age 93 0 18 (Years) (Months) (Days)

Date of Funeral Feb 11 1944 12:00 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman J. A. Gussalby, J. Dan. (Address)

Religion of the Deceased W.

Birthplace Switzerland

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Lamoni Ia.

Cause of Death Cardiac Pathua

Contributory Causes _____

Certifying Physician R. B. Brown (or Coroner)

His Address Lamoni

Name of Father John Karli

His Birthplace Switzerland

Maiden Name of Mother Johanna K. Wimmustopfer

Her Birthplace Switzerland

Motor } Remains to _____
Ship }

Size of Casket Tell Below slab - (State Color and Number)

Manufactured by Leipziger Casket Co.

Interment at Rose Hill { Cemetery Crematory

Lot No. 773

Grave No. 3

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$ 317 00
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress (State Kind and Color)	
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	
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. (State Physician's or Coroner's)	
Pal Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 317 00
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	
(Names of Newspapers)	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb <u>Ed Marshall</u>	10 00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad or Motor } Tickets, \$	plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
<u>Printing extra copy for viewing marker</u>	
Sales Tax	3 00
Total Footing of Bill	330 17
Less <u>Phone bill Feb 21/44</u>	
<u>3 19 17</u>	
Balance	\$
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ (From Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 2077 Yearly No. 11 Date Feb 13 1944

Name of Deceased Katherine Barbara Beerlein

Residence Lamoni, Ia Married Single Widowed Divorced (What Race)

Charge to estate Husband Wife Widow or of Samuel Beerlein

Address

Order given by Jake Beerlein (Informant)

How Secured

Occupation Housewife none (Social Security Number)

Name of Employer

Address

Date of Death Feb 9, 1944 2:40 PM (Date) (Hour)

Date of Birth Mar 12, 1869 (Date) (Hour)

Age 74 10 27 (Years) (Months) (Days)

Date of Funeral Feb 13, 1944 Sun 3 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Fred D. Long (Address)

Religion of the Deceased L.P.

Birthplace Germany

Resided in the State 27 yrs (Years) (Months)

Place of Death Lamoni, Ia (City or County) (State)

Cause of Death Cancer of the Breast

Contributory Causes

Certifying Physician

His Address

Name of Father Jacob Hauber

His Birthplace Germany

Maiden Name of Mother Not known

Her Birthplace Germany

Motor Ship } Remains to

Size of Casket R. and E. State Minors (State Color and Number)

Manufactured by R. and E.

Interment at Andover Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Complete Funeral \$ 397.00

Casket

Burial Vault or Box Rick o Litt vault (State Kind and Color) \$ 120.00

Embalming Body

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress

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

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

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

Pall Bearer Service, \$ Use of Chapel, \$

Personal Service

Gross Total for Sales Tax \$ 517.00

Outlay for Lot

Cremation

line Death Notices in Papers

Flowers, \$ 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 or Motor } Tickets, \$ Airplane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

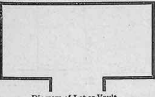
Sales Tax \$ 517

Total Footing of Bill \$ 522.17

Less petia field 2/23/44 \$

Balance 496.00

Entered into Ledger, page or below.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Signed

Address

RECORD OF FUNERAL

Total No. 1042 Yearly No. 12 Date March 1 1944

Name of Deceased Infant Daughter of Wayne M. Farland
 Married Single Widowed Divorced (What Race)

Residence _____
 Husband Wife Widow }
 Charge to: Wayne M. Farland
 Address _____
 Order given by _____
 How Secured _____
 Occupation _____
 Name of Employer _____
 Address _____
 Date of Death Feb 29/44 5 PM
 Date of Birth Feb 29 5 PM
 Age _____
 Date of Funeral Mar 1/44 Wed 7:00 M
 Services at: grave
 Clergyman Art Lane
 Religion of the Deceased _____
 Birthplace _____
 Resided in the State _____
 Place of Death Albion Co. N.Y.
 Cause of Death _____
 Contributory Causes _____

Certifying Physician Dr. Reed
 His Address _____
 Name of Father Wayne M. Farland
 His Birthplace Harrison Co. Mo.
 Maiden Name of Mother Allecia Smith
 Her Birthplace Harrison Co. Mo.
 Motor Ship } Remains to _____
 Size of Casket 2/0
 Manufactured by Rose Hill
 Interment at _____ Cemetery Crematory
 Lot No. 134
 Grave No. port # 2
 Section No. _____
 Owner _____

Complete Funeral	\$	12 50
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Funeral Car, \$		
Limousines to Cemetery		
Autos to R. R. Station		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificate No.		
Pall Bearer Service, \$		
Personal Service		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
line Death Notices in		
Flowers, \$		
Rental of Tent, \$		
Opening of Grave or Tomb		4 00
Lining Grave, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Railroad or Motor Tickets, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		13
Total Footing of Bill		8 16 63
Less		
Entered into Ledger, page		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 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 _____
 Address _____
 Witness _____

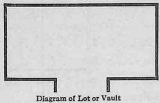
RECORD OF FUNERAL

Total No. 2043 Yearly No. 13 Date March 5 1944
 Name of Deceased Frank C. Cochran
 Residence Norfolk, Neb. Married Single Widowed Divorced (What Race)
 Charge to: Husband Wife Widow or _____ of _____

Address _____
 Order given by _____ (or informant)
 How Secured _____
 Occupation Green House Prop. (Social Security Number)
 Name of Employer self
 Address _____
 Date of Death Mar. 4 1944 10:15 AM
 Date of Birth May 30 1867
 Age about 77 76 yrs 9 m. 4 days
 Date of Funeral 3/8/44 Wed 2:30 P. M.
 Services at Coliseum
 Clergyman F. A. Beck (Address)

Religion of the Deceased L. D. J. (Address)
 Birthplace Michigan (Hickins)
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Norfolk, Neb.
 Cause of Death Pneumonia
 Contributory Causes _____

Certifying Physician L. A. Johnson
 His Address Norfolk, Neb.
 Name of Father Asa Cochran
 His Birthplace Ohio (Munson)
 Maiden Name of Mother Mabel C. Coburn
 Her Birthplace Ohio (Montez, Portarolo)
 Motor Ship Remains to _____
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Interment at Rose Hill { Cemetery
 Crematory



Lot No. 195
 Grave No. 4
 Section No. _____
 Owner _____

Complete Funeral	<u>Ship In.</u>	\$	
Casket			
Burial Vault or Box			
Embalming Body			
Barber, \$	<u>Hair Dressing, \$</u>		
Dressing Body, \$	<u>Underwear, \$</u>		
Suit or Dress			
Slippers, \$	<u>Hose, \$</u>		
Folding Chairs, \$	<u>Tarpaulin, \$</u>		
Candelabrum, \$	<u>Candles, \$</u>		
Door Spray, \$	<u>Gloves, \$</u>		
Funeral Car, \$	<u>Ambulance, \$</u>		
Limousines to Cemetery	<u>@ \$</u>		
Autos to R. R. Station	<u>@ \$</u>		
Getting Remains from			
Taking Remains to			
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.			
Pal Bearer Service, \$	<u>Use of Chapel \$</u>		
Personal Service	<u>use of chapel, heavy, on car and equipment</u>		<u>25.00</u>
Gross Total for Sales Tax		\$	
Outlay for Lot			
Cremation			
line Death Notices in	<u>Papers</u>		
Flowers, \$	<u>Coliseum Rental</u>		<u>5.00</u>
Rental of Tent, \$	<u>Palms, \$</u>		
Opening of Grave or Tomb	<u>Matting, \$</u>		
Lining Grave, \$	<u>of Temporary Vault, \$</u>		
Outlay for Shipping Charges	<u>Lowering Device, \$</u>		<u>10.00</u>
Clergyman, \$	<u>Organist, \$</u>		<u>4.00</u>
Railroad or Motor Tickets, \$	<u>Aero-plane Service, \$</u>		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Sales Tax	<u>all service, no tax</u>		
Total Footing of Bill		\$	<u>44.00</u>
Less	<u>Bliss Full Mar. 8/44</u>	\$	
Balance		\$	
Entered into Ledger, page _____ or below.			

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.
 Witness _____ Address _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 2044 Yearly No. 14 Date March 12 1944

Name of Deceased Mary Ellen McElroy (What Race) W

Residence Lanou, Ga Married Single Widowed Divorced Husband Wife Widow of John H. McElroy

Charge to: _____ Complete Funeral \$ 284.00

Address: _____ Casket _____

Order given by H. N. McElroy (or informant) Burial Vault or Box _____ (State Kind)

How Secured _____ Embalming Body _____ (Name of Embalmer)

Occupation Housewife none (Social Security Number) Barber, \$ _____ Hair Dressing, \$ _____

Name of Employer see p. Dressing Body, \$ _____ Underwear, \$ _____

Address _____ Suit or Dress _____ (State Kind and Color)

Date of Death March 9, 1944 2:30 AM Slippers, \$ _____ Hose, \$ _____

Date of Birth Jan. 4, 1854 (Date) (Hour) Folding Chairs, \$ _____ Tarpaulin, \$ _____

Age 90 2 5 (Years) (Months) (Days) Candelabrum, \$ _____ Candles, \$ _____

Date of Funeral Jan 12/44 2 P. M. Door Spray, \$ _____ Gloves, \$ _____

Services at Coliseum (Day) (Day of Week) (Hour) Funeral Car, \$ _____ Ambulance, \$ _____

Clergyman _____ Limousines to Cemetery @ \$ _____

Religion of the Deceased Methodist (Address) Autos to R. R. Station @ \$ _____

Birthplace Marion County, Ohio Getting Remains from _____ @ \$ _____

Resided in the State 36 yrs. (or U. S. or City or County) (Years) (Months) Taking Remains to _____

Place of Death Lanou, Ga Trip to Coroner's Inquest _____

Cause of Death _____ Delivering Box to _____

Contributory Causes _____ Deliver Flowers to _____

Certifying Physician D. S. P. Reed (or Coroner) Removal Charges _____

His Address Davis City, Ga Procuring Burial Permit _____ (State Number and District)

Name of Father Harvey Bonham Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's)

His Birthplace Penn. Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

Maiden Name of Mother Cornelia Brynston Personal Service _____

Her Birthplace Conn. Gross Total for Sales Tax \$ 284.00

Motor Ship } Remains to _____ Outlay for Lot _____

Size of Casket 1/2 coach cedar (State Color and Number) Cremation _____

Manufactured by Rex, Metallic _____ line Death Notices in _____ Papers Coliseum Rental 5.00

Interment at Rose Hill Cemetery } Crematory _____

Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____

Rental of Tent, \$ _____ of Temporary Vault, \$ _____

Opening of Grave or Tomb _____ 19.00

Lining Grave, \$ _____ Lowering Device, \$ _____

Outlay for Shipping Charges _____

Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____

Railroad } Tickets, \$ _____ Aero- _____ plane Service, \$ _____

Telegr., Phone, Cable or Radio Charges _____

Cash Advanced _____

Out of town Undertaker's Charges _____

Sales Tax _____ 284

Total Footing of Bill \$ 308.84

Less 5.00 14.39 814.54 July 11/44 _____

Entered into Ledger, page _____ or below. 284.50

Diagram of Lot or Vault

Lot No. 520

Grave No. 3

Section No. _____

Owner _____ Cemetery Crematory

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. 2045 Yearly No. 15 Date March 20 1944

Name of Deceased John Maurice Hill

Residence: Lamoni, Ia Married Single Widowed Divorced (What Race)
 Husband Wife Widow of } Helen Hill

Charge to:

Address:

Order given by: (Informant)

How Secured:

Occupation Retail Hardware dealer (Social Security Number)

Name of Employer: self

Address:

Date of Death March 17, 1944 6:20 AM
 (Date) (Hour)

Date of Birth May 6, 1906
 (Date) (Month) (Day) (Hour)

Age:

Date of Funeral:

Services at:

Clergyman J. Vincent Gray (Address)

Religion of the Deceased:

Birthplace Albany, Mo.

Resided in the State:

Place of Death Merry Hosp. Des Moines

Cause of Death Hemorrhage of lungs

Contributory Causes:

Certifying Physician D. J. Stameet (or Coroner)

His Address: Des Moines, Ia

Name of Father Thomas J. Hill

His Birthplace Calwell Co., Mo.

Maiden Name of Mother Nell Ages

Her Birthplace: Albany, Mo.

Motor Ship } Remains to: Albany, Mo.

Size of Casket: Red and Stat. White tone (State Color and Number)

Manufactured by: R.O.A.

Interment at: Albany { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner:

Complete Funeral \$ 397.00

Casket

Burial Vault or Box (State Kind)

Embalming Body

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress (State Kind and Color)

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

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

_____ Certif. Copies of Death Certificates No. (State Number and District)

_____ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$..... Use of Chapel, \$.....

Personal Service

Gross Total for Sales Tax \$ 397.00

Outlay for Lot

Cremation

..... line Death Notices in Papers

Flowers, \$..... (Names of Newspapers) 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 or Motor } Tickets, \$..... Aero- plane Service, \$.....

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax 397

Total Footing of Bill \$ 400.97

Less discount \$ 20.05

Balance paid in full 3/27/44 \$ 380.92

Entered into Ledger, page or below.

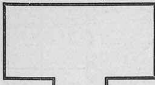


Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Witness: Signed:

Address:

RECORD OF FUNERAL

Total No. 2046 Yearly No. 16 Date March 22 1944

Name of Deceased Joseph Ethier Leeper (What Race) W.

Residence Lamoni Married Single Widowed Divorced Husband Wife Widow of Margaret Leeper

Charge to: C. A. P.

Address

Order given by

How Secured

Occupation farming home (Social Security Number)

Name of Employer self

Address

Date of Death March 20 1944 5:30 AM (Date) (Hour)

Date of Birth January 29 1857 (Date) (Hour)

Age 87 (Years) 1 (Months) 21 (Days)

Date of Funeral 3/22/44 Wed 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman

Religion of the Deceased

Birthplace Henry County, Ia

Resided in the State Ia (or U. S. or City or County) (Years) (Months)

Place of Death Lamoni

Cause of Death

Contributory Causes

Certifying Physician D. N. McHills (or Coroner)

His Address Lamoni, Ia

Name of Father Wm J Leeper

His Birthplace Pittsburg, Pa.

Maiden Name of Mother Silvan Bunt

Her Birthplace Kentucky

Motor } Remains to Leop
Ship }

Size of Casket C. A. P.

Manufactured by C. A. P. (Style Color and Number)

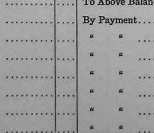
Interment at Leop Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner



Complete Funeral	\$ 100 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	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, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	<u>Stateable No tax</u>
Total Footing of Bill	\$ 100 00
Less <u>Paid in full Apr. 1944</u>	\$
Balance	\$
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

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

Address

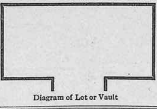
RECORD OF FUNERAL

Total No. 2047 Yearly No. 17 Date April 12 1944
 Name of Deceased Arthur Hofsteger
 Married Single Widowed Divorced (What Race)
 Residence Lamoni
 Charge to State & Vets. Adm.
 Address _____
 Order given by Brother (informant)
 How Secured _____
 Occupation _____ (Social Security Number)
 Name of Employer _____
 Address _____
 Date of Death April 8 1944 8 PM (Date) (Hour)
 Date of Birth Feb 27 1880 (Date) (Year) (Month) (Day) (Hour)
 Age 64 (Years) (Months) (Days)
 Date of Funeral 4/12/44 Wed 2 P M (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Art Lane F. S. Williams (Address)
 Religion of the Deceased _____
 Birthplace Yankton, S. Dak.
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Vets. Hosp. Des. Moines
 Cause of Death Acute Coronary Occlusion
 Contributory Causes _____

Complete Funeral	\$ 285 00
Casket	
Burial Vault or Box	(State Kiosk)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
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	
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.	(State Physician's or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	

Certifying Physician M. J. Wallerman (or Coroner)
 His Address Des Moines, Vets. Hospital
 Name of Father Josiah S. Hofsteger
 His Birthplace Iowa
 Maiden Name of Mother Margaret Dotson
 Her Birthplace Indiana
 Motor Ship } Remains to R 172 Hill
 Size of Casket 2.32 1/2 couch gray (State Color and Number)
 Manufactured by Road
 Interment at Rose Hill Cemetery

Gross Total for Sales Tax	\$ 285 00
Outlay for Lot	
Cremation	
_____ line Death Notices in _____ Papers	
Flowers, \$	(Names of Newspapers)
Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	10 00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	Aero-plane Service, \$
Railroad } Tickets, \$	(State Physician's or Coroner's)
or Motor } _____	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	Pd 6/8/44 <u>2 85</u>
Total Footing of Bill	Pd 6/8/44 <u>297 85</u>
Less _____	<u>100 00</u>
Balance Pd. 7/3/44	<u>197 85</u>
Entered into Ledger, page _____ or below.	



Lot No. 254
 Grave No. 3
 Section No. _____
 Owner _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____
 Compiled by F. J. FENEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 2049 Yearly No. 19 Date April 18 1944

Name of Deceased Charles Lyle

Married Single Widowed Divorced (What Rate)

Residence Lamoni, Iowa Husband Wife Widow of Mabelle Lyle

Charge to Estate of Chas. Lyle

Address

Order given by Raymond Spray (informant)

How Secured

Occupation Farming none (Social Security Number)

Name of Employer self

Address

Date of Death April 15 1944 1:30 PM (Hour)

Date of Birth July 19 1866

Age 73 9 1 (Years) (Months) (Days)

Date of Funeral 7/18/44 Tues 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Arthur Lane (Address)

Religion of the Deceased

Birthplace Illinois

Resided in the State 65 years (or U. S. or City or County) (Years) (Months)

Place of Death DeCATUR County Hospital

Cause of Death Myocarditis

Contributory Causes Inanition

Certifying Physician A. P. Reed (or Coroner)

His Address Davis City, Ia.

Name of Father Robert Lyle

His Birthplace Illinois

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket 6/3 Oak (State Color and Number)

Manufactured by Emb. Funeral Case Co.

Interment at Rose Hill { Cemetery } { Cemetary }

Diagram of Lot or Vault

Lot No. 132

Grave No. 3

Section No.

Owner

Complete Funeral	\$ 42.50
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$ <u>1.48</u>
Suit of clothes <u>gray</u> #	16.00
Slippers, \$	Hose, \$ <u>35¢</u>
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	442.84
Outlay for Lot	
Cremation	
..... line Death Notices in Papers	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb <u>to A. Marshall</u>	10.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	4.43
Total Footing of Bill	457.27
Less <u>5/20.44</u> <u>4/27</u> <u>10da</u> <u>22.86</u>	
<u>Paid in full</u> <u>6/18/44</u> Balance	
Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Signed

Witness

RECORD OF FUNERAL

Total No. 2050 Yearly No. 20 Date April 20 1944

Name of Deceased Miss Martha A. Young
 Married Single Widowed Divorced (What Race) W.

Residence Lamoni, Ia Husband Wife Widow of

Charge to: _____

Address: _____

Order given by: _____ (or informant)

How Secured: _____

Occupation None (Social Security Number)

Name of Employer: _____

Address: _____

Date of Death April 17, 1944 5:20 AM (Date) (Hour)

Date of Birth Sept 1, 1866 (Date)

Age 77 7 16 (Years) (Month) (Days)

Date of Funeral 4/20/44 9:30 2 P. M. (Date) (Day of Week) (Hour)

Services at: 0

Clergyman Roy Chevells (Address)

Religion of the Deceased L.D.S. (Address)

Birthplace Utah Co., Utah

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Kansas City, Kan.

Cause of Death Coronary Occlusion

Contributory Causes: _____

Certifying Physician E. S. Miller

His Address Kansas City, Kan.

Name of Father Francis D. Young

His Birthplace No Data

Maiden Name of Mother Grace H. Dennis

Her Birthplace No Data

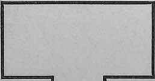
Motor Ship Remains to _____

Size of Casket 22x34x14 1/2 (State Color and Number)

Manufactured by Root

Interment at Rose Hill Cemetery Crematory

Complete Funeral	\$ 285.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 285.00
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb to <u>W. Marshall</u>	10.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad or Motor Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	285.00
Total Footing of Bill	297.85
Less <u>5.00</u> <u>287.85</u> <u>14.37</u>	273.48
Balance <u>by cash</u>	273.48
Entered into Ledger, page _____ or below.	283.46



Lot No. 422
Grave No. 1
Section No. _____
Owner _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

195

Total No. 2251 Yearly No. 21 Date April 23 1944

Name of Deceased Martha Cecelia Rabidon
 Married Single Widowed Divorced (What Race) W

Residence Lanoni, Ia Husband Wife Widow of Joseph Rabidon

Charge to Lillian Smith

Address Lanoni

Order given by above (or informant)

How Secured _____

Occupation housewife none (Social Security Number)

Name of Employer own home

Address _____

Date of Death April 20 1944 6:45 PM (Date) (Hour)

Date of Birth May 31 1861 (Date) (Year) (Month) (Days)

Age 82 (Years) 10 (Months) 21 (Days)

Date of Funeral 4/23/44 Sun 2:30 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Carl Ballantyne (Address)

Religion of the Deceased L.D.S.

Birthplace Brooklyn, N.Y.

Resided in the State or yrs (or U.S. of City or County) (Years) (Months)

Place of Death Lanoni Ia

Cause of Death _____

Contributory Causes _____

Certifying Physician W. H. Hill (or Coroner)

His Address Lanoni Ia

Name of Father W. H. Curran

His Birthplace England

Maiden Name of Mother Martha Pitt

Her Birthplace England

Motor Ship } Remains to _____

Size of Casket 1/2 Coach, Mahg. (State Color and Number)

Manufactured by Simpson

Interment at Rose Hill { Cemetery (Cemetery)

Lot No. 266-2

Grave No. 2

Section No. _____

Owner _____

Complete Funeral _____ \$ 288.00

Casket _____

Burial Vault or Box _____ (State Kind) \$ 9.00

Embalming Body _____

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress _____ (State Kind and Color)

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 _____

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. _____ (State Physician's or Coroner's)

Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

Personal Service _____

Gross Total for Sales Tax _____ \$ 388.00

Outlay for Lot _____

Cremation _____

_____ line Death Notices in _____ Papers

_____ (Names of Newspapers)

Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____

Rental of Tent, \$ _____ of Temporary Vault, \$ _____

Opening of Grave or Tomb to A. Marshall \$ 12.00

Lining Grave, \$ _____ Lowering Device, \$ _____

Outlay for Shipping Charges _____

Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____

Railroad or Motor } Tickets, \$ _____ Aero-plane Service, \$ _____

Telegr., Phone, Cable or Radio Charges _____

Cash Advanced _____

Out of town Undertaker's Charges _____

Sales Tax _____ \$ 368

Total Footing of Bill _____ \$ 403.68

Less April 19, 1944 by May 3/44 _____ \$ 19.40

4/25/44 Balance paid _____ \$ 384.28

Entered into Ledger, page _____ or below.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Witness _____ Signed _____

Witness _____ Address _____

RECORD OF FUNERAL

Total No. 1057 Yearly No. 27 Date April 26 1944

Name of Deceased Siderman McQuinch

Married Single Widowed Divorced (What Race)

Residence Lanham, Ia Husband Wife Widow of McQuinch

Charge to C.A.P.

Address

Order given by (or informant)

How Secured

Occupation farmer None (Social Security Number)

Name of Employer am. farm

Address

Date of Death April 24 1944 1 A.M. (Date) (Hour)

Date of Birth April 18 1868 (Date) (Hour)

Age 76 0 6 (Years) (Months) (Days)

Date of Funeral 4/29/44 Wed 7 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Ed. Kleaser (Address)

Religion of the Deceased A. S. Ch. (Address)

Birthplace R. Ingold County, Ia

Resided in the State Iowa (or U. S. or City or County) (Years) (Months)

Place of Death Lanham, Ia

Cause of Death

Contributory Causes

Certifying Physician K. R. Brown (or Coroner)

His Address Lanham

Name of Father Joseph McQuinch

His Birthplace not known

Maiden Name of Mother not known

Her Birthplace not known

Motor Ship } Remains to

Size of Casket C.A.P.

Manufactured by Root (State Color and Number)

Interment at Rose Hill { Cemetery } Crematory

Lot No. 1057

Grave No. 4

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$ 100.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
—Certif. Copies of Death Certificates No.	
Full Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad Tickets, \$	Aero- plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>No Tax. State sale</u>	
Total Footing of Bill	\$ 100.00
Less <u>Edm full 5/20/44</u>	
Balance	

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$, Names of Lodges, Insurance Companies

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

Witness, Address, Signed

RECORD OF FUNERAL

Total No. 1053 Yearly No. 13 Date April 30 1944

Name of Deceased Carrie Lucinda Weld

Residence St. Louis - Lameri La Married Single Widowed Divorced Husband Wife Widow or _____ of Francis M. Weld (What Race)

Charge to _____

Address _____

Order given by _____ (or informant)

How Secured _____

Occupation _____ (Social Security Number)

Name of Employer _____

Address _____

Date of Death April 27 1944 4 AM (Date) (Hour)

Date of Birth Sept 15 1861 (Date) (Year)

Age 82 7 12 (Years) (Months) (Days)

Date of Funeral _____ (Date) (Day of Week) (Hour) M.

Services at _____

Clergyman _____ (Address)

Religion of the Deceased _____

Birthplace _____

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death _____

Cause of Death _____

Contributory Causes _____

Certifying Physician _____ (or Coroner)

His Address _____

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Motor Ship } Remains to _____ (State Color and Number)

Size of Casket _____

Manufactured by _____

Interment at _____ { Cemetery Crematory

Diagram of Lot or Vault _____

Lot No. 292

Grave No. 3

Section No. _____

Owner _____

Complete Funeral	\$ 150 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 150 00
Outlay for Lot	
Cremation	
... line Death Notices in _____ Papers	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	1 50
Total Footing of Bill	\$ 151 50
Less <u>Paid</u>	
Balance	\$ _____
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 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 _____

RECORD OF FUNERAL

Total No. 2054 Yearly No. 24 Date May 2 1944

Name of Deceased Robert N. Mitchell

Residence R. P. S. Marshalltown, Ia. Married Single Widowed Divorced (What Race)

Charge to Mr. R. H. Mitchell of Oral Vician Mitchell

Address Marshalltown, Ia.

Order given by Ted Mitchell (or informant)

How Secured _____

Occupation Laborer (Social Security Number)

Name of Employer _____

Address _____

Date of Death April 28, 1944 (Date) (Hour)

Date of Birth Sept 16, 1906 (Date) (Hour)

Age 37 (Years) 7 (Months) 17 (Days)

Date of Funeral 5/2/44 (Date) Tues (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Rev. Law, L. Sandberg (Address)

Religion of the Deceased _____

Birthplace Okla. home

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

Place of Death Marshalltown, Ia. (City or County) (State) (Months)

Cause of Death Several lapsi

Contributory Causes F. eastern vertebra & severance of cord. Nov. 27, 1943

Certifying Physician R. D. Crossman (For Coroner)

His Address Marshalltown, Ia.

Name of Father Edward Mitchell

His Birthplace Iowa

Maiden Name of Mother Myrtle West

Her Birthplace Iowa

Motor } Remains to _____
Ship }

Size of Casket _____ (State Color and Number)

Manufactured by _____

Interment at Rose Hill { Cemetery
Crematory

Lot No. 10.6.8

Grave No. 4

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	<u>Ship In</u>	\$	<u>24.00</u>
Casket			
Burial Vault or Box			
Embalming Body			
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$		
Suit or Dress			
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			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No.			
Pall Bearer Service, \$	Use of Chapel, \$		
Personal Service			
Gross Total for Sales Tax		\$	
Outlay for Lot			
Cremation			
line Death Notices in	Papers		
Flowers, \$	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 or Motor Tickets, \$	Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Sales Tax	<u>all service no tax</u>		
Total Footing of Bill	<u>Od 5/2/44</u>	\$	<u>24.00</u>
Less		\$	
Balance		\$	
Entered into Ledger, page			or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ _____ Lodges _____ Insurance Companies _____

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

RECORD OF FUNERAL

Total No. 2055 Yearly No. 25 Date May 7 1944

Name of Deceased Blanche Seltz

Residence Lanoni Married Single Widowed Divorced (What Race) L.T. Seltz

Charge to Beutlet

Address Lanoni

Order given by Beutlet (or informant)

How Secured _____

Occupation Housewife (Social Security Number) None

Name of Employer own home

Address _____

Date of Death May 3 1944 11 PM (Date) (Hour)

Date of Birth March 5 1861 (Date) (Year) (Month) (Day)

Age 81 (Years) 1 (Months) 28 (Days)

Date of Funeral 7/7/44 Sunday 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Art Lane Jay Barr (Address)

Religion of the Deceased _____

Birthplace Pleasanton, Ia

Resided in the State Ia (or U. S. or City or County) (Year) (Month)

Place of Death Leon Ia Hospital

Cause of Death Chronic Myocarditis

Contributory Causes _____

Certifying Physician L. P. Reed (or Person)

His Address Lanoni

Name of Father W. S. Warnock

His Birthplace Ohio

Maiden Name of Mother Lara Davis

Her Birthplace Ohio

Motor Ship } Remains to _____

Size of Casket Hay Broadcloth (State Color and Number)

Manufactured by Simpson

Interment at Rose Hill Cemetery Crematory

Lot No. 1508

Grave No. 2

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$ 375 00	
Casket		
Burial Vault or Box <u>concrete</u>	90 00	
Embalming Body		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress	(State Kind and Color)	
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		
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. _____	(State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$ 465 00	
Outlay for Lot		
Cremation		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb <u>to A. Marshall</u>		14 00
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax	465	
Total Footing of Bill	\$ 483 65	
Less <u>5% on 465 = 23 25</u>		
Entered into Ledger, page <u>Pal Balance</u> <u>Feb 5/1944</u> or below		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Witness _____ Signed _____

Address _____

Doub. by Feb 5/1944

RECORD OF FUNERAL

Total No. 2056 Yearly No. 26 Date May 18 1944

Name of Deceased Minnie Maude Harper
 Married Single Widowed Divorced (What Race)

Residence North of Plymthdale, Mo.
 Husband Wife Widow
or _____ of _____

Charge to Estate

Address _____

Order given by J. Harper
(or informant)

How Secured _____

Occupation Housewife None
(Social Security Number)

Name of Employer _____

Address _____

Date of Death May 17 1944 9 AM
(Date) (Hour)

Date of Birth June 10 1876
(Date) (Month) (Day)

Age 67 11 7
(Years) (Months) (Days)

Date of Funeral 5/18/44 Fun 2:30 P.M.
(Date) (Day of Week) (Hour)

Services at Christian church, Plymthdale

Clergyman _____ (Address)

Religion of the Deceased _____

Birthplace Harrison Co. Mo.

Resided in the State Missouri
(or U. S. or City or County) (Years) (Months)

Place of Death Harrison Co. Mo.

Cause of Death _____

Contributory Causes _____

Certifying Physician Dr. McCarty

His Address Englewood, Mo.

Name of Father Walter B. Harper

His Birthplace Kentucky

Maiden Name of Mother Mary Bridges

Her Birthplace Iowa

Motor Ship } Remains to _____

Size of Casket Std. 4-Couch
(Style, Color and Number)

Manufactured by Emb. Bur. Co.

Interment at Plymthdale, Mo. Cemetery

Lot No. _____
Grave No. _____
Section No. _____
OWNER _____

Complete Funeral	\$	325	00
Casket			
Burial Vault or Box	(State Kind)		
Embalming Body	(Name of Embalmer)		
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$		
Suit or Dress	<u>Kennwood Dress Shop</u>	12	75
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		
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.	(State Physician's or Coroner's)		
Pall Bearer Service, \$	Use of Chapel, \$		
Personal Service			
Gross Total for Sales Tax	\$	337	75
Outlay for Lot			
Cremation			
line Death Notices in	Papers		
Flowers, \$	(Names of Newspapers)		
Rental of Tent, \$	Palms, \$		
Matting, \$	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 Charges		
Cash Advanced	Out of town Undertaker's Charges		
Retained Feb. 14/43			
Sales Tax		3	37
Total Footing of Bill		341	12
Less			
Balance			
Entered into Ledger, page			
or below			

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
maturity at the rate of _____ % per annum.

Witness _____ Signed _____
Address _____

RECORD OF FUNERAL

201

Total No. 2057 Yearly No. 27 Date May 18 1944

Name of Deceased Barrell Rhode
 Married Single Widowed Divorced (What Race)

Residence Shawland College
 Husband Wife Widow
 or _____ of _____

Charge to: _____ Complete Funeral body taken by \$ _____

Address: _____ Casket Never Funing House of

Order given by A. Neal Deaver (or informant) Burial Vault or Box abor (State Kind) \$ _____

How Secured _____ Embalming Body _____ \$ 25 00

Occupation Student (Social Security Number) Barber, \$ _____ Hair Dressing, \$ _____

Name of Employer _____ Dressing Body, \$ _____ Underwear, \$ _____

Address _____ Suit or Dress _____ (State Kind and Color)

Date of Death May 17 / 44 10 P.M. Slippers, \$ _____ Hose, \$ _____

Date of Birth Apr 2 1926 Folding Chairs, \$ _____ Tarpaulin, \$ _____

Age 18 (Year) 1 (Month) 15 (Days) Candelabrum, \$ _____ Candles, \$ _____

Date of Funeral 5/21/44 (Date) _____ (Day of Week) _____ (Hour) _____ M. Door Spray, \$ _____ Gloves, \$ _____

Services at Town La (Address) Funeral Car, \$ _____ Ambulance, \$ _____

Clergyman _____ (Address) Limousines to Cemetery _____ @ \$ _____

Religion of the Deceased _____ Autos to R. R. Station _____ @ \$ _____

Birthplace _____ Getting Remains from _____

Resided in the State _____ (or U.S. or City or County) (Years) (Months) Taking Remains to _____

Place of Death Home Pond, Lauson Trip to Coroner's Inquest _____

Cause of Death Drowning Delivering Box to _____

Contributory Causes _____ Deliver Flowers to _____

Certifying Physician D. Bowman, Coroner (or Coroner) Removal Charges _____

His Address Lean Procuring Burial Permit _____ (State Number and District)

Name of Father _____ Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's)

His Birthplace _____ Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

Maiden Name of Mother _____ Personal Service _____

Her Birthplace _____ Gross Total for Sales Tax \$ _____

Motor Ship } Remains to _____ Outlay for Lot _____

Size of Casket _____ (State Color and Number) Cremation _____

Manufactured by _____ line Death Notices in _____ Papers

Interment at _____ { Cemetery Crematory

Flowers, \$ _____ 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 or Motor } Tickets, \$ _____ Aero-plane Service, \$ _____

Telegr., Phone, Cable or Radio Charges _____

Cash Advanced _____

Out of town Undertaker's Charges _____

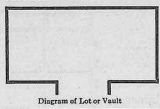
Sales Tax No tax

Total Footing of Bill Proven full \$ 25 00

Less _____ 5/21/44

Balance \$ _____

Entered into Ledger, page _____ or below.



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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Signed _____ Signed _____

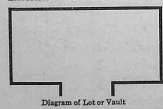
Witness _____ Address _____

RECORD OF FUNERAL

Total No. 2058 Yearly No. 28 Date June 5 1944
 Name of Deceased Laura Isabella Harder
 Residence L. D. S. Home Married Single Widowed Divorced (What Race)
 Charge to R. A. P. Husband Wife Widow of of

Address
 Order given by Bishop Landenburg (or informant)
 How Secured
 Occupation housewife none (Social Security Number)
 Name of Employer
 Address
 Date of Death June 3, 1944 6 A.M. (Date) (Hour)
 Date of Birth Sept. 18, 1876 (Date) (Hour)
 Age 67 8 15 (Years) (Months) (Days)
 Date of Funeral 6/5/44 Mon 2:30 P.M. (Date) (Day of Week) (Hour)
 Services at L. D. S. Home
 Clergyman
 Religion of the Deceased L. D. S. (Address)
 Birthplace Calonia, Mich
 Resided in the State 7 yrs (Years) (Months)
 Place of Death L. D. S. Home (or U.S. or City, or County) (Years) (Months)
 Cause of Death
 Contributory Causes

Certifying Physician (or Coroner)
 His Address
 Name of Father Abner W. Strong
 His Birthplace not known
 Maiden Name of Mother Martha Walker
 Her Birthplace not known
 Motor } Remains to Independence
 Size of Casket R. A. P. (Size, Color and Number)
 Manufactured by Abner
 Interment at Cemetery
 Crematory



Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ 100 00
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
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	
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.	(State Physician's or Coroner's)
Pal Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
..... line Death Notices in	Papers
Flowers, \$	(Names of Newspapers)
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
or Motor } Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>no tax</u>	
Total Footing of Bill	\$ 100 00
Less <u>Ad on full June 20/44</u>	
Balance	\$
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 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

RECORD OF FUNERAL

Total No. 2059 Yearly No. 29 Date June 18 1944
 Name of Deceased Norman L. Levenson
 Married Single Widowed Divorced (What Race)
 Residence St. Sheridan, Ill. Husband Wife Widow or _____ of Leona K. Levenson
 Charge to: Leona K. Levenson
 Address _____

Order given by _____
 (or informant)
 How Secured _____
 Occupation Soldier (Social Security Number)
 Name of Employer U.S. Army
 Address St. Sheridan, Ill.
 Date of Death June 14 1944 (Date) (Hour)
 Date of Birth _____ (Year) (Month) (Days)
 Date of Funeral 1/18/44 Sun 4:30 P.M. (Date) (Day of Week) (Hour)
 Services at Coliseum
 Clergyman Ed. Hayes W.C. Orill (Address)
 Religion of the Deceased _____
 Birthplace _____
 Resided in the State _____ (or B. S. or City & Country) (Years) (Months)
 Place of Death St. Sheridan, Ill.
 Cause of Death Gun shot wound
 Contributory Causes _____

Complete Funeral	\$	
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress		
Slippers, \$		
Hose, \$		
Folding Chairs, \$		
Tarpsaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		10 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		8 00
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		20 00
<u>Coliseum</u>		8 00
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in _____ Papers		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb <u>La A. Mandall</u>		10 00
Lining Grave, \$		
Lowering Device, \$		5 00
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		6 00
Organist, \$		
Railroad } Tickets, \$		
or Motor } _____ plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$	63 00
Less <u>Pd. by Mrs. Levenson</u>	\$	13 00
<u>into Army</u> Balance	\$	50 00
Entered into Ledger, page _____ or below.		

Certifying Physician Perry Wagley
 His Address St. Sheridan, Ill.
 Name of Father _____
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor } Remains to _____
 Ship } _____
 Size of Casket extra large Gray Sartorius (State Color and Number)
 Manufactured by _____
 Interment at Rose Hill { Cemetery
 Crematory
 Lot No. 1336-6
 Grave No. 4
 Section No. _____
 Owner _____

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

RECORD OF FUNERAL

Total No. 2060 Yearly No. 20 Date June 22 1944
 Name of Deceased Ruby Ann Hall
 Married Single Widowed Divorced (What Race)
 Residence Lanham
 Charge to Roscoe, Roy & Leo Hall
 Address _____
 Order given by above (or informant)
 How Secured _____
 Occupation housewife (Social Security Number)
 Name of Employer at home
 Address _____
 Date of Death June 20 1944 11 A.M. (Date) (Hour)
 Date of Birth Feb 2 1862 (Date) (Hour)
 Age 82 4 18 (Years) (Months) (Days)
 Date of Funeral 9-2-44 Thurs 2:30 P.M. (Date) (Day of Week) (Hour)
 Services at M. C. Church
 Clergyman Rev. Alexander
 Religion of the Deceased Methodist
 Birthplace W. S. Morris Co. Ia
 Resided in the State _____ (or U. S. or City, or County) (Years) (Months)
 Place of Death Lanham Ia
 Cause of Death Bronchial Pneumonia
 Contributory Causes _____

Certifying Physician A. P. Reed (or Coroner)
 His Address Davis City
 Name of Father Joseph B. Pilling
 His Birthplace England
 Maiden Name of Mother Kate Lewis
 Her Birthplace not known
 Motor Ship } Remains to _____
 Size of Casket Hinge cap, oval top gray
 Manufactured by Ross (Style Color and Number)
 Interment at Ross Hill { Cemetery Crematory

Complete Funeral	\$ 150 00
Casket	
Burial Vault or Box	90 00
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	12 75
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pal Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 240 00
Outlay for Lot	252 75
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	14 00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad or Motor	Aero-plane Service, \$
Tickets, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	2 88
Total Footing of Bill	269 28
Less <u>cash 12 25</u>	
Balance	256 03
Entered into Ledger, page _____ or below.	

Lot No. 1575-3
 Grave No. _____
 Section No. _____
 Owner _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

RECORD OF FUNERAL

Total No. 2061 Yearly No. 31 Date July 23 1944

Name of Deceased Lusan Mortimore
 Married Single Widowed Divorced (What Race)
 Husband Wife Widow or _____ of Roy Mortimore

Residence: Lamoni, Ia

Charge to: Roy Mortimore

Address: Lamoni

Order given by: above
(Informant)

How Secured _____

Occupation Aunselor None
(Social Security Number)

Name of Employer: at home

Address _____

Date of Death: July 20, 1944 6 P.M.
(Date) (Hour)

Date of Birth: Jan 8, 1893
(Date) (Month) (Days)

Age: 51
(Years) (Months) (Days)

Date of Funeral: 7/23/44 Sun 2 P.M.
(Date) (Day of Week) (Hour)

Services at: Coliseum

Clergyman: _____
(Address)

Religion of the Deceased _____

Birthplace: Whatchee, Ia

Resided in the State: 23 year
(or U. S. of City or County) (Years) (Months)

Place of Death: Lamoni, Ia

Cause of Death: Cancer of Breast

Contributory Causes: _____

Certifying Physician: A. B. Brown
(or Coroner)

His Address: Lamoni, Ia

Name of Father: Ruth Maxwell

His Birthplace: Scotland

Maiden Name of Mother: Mary Forsyth

Her Birthplace: Iowa

Motor Ship } Remains to _____

Size of Casket: Cedar stained Stab
(State Color and Number)

Manufactured by: Ross

Interment at: Rose Hill } Cemetery
 Crematory

Lot No. 144

Grave No. 3

Section No. _____

Owner _____

Diagram of Lot or Vault _____

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

Witness _____ Signed _____

Address _____

Entered into Ledger, page _____ or below.

Complete Funeral	\$ 387 00
Casket	
Burial Vault or Box <u>above</u>	90 00
Embalming Body	
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body, \$ _____ Underwear, \$ _____	
Suit or Dress _____	
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 _____	
Trip to Coroner's Inquest _____	
Delivering Box to _____	
Deliver Flowers to _____	
Removal Charges _____	
Procuring Burial Permit _____	
Certif. Copies of Death Certificates No. _____	
Use of Chapel, \$ _____	
Personal Service _____	
	477 00
Gross Total for Sales Tax _____	
Outlay for Lot _____	
Cremation _____	
line Death Notices in _____ Papers _____	
Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____	
Rental of Tent, \$ _____ of Temporary Vault, \$ _____	
Opening of Grave or Tomb _____	14 00
Lining Grave, \$ _____ Lowering Device, \$ _____	
Outlay for Shipping Charges _____	
Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad } Tickets, \$ _____ plane Service, \$ _____	
or Motor } _____	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Out of town Undertaker's Charges _____	
	477 00
Sales Tax _____	
Total Footing of Bill _____	495 00
Less _____	
Balance <u>Polio fall 1944</u> _____	471 68

RECORD OF FUNERAL

Total No. 2062 Yearly No. 32 Date July 23 1944

Name of Deceased Chris W Petersen Married Single Widowed Divorced (What Race)

Residence Lamoni, Ia Husband Wife Widow of

Charge to: Estate of Chris W Petersen

Address

Order given by Mrs. Herbert Lane (or informant)

How Secured

Occupation Retired farmer (Social Security Number)

Name of Employer

Address

Date of Death July 21 1944 (Date) (Hour)

Date of Birth May 27 1871 (Date) (Hour)

Age 73 (Months) 1 (Days) 24 (Hours)

Date of Funeral July 23 1944 (Date) (Day of Week) (Hour) 3 P.M.

Services at Chapel

Clergyman (Address)

Religion of the Deceased

Birthplace Denmark

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Omaha, Neb.

Cause of Death Pyelonephritis

Contributory Causes Prostatitis

Certifying Physician A. E. Bennett (or Coroner)

His Address Omaha

Name of Father Unknown

His Birthplace Denmark

Maiden Name of Mother Unknown

Her Birthplace Denmark

Size of Casket 6x3 (State Color and Number)

Manufactured by

Interment at Rose Hill Cemetery Crematory

Lot No. 375
Grave No. 3
Section No.
Owner

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		
Burial Vault or Box	(State Kind)	
Embalming Body	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress		
Slippers, \$	Hose, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		0.00
Taking Remains to		0.00
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.	(State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$	5.00
Personal Service		10.00
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
Flowers, \$	(Names of Newspapers)	
Rental of Tent, \$	Palms, \$	5.00
Opening of Grave or Tomb	Matting, \$	15.00
Lining Grave, \$	of Temporary Vault, \$	
Outlay for Shipping Charges	Lowering Device, \$	
Clergyman, \$	Singers, \$	4.00
Railroad or Motor Tickets, \$	Organist, \$	
Telegr., Phone, Cable or Radio Charges	Aero-plane Service, \$	
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		48.00
Total Footing of Bill	\$	
Less	\$	
Balance	\$	
Entered into Ledger, page		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 2063 Yearly No. 33 Date Aug 5 1944

Name of Deceased Norman Hausheer Married Single Widowed Divorced (What Race) W

Residence: Lamoni, Ia Husband Wife Widow of Christine Hausheer

Charge to: Pa

Address: _____

Order given by: Christine Hausheer (or informant)

How Secured _____

Occupation: Teacher 484-01-8787 (Social Security Number)

Name of Employer: not employed

Address: _____

Date of Death: Aug 3 1944 7 AM (Date) (Hour)

Date of Birth: Aug 13 1891 (Date) (Day) (Month) (Year)

Age: 52 11 20 (Year) (Month) (Day)

Date of Funeral: 8/5/44 Sat 2:30 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: _____ (Address)

Religion of the Deceased: _____

Birthplace: Switzerland

Resided in the State: 15 yrs (or U. S. or City or County) (Years) (Months)

Place of Death: Lamoni, Ia

Cause of Death: _____

Contributory Causes: _____

Certifying Physician: _____ (or Coroner)

His Address: _____

Name of Father: Charles Hausheer

His Birthplace: Switzerland

Maiden Name of Mother: Friedrika Du Bois

Her Birthplace: France

Motor } Remains to _____
Ship }

Size of Casket: gray 1/2 couch front wood cloth (State, Color and Number)

Manufactured by: Lumpkin

Interment at: Rose Hill { Cemetery Crematory

Lot No. 1461

Grave No. 1

Section No. _____

Owner: _____

Diagram of Lot or Vault

Complete Funeral	\$	249	00
Casket			
Burial Vault or Box			
Embalming Body			
Barber, \$			
Hair Dressing, \$			
Dressing Body, \$			
Underwear, \$			
Suit or Dress			
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			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No.			
Use of Chapel, \$			
Pall Bearer Service, \$			
Personal Service			
Less 3%		249	00
		12	48
Gross Total for Sales Tax	\$	236	55
Outlay for Lot			
Cremation			
line Death Notices in _____ Papers			
Flowers, \$ _____			
Palms, \$ _____			
Matting, \$ _____			
Rental of Tent, \$ _____ of Temporary Vault, \$ _____			
Opening of Grave or Tomb			10 00
Lining Grave, \$ _____			
Lowering Device, \$ _____			
Outlay for Shipping Charges			
Clergyman, \$ _____			
Singers, \$ _____			
Organist, \$ _____			
Railroad or Motor Tickets, \$ _____			
Aero-Service, \$ _____			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Sales Tax			237
Total Footing of Bill	\$	248	92
Less _____			
Balance	\$		

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 2064 Yearly No. 37 Date Aug 6 1944

Name of Deceased Nevada S. Wooden
 Married Single Widowed Divorced (What Race)

Residence Lamoni Ia Husband Wife Widow of Myron Wooden

Charge to: _____
Address: _____

Order given by: _____ (or informant)
How Secured: _____

Occupation housewife none
(Social Security Number)

Name of Employer own home
Address: _____

Date of Death Aug 3 1944 3 PM
(Date) (Hour)

Date of Birth April 26 1883
(Date) (Month) (Day) (Year)

Age 61 3 7
(Years) (Months) (Days)

Date of Funeral 8/6/44 Sun 2-0 M.
(Date) (Day of Week) (Hour)

Services at Lamoni Rock Church
Clergyman Marion Traylor (Address)

Religion of the Deceased L. P. A.
Birthplace Harrison Co. Mo.

Resided in the State 4 yrs
(or U.S. or City or County) (Years) (Months)

Place of Death Decatur Co. Hosp. Ia
Cause of Death _____

Contributory Causes _____
Certifying Physician Dr. Reed (of Coroner)

His Address Davis City
Name of Father Jake Laudage

His Birthplace Indiana
Maiden Name of Mother Harriet Cronin

Her Birthplace Ohio
Motor Ship } Remains to Lamoni Rock

Size of Casket _____ (State Color and Number)
Manufactured by _____

Interment at Payroll (Lamoni Rock) Cemetery

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

Complete Funeral	\$	345.00
Casket		
Burial Vault or Box <u>Concrete Vault</u>		90.00
(State Kind)		
Embalming Body		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress <u>16.11 Rosewood</u>		12.75
(State Kind and Color)		
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		
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.		
(State Physician's or Coroner's)		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
		447.75
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in		
(Name of Newspapers)		
Flowers, \$		
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 or Motor		
Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		4.48
Total Footing of Bill		
Less <u>paid in full Sept 8/44</u>		
<u>paid in full Sept 4/44</u>		
Balance		
Entered into Ledger, page		
		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
maturity at the rate of _____ % per annum.

Witness _____ Signed _____
Address _____

RECORD OF FUNERAL

Total No. 2065 Yearly No. 35 Date Aug. 29 1944
 Name of Deceased Mina Heale
 Married Single Widowed Divorced (What Race)
 Residence Chicago, Ill. Husband Wife Widow of Verne Heale

Charge to Verne Heale
 Address Chicago
 Order given by Verne Heale
 How Secured _____
 Occupation _____ (Social Security Number)
 Name of Employer _____
 Address _____
 Date of Death Aug 27 1944 (Date) (Hour)
 Date of Birth Nov 26 1896 (Date) (Hour)
 Age 47 (Years) 9 (Months) 2 (Days)
 Date of Funeral Aug 29 Tues 2:30 M. (Date) (Day of Week) (Hour)
 Services at Chicago
 Clergyman Jimmy Runkle (Address)
 Religion of the Deceased _____
 Birthplace _____
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Chicago, Ill.
 Cause of Death Chronic Endocarditis
 Contributory Causes _____
 Certifying Physician A. D. Yancy (Coroner)
 His Address Chicago, Ill.
 Name of Father _____
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor Ship } Remains to Ship In
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Interment at Rose Hill { Cemetery
 Crematory

Complete Funeral	\$	
Casket		
Burial Vault or Box <u>Concrete Vault</u>	\$	80.00
<small>(State Kind)</small>		
Embalming Body		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress		
<small>(Name of Embalmer)</small>		
Slippers, \$		
Hose, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from <u>Chicago</u>		10.00
Taking Remains to _____		
Trip to Coroner's Inquest		
Delivering Box to _____		
Deliver Flowers to _____		
Removal Charges _____		
Procuring Burial Permit _____		
<small>(State Number and District)</small>		
—Certif. Copies of Death Certificates No. _____		
<small>(State Physician's or Coroner's)</small>		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service, <u>use of Chapel, Hearse and Cemetery equipment, singers, etc.</u>		35.00
Gross Total for Sales Tax	\$	135.00
Outlay for Lot _____		
Cremation _____		
_____ line Death Notices in _____ Papers		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb <u>to A. D. Yancy</u>		14.00
Lining Grave, \$		
Lowering Device, \$		
Outlay for Shipping Charges _____		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad or Motor } Tickets, \$ _____		
<small>Aero-plane Service, \$</small>		
Telegr., Phone, Cable or Radio Charges _____		
Cash Advanced _____		
Out of town Undertaker's Charges _____		
Sales Tax		135
Total Footing of Bill	\$	150.35
Less <u>Polish full left 10/44</u>		
Balance	\$	
Entered into Ledger, page _____ or below.		

Diagram of Lot or Vault
 Lot No. 1443
 Grave No. 2
 Section No. _____
 Owner _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$		To Balance Forward	\$	
By Payment	\$		By Payment	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	

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 pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.

Signed _____
 Address _____
(Print Name of Funeral Directors.)

Witness _____

RECORD OF FUNERAL

Total No. 2066 Yearly No. 36 Date Sept 15 1944

Name of Deceased Alice Phoebe Dancer
 Married Single Widowed Divorced (What Race)

Residence L. D. S. Home Husband Wife Widow of

Charge to L. D. S. Church

Address Amman

Order given by Bishop Landsberg (or informant)

How Secured _____

Occupation housewife None (Social Security Number)

Name of Employer _____

Address _____

Date of Death Sept 14 1944 7:30 AM (Date) (Hour)

Date of Birth Nov 3 1854 (Date) (Day of Week) (Hour) M.

Age 89 (Years) 10 (Months) 11 (Days)

Date of Funeral 9/15/44 Sat (Date) (Day of Week) (Hour) M.

Services at No service held

Clergyman None (Address)

Religion of the Deceased L. D. S. (Address)

Birthplace Wilton, Del.

Resided in the State 46 yrs (or U. S. of City or County) (Years) (Months)

Place of Death L. D. S. Home

Cause of Death Coronary Occlusion

Contributory Causes _____

Certifying Physician K. R. Brown (or Coroner)

His Address Tennon

Name of Father George Dancer

His Birthplace New York State

Maiden Name of Mother Miss M. White

Her Birthplace Mass.

Motor } Remains to Kansas City, Mo.

Size of Casket C. A. P. (State Color and Number)

Manufactured by Root

Interment at Rose Hill { Cemetery Crematory

Lot No. 703

Grave No. 4

Section No. _____

Owner _____

Entered into Ledger, page _____ or below.

Complete Funeral	\$	100.00
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Limousine Car, \$		
Funeral to Cemetery		
Autos to R. R. Station		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Use of Chapel, \$		
Personal Service		
Taking Remains to K. C. for interment	\$	20.00
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in		
Flowers, \$		
Rental of Tent, \$		
Opening of Grave or Tomb		1.00
Lining Grave, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Railroad or Motor		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		1.20
Total Footing of Bill	\$	122.20
Less	\$	
Balance	\$	

ashes in urn buried at head of grave space.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 2067 Yearly No. 37 Date Sept 27 1944
 Name of Deceased Mary E Thomas
 Married Single Widowed Divorced (What Race)
 Residence Lamoni Ia Husband Wife Widow of Orbi B Thomas
 Charge to Estos

Address
 Order given by James Thomas (or informant)
 How Secured
 Occupation Housewife (Social Security Number) none
 Name of Employer own home
 Address
 Date of Death Sept 24 1944 7 A.M. (Date) (Hour)
 Date of Birth March 7 1853
 Age 91 6 18 (Years) (Months) (Days)
 Date of Funeral 9/20/44 Wed 2 P.M. (Date) (Day of Week) (Hour)
 Services at Coliseum
 Clergyman T. A. Beck Ed. Hahn (Address)
 Religion of the Deceased L. D. S.
 Birthplace Pleasanton, Ia
 Resided in the State Iowa (or U.S. or City or County) (Years) (Months)
 Place of Death Lamoni Ia
 Cause of Death Myocarditis
 Contributory Causes

Complete Funeral	\$ 249.00
Casket	
Burial Vault or Box	
(State Kind)	
Embalming Body	
(Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
(State Kind and Color)	
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	
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.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	

Gross Total for Sales Tax	\$ 249.00
Outlay for Lot	
Cremation	
line Death Notices in	Papers
(Name of Newspaper)	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb <u>to A. Marshall</u>	10.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aero plane Service, \$
or Motor	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	249
Total Footing of Bill	261.49
Less <u>Palms</u>	218.00
<u>249.00</u>	249.00
Balance	\$
Entered into Ledger, page	or below.

Certifying Physician K. R. Brown (or Coroner)
 His Address Lamoni Ia
 Name of Father Alfred W. Moffet
 His Birthplace not known
 Maiden Name of Mother Lydia Ann Wright
 Her Birthplace New York state
 Motor Ship } Remains to
 Size of Casket 6-3 1/2 coat cedar (State Color and Number)
 Manufactured by Heggt
 Interment at Rose Hill Cemetery

Lot No. 175
 Grave No. 3
 Section No.
 Owner

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

RECORD OF FUNERAL

Total No. 7068 Yearly No. 38 Date Oct 7 1944

Name of Deceased William J. Mather
 Married Single Widowed Divorced (What Race)

Residence Des Moines, Ia
 Husband Wife Widow of

Charge to Mrs. W. J. Mather

Address 684-46th St - Des Moines, Ia

Order given by Funeral Home
(or informant)

How Secured _____
(Name of Embalmer)

Occupation dentist
(Social Security Number)

Name of Employer _____

Address _____

Date of Death Oct 1 1944
(Date) (Hour)

Date of Birth _____
(Date) (Hour)

Age 70 5 16
(Years) (Months) (Days)

Date of Funeral 10/7/44 10:00 7:00 A.M.
(Date) (Day of Week) (Hour)

Services at C. A. Green

Clergyman Ed. H. Baser, Lewis, Audubon
(Address)

Religion of the Deceased T. D. I.

Birthplace _____

Resided in the State _____
(or U. S. or City or County) (Years) (Months)

Place of Death Des Moines

Cause of Death Hemiplegia

Contributory Causes _____

Certifying Physician A. D. Feely
(or Coroner)

His Address Des Moines

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Motor Ship } Remains to _____
(State Color and Number)

Size of Casket _____

Manufactured by _____

Interment at Ross Hill { Cemetery
Crematory

Lot No. 785

Grave No. 2

Section No. _____

Owner _____

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		
Burial Vault or Box <u>Red Wood - Delivered</u>		16 00
Embalming Body		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress		
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		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Use of Chapel, \$		
Personal Service, including use of music		30 00
Equipment of Coffin & Casket		5 00
Rental of Casket		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in _____ Papers		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb <u>to A. M. K. S. H. A. V.</u>		12 00
Lining Grave, \$		
Lowering Device, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad or Motor Tickets, \$		
Aero-Plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax <u>Polina fall Oct 7/44</u>		
Total Footing of Bill	\$	63 00
Less	\$	
Balance	\$	
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 2069 Yearly No. 39 Date Oct 5 1944

Name of Deceased Walter Oiler
 Married Single Widowed Divorced (What Race)

Residence Lanoni, Ia Husband Wife Widow of Ladie Mae Oiler

Charge to Mrs. Walter Oiler

Address

Order given by

How Secured

Occupation Farmer (Social Security Number)

Name of Employer own farm

Address

Date of Death Oct 3 1944 8:30 A.M. (Date) (Hour)

Date of Birth 1888 (Date)

Age 57 (Years) (Months) (Days)

Date of Funeral 10/5/44 Thurs 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Art Lane (Address)

Religion of the Deceased

Birthplace Virginia

Resided in the State 48 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Rochester, Minn

Cause of Death

Contributory Causes

Certifying Physician

His Address

Name of Father Samuel Oiler

His Birthplace not known

Maiden Name of Mother not known

Her Birthplace

Motor Ship } Remains to

Size of Casket ship in (State Color and Number)

Manufactured by

Interment at Rose Hill Cemetery Crematory

Lot No. 505

Grave No. 2

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		Hair Dressing, \$
Dressing Body, \$		Underwear, \$
Suit or Dress		
Slippers, \$		Hose, \$
Folding Chairs, \$		Tarpaulin, \$
Candelabrum, \$		Candles, \$
Door Spray, \$		Gloves, \$
Funeral Car, \$		Ambulance, \$
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from <u>Chariton</u>		10 00
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$		Use of Chapel, \$
Personal Service, \$		<u>35 00</u>
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
line Death Notices in		Papers
Flowers, \$		Palms, \$
Rental of Tent, \$		Temporary Vault, \$
Opening of Grave or Tomb		<u>12 00</u>
Lining Grave, \$		Lowering Device, \$
Outlay for Shipping Charges		
Clergyman, \$		Singers, \$
Railroad or Motor Tickets, \$		Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
<u>emb. trip to Rochester</u>		34 75
Sales Tax		
Total Footing of Bill		
Less <u>8.00 on full Oct 6/44</u>		
Balance		

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Witness Signed

Address

RECORD OF FUNERAL

Total No. 2070 Yearly No. 40 Date Oct 13 1944

Name of Deceased Javina Frances Ford

Residence Lamoni, Ia. Married Single Widowed Divorced (What Rank)
 Charge to C. Orsall or Wife of Fred Ford

Address Lamoni, Ia.

Order given by Mrs C Orsall (or informant)

How Secured _____

Occupation housewife None (Social Security Number)

Name of Employer _____

Address _____

Date of Death Oct 11 1944 10 AM (Date) (Hour)

Date of Birth Aug 24 1873 (Date) (Hour)

Age 71 (Years) 1 (Months) 17 (Days)

Date of Funeral 9/3/44 Fri (Date) (Day of Week) 7-9 M. (Hour)

Services at Chapel

Clergyman Carl Ballantyne, J. Barr (Address)

Religion of the Deceased _____

Birthplace Missouri

Resided in the State 40 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Lamoni

Cause of Death _____

Contributory Causes _____

Certifying Physician K. R. Brown (or Coroner)

His Address _____

Name of Father Melvin Murkels

His Birthplace Mo.

Maiden Name of Mother May M. Coy

Her Birthplace Mo.

Motor Ship } Remains to _____

Size of Casket Reg. V. each (State Color and Number)

Manufactured by _____

Interment at _____ { Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Complete Funeral including dress	\$ 225.00
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (State Kind)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
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. (State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 27.50
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers (Names of Newspapers)	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	10.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor Tickets, \$	Aero-Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>Oct 13/44</u>	
Total Footing of Bill <u>Medical. Net.</u>	\$ 237.25
Less	
Balance	
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 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 _____ Address _____

RECORD OF FUNERAL

Total No. 2071 Yearly No. 41 Date Oct 31 1944

Name of Deceased Sarah Adkins Cole Married Single Widowed Divorced (What Race)

Residence Lamoni Ia Husband Wife Widow or _____ of Jacob Cole

Charge to Cost

Address _____

Order given by Fayette Cole (or informant)

How Secured _____

Occupation Housewife _____ (Social Security Number)

Name of Employer _____

Address _____

Date of Death Oct 28/44 12:30 AM

Date of Birth Apr 24 1875 (Date) (Hour)

Age 69 6 4 (Years) (Months) (Days)

Date of Funeral 10/31/44 TUES 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Ed Weaver, Willard Mann (Address)

Religion of the Deceased L. O. S.

Birthplace Iowa

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Lamoni Ia

Cause of Death Coronary Occlusion

Contributory Causes _____

Certifying Physician K. R. Brown (or Coroner)

His Address Lamoni

Name of Father David Reid

His Birthplace Mich

Maiden Name of Mother Adeline Russell

Her Birthplace Indiana

Motor } Remains to
Ship } _____

Size of Casket 6/3 Reynolds Star (State Color and Number)

Manufactured by Ross

Interment at Ross Hill { Cemetery
Crematory

Lot No. 1567

Grave No. 2

Section No. _____

Owner _____

Complete Funeral	\$	285 00
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Hose, \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Cert. Copies of Death Certificates No. _____ (State Number and District)		
_____ (State Physician's or Coroner's)		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
		285 00
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
_____ line Death Notices in _____ Papers		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb <u>A. MARSHALL</u>		10 00
Lining Grave, \$		
Lowering Device, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad or Motor } Tickets, \$ _____ Aero-Service, \$ _____ plane		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		2 85
Total Footing of Bill <u>Nov 9/44</u>		297 85
Less <u>paid in full</u> <u>282.46</u>		
Balance <u>14 39</u>		
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

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 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 _____

Address _____

Witness _____

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

RECORD OF FUNERAL

Total No. 2072 Yearly No. 42 Date Nov 7 1944

Name of Deceased William Warren Pithin
 Married Single Widowed Divorced (What Race)

Residence Lamoni, Ia Husband Wife Widow of _____ of _____

Charge to Estab

Address _____

Order given by Mrs. J. Jones (or informant)

How Secured _____
 Occupation retired farmer (Social Security Number) None

Name of Employer _____

Address _____

Date of Death Nov. 4 1944 9 P.M. (Date) (Hour)

Date of Birth Oct. 16 1856 (Date)

Age 88 (Years) 0 (Months) 18 (Days)

Date of Funeral 11/7/44 Tues. 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Chas. Harpe (Address)

Religion of the Deceased _____

Birthplace Independence Ia

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Asceola Hosp. Asceola Ia

Cause of Death _____

Contributory Causes _____

Certifying Physician A. P. Brown (or Coroner)

His Address Lamoni

Name of Father William Pithin

His Birthplace Masn.

Maiden Name of Mother May Trussell

Her Birthplace Iud.

Motor } Remains to
 Ship }

Size of Casket Copper tone Slab (Size, Color and Number)

Manufactured by Rose Hill

Interment at Rose Hill { Cemetery
 Crematory



Lot No. 1419

Grave No. 4

Section No. _____

Owner _____

Complete Funeral	\$ 332.00
Casket	
Burial Vault or Box	
Embalming Body	(State Kind and Color)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
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	
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.	(State Physician's or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 332.00
Outlay for Lot # <u>1419-10</u>	
Cremation	
line Death Notices in	Papers
Flowers, \$	(Names of Newspapers)
Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	<u>To A. Marshall</u> 12.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	332
Total Footing of Bill	\$ 345.32
Less. <u>Od. in Feels. 11/9/44. 330.55</u>	\$
Balance	\$
Entered into Ledger, page _____ or below.	

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 2073 Yearly No. 43 Date Nov 8 1944

Name of Deceased John M. Midgorden
 Married Single Widowed Divorced (What Race) W

Residence Lamoni Husband Wife Widow of Annie Midgorden

Charge to Annie Midgorden

Address

Order given by Annie Midgorden
(or informant)

How Secured

Occupation retired farmer None
(Social Security Number)

Name of Employer

Address

Date of Death Nov 5 1944 5 P.M.
(Date) (Hour)

Date of Birth Mar 9 1863
(Date) (Year) (Month) (Day)

Age 81 7 24
(Years) (Months) (Days)

Date of Funeral 11/8/44 Wed 2 P.M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Gleager
(Address)

Religion of the Deceased L.D.S.

Birthplace Norway

Resided in the State 73 33 from Lamoni
(or U.S. or City or County) (Years) (Months)

Place of Death Lamoni Ia

Cause of Death Heart Attack

Contributory Causes Old Age

Certifying Physician H. H. Nells
(or Coroner)

His Address Lamoni

Name of Father Hans Midgorden

His Birthplace Norway

Maiden Name of Mother Not known

Her Birthplace Norway

Motor Ship } Remains to
 Size of Casket Red End Stab, Gray End Clo.
(State Color and Number)

Manufactured by Swenson

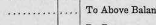
Interment at Rose Hill } Cemetery
 Crematory

Lot No. 848

Grave No. 3

Section No.

Owner



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.

Witness _____ Signed _____
 Address _____

Entered into Ledger, page _____ or below.

Complete Funeral	\$	376	00
Casket			
Burial Vault or Box			
Embalming Body			
Barber, \$			
Hair Dressing, \$			
Dressing Body, \$			
Underwear, \$			
Suit or Dress			
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			
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.			
(State Physician's or Coroner's)			
Pall Bearer Service, \$			
Use of Chapel, \$			
Personal Service			
Gross Total for Sales Tax	\$	376	00
Outlay for Lot			
Cremation			
line Death Notices in			
Papers			
(Name of Newspaper)			
Flowers, \$			
Palms, \$			
Matting, \$			
Rental of Tent, \$			
of Temporary Vault, \$			
Opening of Grave or Tomb			
of A. Marshall			12 00
Lining Grave, \$			
Lowering Device, \$			
Outlay for Shipping Charges			
Clergyman, \$			
Singers, \$			
Organist, \$			
Railroad			
or Motor			
Tickets, \$			
Aero-plane Service, \$			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Sales Tax			376
Total Footing of Bill			391 76
Less <u>Police fee 11/3/44</u>			37 77
Balance			

RECORD OF FUNERAL

Total No. 2074 Yearly No. 44 Date Nov 28 1944

Name of Deceased Helena Margaret Anderson W

Residence Lamar, Ia Married Single Widowed Divorced (What Race)
 Husband Wife of John E. Anderson

Charge to:

Address:

Order given by Emma Anderson (or informant)

How Secured:

Occupation housewife none (Social Security Number)

Name of Employer:

Address:

Date of Death Nov. 26 1944 5 AM (Date) (Hour)

Date of Birth Aug. 10 1873 (Date) (Hour)

Age 71 3 16 (Years) (Months) (Days)

Date of Funeral Nov 28 1944 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Art Paul, J. A. Husselley (Address)

Religion of the Deceased R. P.

Birthplace Nebraska

Resided in the State 50 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Lamar, Ia

Cause of Death:

Contributory Causes:

Certifying Physician K. R. Brown (or Coroner)

His Address Lamar, Ia

Name of Father John T. Human

His Birthplace Germany

Maiden Name of Mother Elizabeth Rodaway

Her Birthplace England

Motor Ship } Remains to 1/2 Coach Gray

Size of Casket:

Manufactured by Roat (State Color and Number)

Interment at Rose Hill (Cemetery or Crematory)

Lot No. 547

Grave No. 3

Section No.:

Owner:

Complete Funeral	\$ 285.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	Temporary Vault, \$
Opening of Grave or Tomb	<u>to R. MacNeill</u> 10.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aero plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	2.55
Total Footing of Bill	\$ 297.85
Less	\$ 14.25
<u>Palmer full</u>	\$ 283.60
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 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:

Address:

RECORD OF FUNERAL

219

Total No. 2075 Yearly No. 45 Date Nov 30 1944

Name of Deceased Walter Laverne Scherck
 Married Single Widowed Divorced (What Race) W.

Residence: Independence, Mo.
 Husband Wife Widow or of

Charge to: Mrs. Mabel Wachtel

Address: Lamoni

Order given by: Mrs. Wachtel
(or informant)

How Secured: _____
 Occupation: Cook (Social Security Number)

Name of Employer: _____

Address: _____

Date of Death: Nov. 27 1944 (Date) (Hour)

Date of Birth: Sept. 3 1892

Age: 52 (Years) 1 (Months) 24 (Days)

Date of Funeral: Nov. 30/44 7:30 10:30 A.M.
(Day of Week) (Hour)

Services at: Chapel

Clergyman: Chevell, Lane (Address)

Religion of the Deceased: _____

Birthplace: Iowa

Resided in the State: _____
(or U. S. or City or County) (Years) (Months)

Place of Death: Vets. Hosp. Wadsworth, Kan.

Cause of Death: Acute Toxic hepatitis

Contributory Causes: Myocarditis, nephritis

Certifying Physician: C. E. Bates
(or Coroner)

His Address: Vets. Admin. Wadsworth, Kan.

Name of Father: Theodore Scherck

His Birthplace: Iowa

Maiden Name of Mother: Laura Davis

Her Birthplace: Iowa

Motor Ship } Remains to _____
 Size of Casket: Ship in (State Color and Number)

Manufactured by: _____
 Interment at: Rose Hill Cemetery Crematory

Diagram of Lot or Vault

Lot No. 122
 Grave No. 3
 Section No. _____
 Owner _____

Complete Funeral	\$
Casket	\$
Burial Vault or Box	\$
Embalming Body	\$
Barber, \$	\$
Hair Dressing, \$	\$
Dressing Body, \$	\$
Suit or Dress	\$
Slippers, \$	\$
Hose, \$	\$
Folding Chairs, \$	\$
Candelabrum, \$	\$
Door Spray, \$	\$
Funeral Car, \$	\$
Limousine to Cemetery @ \$	\$
Autos to R. R. Station @ \$	\$
Getting Remains from	\$
Taking Remains to	\$
Trip to Coroner's Inquest	\$
Delivering Box to	\$
Deliver Flowers to	\$
Removal Charges	\$
Procuring Burial Permit	\$
Certif. Copies of Death Certificates No. <small>(State Number and District)</small>	\$
Pall Bearer Service, \$	\$
Use of Chapel, \$	\$
Personal Service, <u>meeting train use of chapel & equipment use of cemetery equipment & use of box etc.</u>	3.50 00
Gross Total for Sales Tax	\$
Outlay for Lot	\$
Cremation	\$
line Death Notices in _____ Papers	\$
Flowers, \$	\$
Palms, \$	\$
Matting, \$	\$
Rental of Tent, \$	\$
of Temporary Vault, \$	\$
Opening of Grave or Tomb to <u>A. Marshall</u>	1.00 00
Lining Grave, \$	\$
Lowering Device, \$	\$
Outlay for Shipping Charges	\$
Clergyman, \$	\$
Singers, \$	\$
Organist, \$	\$
Railroad Tickets, \$	\$
Aero-planes Service, \$	\$
Telegr., Phone, Cable or Radio Charges	\$
Cash Advanced	\$
Out of town Undertaker's Charges	\$
Sales Tax <u>Paid in full</u>	\$
Total Footing of Bill	\$ 45.00
Less	\$
Balance	\$
Entered into Ledger, page _____ or below.	\$

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Witness _____ Signed _____
 Address _____

RECORD OF FUNERAL

Total No. 2076 Yearly No. 46 Date Dec. 22 1944

Name of Deceased Clara Marie Kaestner
 Married Single Widowed Divorced (What Race) W

Residence Harrison Co. Mo. W. Lamoni Husband Wife Widow of Frank Kaestner

Charge to Frank Kaestner

Address Lamoni Ia

Order given by _____ (or informant)

How Secured _____

Occupation Housewife none (Social Security Number)

Name of Employer our home

Address _____

Date of Death Dec. 20 1944 12:10 PM (Date) (Hour)

Date of Birth Feb. 12 1880 (Date) (Hour)

Age 64 10 8 (Years) (Months) (Days)

Date of Funeral 12/22/44 5 PM 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Leander Holway Levy Runkb (Address)

Religion of the Deceased W.P.S.

Birthplace Lamoni, Del.

Resided in the State 20 (or U. S. or City or County) (Years) (Months)

Place of Death Wacata County Hosp. Lam. Ia. (State Physician's or Coroner's)

Cause of Death Coronary Embria

Contributory Causes _____

Certifying Physician H. R. Brown (or Coroner)

His Address Lamoni

Name of Father John Zirkelbach

His Birthplace Lamoni

Maiden Name of Mother Mary Single

Her Birthplace Germany

Motor Ship } Remains to _____

Size of Casket 43 14 10 Rose Tan Barnes (State Color and Number)

Manufactured by Heggen

Interment at Rose Hill { Cemetery Crematory

Lot No. 1482-1

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault

Complete Funeral	\$ 342.00
Casket	
Burial Vault or Box <u>Alfa Concrete</u>	90.00
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress, \$ <u>854 Navy</u>	9.95
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 441.95
Outlay for Lot	20.00
Cremation	
line Death Notices in _____ Papers	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb <u>W.A. Marshall</u>	14.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad } Tickets, \$	Aero- plane Service, \$
or Motor } _____	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	4.42
Total Footing of Bill	480.37
Less <u>5% Cash Recd. on July 27 - 22.02</u>	
<u>Pol in full 2/26/44</u>	
Balance	
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 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 _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 2077 Yearly No. 77 Date Dec 26 1944
 Name of Deceased Charles Blackwell Tapscott
 Married Single Widowed Divorced (What Race)
 Residence: Leam, Ia Husband Wife Widow }
 Charge to: Mrs Hazel Hill or _____ of _____
 Address 156 1/2 Cedar - Newton, Mo.
 Order given by _____ (or informant)
 How Secured _____
 Occupation farmer none (Social Security Number)
 Name of Employer own farm
 Address _____
 Date of Death Dec 24 1944 11:50 PM (Date) (Hour)
 Date of Birth May 11 1860 (Date) (Year) (Month) (Days)
 Age 84 7 13 (Year) (Months) (Days)
 Date of Funeral 7:45/49 Tues 11 A.M. (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Rev Alexander Kellerton
 Religion of the Deceased Methodist (Address)
 Birthplace Decatur County, Ia
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Decatur County Hosp, Leam, Ia (State Physician's or Coroner's)
 Cause of Death Lobar Pneumonia
 Contributory Causes _____
 Certifying Physician F.A. Bowman (or Coroner)
 His Address Leam
 Name of Father John R. Tapscott
 His Birthplace Virginia
 Maiden Name of Mother Melinda Ann Brooks
 Her Birthplace Maryland
 Motor } Remains to Heiser, Mo
 Ship }
 Size of Casket 43 Oct Day (State Color and Number)
 Manufactured by Leam, Ia
 Interment at Laver Cemetery, Mo (Cemetery)
 _____ (Crematory)
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____
 Diagram of Lot or Vault _____
 Complete Funeral \$ 254.00
 Casket _____
 Burial Vault or Box _____ (State Kind)
 Embalming Body _____ (Name of Embalmer)
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress _____ (State Kind and Color) 13.50
 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 _____
 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. _____ (State Physician's or Coroner's)
 Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
 Personal Service _____
 Gross Total for Sales Tax \$ 267.50
 Outlay for Lot _____
 Cremation _____
 _____ line Death Notices in _____ Papers
 Flowers, \$ _____ (Names of Newspapers)
 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-
 or Motor } plane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Undertaker's Charges _____
 Sales Tax _____ 2.67
 Total Footing of Bill \$ 270.17
 Less ck from Hazel Hill 1.15 81
paid bill 154 36 Balance 124.44
 Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witnesses _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 2078 Yearly No. 1 Date January 11, 1945

Name of Deceased Grant Farmer Married Single Widowed Divorced (What Race)

Residence Hollister, Mo Husband Wife Widow or of

Charge to Harbach, Dr. Moner

Address

Order given by Harbach (or informant)

How Secured

Occupation (Social Security Number)

Name of Employer

Address

Date of Death Jan 6, 1945 (Date) (Hour)

Date of Birth (Years) (Months) (Days)

Age 68 (?)

Date of Funeral Jan 11, 1945 (Date) (Day of Week) (Hour) 11:30 P.M.

Services at Chapel

Clergyman Rev Alexander Kellerton (Address)

Religion of the Deceased Methodist

Birthplace

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Des Moines General Hosp

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by Rose Hill

Interment at Rose Hill { Cemetery Crematory

Lot No. 1540

Grave No. 1

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral <u>Shep. Dr.</u>	\$
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	8.00
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
— Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Personal Service	10.00
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
Flowers, \$	
Rental of Tent, \$	5.00
Opening of Grave or Tomb	14.00
Lining Grave, \$	
Outlay for Shipping Charges	
Clergyman, \$	4.00
Railroad } Tickets, \$	
Telegr. Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	2.00
Sales Tax	75.00
Total Footing of Bill	\$ 128.00
Less	
Balance	\$

Entered into Ledger, page..... or below.

Date	Amount Paid	Balance
To Above Balance	\$	\$
By Payment	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$

Date	Amount Paid	Balance
To Balance Forward	\$	\$
By Payment	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$

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 I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

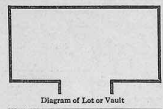
Total No. 2079 Yearly No. 2 Date Jan 17, 1945
 Name of Deceased Elisha Frank Wright
 Married Single Widowed Divorced (What Race)
 Residence: Lamoni Husband Wife Widow
 or A. O. or of }

Charge to: A. O.
 Address.....
 Order given by daughter - Mrs E. W. Fish
 (or informant)
 How Secured.....
 Occupation carpenter none
 (Social Security Number)
 Name of Employer.....
 Address.....
 Date of Death Jan 17, 1945 5:01 P.M.
 (Date) (Hour)
 Date of Birth Aug 7, 1868
 (Date) (Hour)
 Age 75 5 10
 (Year) (Months) (Days)
 Date of Funeral Jan 20, 1945 Sat 10 A.M.
 (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Rev Lane
 Religion of the Deceased Methodist (Address)
 Birthplace Harrison Co. Mo
 Resided in the State 20 yrs
 (or U. S. or City or County) (Years) (Months)
 Place of Death Lamoni Ia
 Cause of Death Cornary Occlusion
 Contributory Causes.....

Complete Funeral	\$	100	00
Casket			
Burial Vault or Box			
Embalming Body			
Barber, \$			
Hair Dressing, \$			
Dressing Body, \$			
Suit or Dress			
Slippers, \$			
Hose, \$			
Folding Chairs, \$			
Tarpaulin, \$			
Candelabrum, \$			
Candles, \$			
Door Spray, \$			
Gloves, \$			
Funeral Car, \$			
Ambulance, \$			
Limousine to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No.			
Use of Chapel, \$			
Use of Coroner's			
Personal Service			

Certifying Physician N. R. Brown
 (or Coroner)
 His Address Lamoni
 Name of Father Andrew Jackson Wright
 His Birthplace not known
 Maiden Name of Mother Rechel Beau
 Her Birthplace not known
 Motor } Remains to Mt Mourah, Mo.
 Ship }
 Size of Casket A. O.
 (State Color and Number)
 Manufactured by Root
 Internment at Mt Mourah } Cemetery
 Crematory

Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
line Death Notices in			
Papers			
Flowers, \$			
Palms, \$			
Mating, \$			
Rental of Tent, \$			
of Temporary Vault, \$			
Opening of Grave or Tomb			
Lining Grave, \$			
Lowering Device, \$			
Outlay for Shipping Charges			
Clergyman, \$			
Singers, \$			
Organist, \$			
Railroad } Tickets, \$			
Auto- } plane Service, \$			
or Motor } Telegr., Phone, Cable or Radio Charges Cash Advanced Out of town Undertaker's Charges			
Sales Tax <u>No. Tax.</u>			
Total Footing of Bill	\$	100	00
Less <u>pd Feb. 17, 1945</u>	\$		
Balance	\$		
Entered into Ledger, page			
or below			



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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$..... Names of Lodgers..... 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..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum. Signed.....
 Witness..... Address.....

RECORD OF FUNERAL

Total No. 2080 Yearly No. 3 Date Feb. 1 1945

Name of Deceased Eleanor Margaret Prall (Name of Embalmer) W

Residence Lamoni, Ia Married Single Widowed Divorced (What Race)

Charge to Walter W. Wellard Prall Husband Wife Widow or of W. W. Prall

Address

Order given by Walter W. Wellard Prall (or informant)

How Secured

Occupation Housewife none (Social Security Number)

Name of Employer

Address

Date of Death Jan. 29, 1945 10 P.M. (Date) (Hour)

Date of Birth Aug. 22, 1863 (Date) (Hour)

Age 81 5 7 (Years) (Months) (Days)

Date of Funeral 2/1/45 Thurs 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Walter G. Cole (Address)

Religion of the Deceased P. D. S.

Birthplace Lodge County, Minn.

Resided in the State 40 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Lamoni, Ia

Cause of Death

Contributory Causes

Certifying Physician A. R. Brown (or Coroner)

His Address Lamoni

Name of Father Thos. T. Helboons

His Birthplace New Jersey

Maiden Name of Mother Margaret Warner

Her Birthplace Germany

Motor Ship } Remains to

Size of Casket 6/3 Platinum (State Color and Number)

Manufactured by Simpson

Interment at Rose Hill Cemetery Crematory

Lot No. 1465-1

Grave No. 1

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral \$ 312.00

Casket

Burial Vault or Box (State Kind)

Embalming Body

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

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

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.

Pall Bearer Service, \$ Use of Chapel, \$

Personal Service

Gross Total for Sales Tax \$ 312.00

Outlay for Lot 20.00

Cremation

line Death Notices in Papers

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb P. R. Marshall 12.00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax 20.00 312.00

Total Footing of Bill \$ 347.12

Less 5% on 312.00 - 15.60

Balance 331.52

Entered into Ledger, page 2/3/45 or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (First Name of Funeral Director.)
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.

Witness Signed Address

RECORD OF FUNERAL

Total No. 2081 Yearly No. 4 Date Feb 4 1945

Name of Deceased John T Perry
 Married Single Widowed Divorced (What Race)

Residence Lamoni Ia
 Charge to Myself T Perry
 Address Lamoni

Order given by _____
 How Secured _____
 Occupation Farmer - retired none
 Name of Employer _____
 Address _____

Date of Death Feb 2 1945 2 PM
 Date of Birth Dec 29 1872
 Age 71 1 3
 Date of Funeral Feb 4 1945 2 P. M.

Services at Chapel
 Clergyman J. A. Hunsally - Rit Lane
 Religion of the Deceased _____

Birthplace Iowa
 Resided in the State 60 years
 Place of Death Lamoni Ia
 Cause of Death Advanced Pulmonary tuberculosis
 Contributory Causes extreme inattention

Certifying Physician R. P. Brown
 His Address Lamoni Ia
 Name of Father William Perry
 His Birthplace England
 Maiden Name of Mother Aral Baswell
 Her Birthplace England

Motor Ship } Remains to _____
 Size of Casket 4/3 Red Pine panel
 Manufactured by Ross
 Interment at Rose Hill Cemetery

Lot No. 1465
 Grave No. 4
 Section No. _____
 Owner _____

Complete Funeral \$ 227.00
 Casket _____
 Burial Vault or Box _____
 Embalming Body _____

Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress gray suit \$ 9.75
 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 _____
 Trip to Coroner's Inquest _____
 Delivering Box to _____
 Deliver Flowers to _____
 Removal Charges _____
 Procuring Burial Permit _____
 Certif. Copies of Death Certificates No. _____

Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
 Personal Service _____

Gross Total for Sales Tax \$ 236.75
 Outlay for Lot No. of lot 1465 \$ 20.00
 Cremation _____
 line Death Notices in _____ Papers _____

Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____
 Rental of Tent, \$ _____ of Temporary Vault, \$ _____
 Opening of Grave or Tomb to A. Marshall \$ 12.00
 Lining Grave, \$ _____ Lowering Device, \$ _____
 Outlay for Shipping Charges _____
 Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____
 Railroad or Motor Tickets, \$ _____ Aero-plane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Undertaker's Charges _____

Sales Tax _____
 Total Footing of Bill \$ 237.75
 Less 5% on 236.75 - 11.83 \$ 11.83
 Balance 225.92 \$ 225.92
 Entered into Ledger, page _____ or below _____

Diagram of Lot or Vault _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

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 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 _____ Address _____

Witness _____ Address _____

RECORD OF FUNERAL

Total No. 2082 Yearly No. 5 Date March 2, 1945

Name of Deceased Ella L. Allen

Residence Lamoni, Ia Married Single Widowed Divorced (What Race) W

Charge to Shos. Allen Husband Wife Widow or _____ of _____

Address _____

Order given by Clarence Allen & Mrs. L. Stephen (or informant)

How Secured _____

Occupation Housewife none (Social Security Number)

Name of Employer own home

Address _____

Date of Death Mar. 1, 1945 8 AM (Date) (Hour)

Date of Birth Apr. 2, 1864 (Date) (Day of Week) (Hour) M.

Age 80 10 28 (Years) (Months) (Days)

Date of Funeral 3/4/45 10 3 P (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman E. J. Gleason at home (Address)

Religion of the Deceased _____

Birthplace Decatur County (or U. S. or City or County) (Years) (Months)

Resided in the State Iowa

Place of Death Lamoni, Ia

Cause of Death Apoplexy

Contributory Causes House on fire

Certifying Physician H. M. Hill (or Coroner)

His Address Lamoni

Name of Father Erwin L. Gore

His Birthplace not known

Maiden Name of Mother America Torrey

Her Birthplace not known

Motor Ship } Remains to _____ (State, Color and Number)

Size of Casket 93. Belgium Tarpe

Manufactured by Res. Middle

Interment at Rose Hill { Cemetery _____

Lot No. 1510

Grave No. 3

Section No. _____

Owner _____

Entered into Ledger, page _____ or below.

Complete Funeral	\$ 349.00
Casket	
Burial Vault or Box <u>alder vault</u>	90.00
Embalming Body (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress, <u>wine velvet dress</u>	15.00
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	
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. (State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 454.00
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers (Names of Newspapers)	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	Temporary Vault, \$
Opening of Grave or Tomb <u>R. R. Marshall</u>	14.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad or Motor Tickets, \$	Aero-Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax <u>170.00 @ 45% = 22.93</u>	4.54
Total Footing of Bill	\$ 472.54
Less <u>Pd. in full 3/5/45</u>	\$ 22.93
Balance	\$ 449.61

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

227

Total No. 2083 Yearly No. 6 Date March 10 1945

Name of Deceased Joseph Bohall Married Single Widowed Divorced (What Race)

Residence Lamoni Ia Husband Wife Widow }
or _____ of _____

Charge to Leah Bohall

Address Lamoni

Order given by _____ (or informant)

How Secured _____

Occupation farmer none (Social Security Number)

Name of Employer _____

Address _____

Date of Death March 8 1945 3 PM (Date) (Hour)

Date of Birth Dec 22 1858 (Date)

Age 86 2 16 (Years) (Months) (Days)

Date of Funeral 3/10/45 Sat 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Art Lane, Jay Barr (Address)

Religion of the Deceased _____

Birthplace Indiana

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Lamoni

Cause of Death _____

Contributory Causes _____

Certifying Physician R. P. Brown (or Coroner)

His Address Lamoni

Name of Father William Bohall

His Birthplace Kentucky

Maiden Name of Mother Mary Ann Morgan

Her Birthplace Kentucky

Motor } Remains to
Ship } _____

Size of Casket 43 Delavan gray plush (State Color and Number)

Manufactured by Simon

Interment at Rose Hill Cemetery Crematory

Lot No. 1952 A

Grave No. 4

Section No. _____

Owner _____

Complete Funeral	\$ 256 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Taking Remains from	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____	(State Number and District)
Pal Bearer Service, \$	Use of Chapel, \$
Personal Service	
<u>Less deposit</u>	<u>12 80</u>
Gross Total for Sales Tax	\$ 243 20
Outlay for Lot	
Cremation	
_____ line Death Notices in _____ Papers	
Flowers, \$	(Names of Newspapers)
Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	<u>to H. Marshall</u>
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad } Tickets, \$	Aero-Service, \$
or Motor } _____	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	<u>2 43</u>
Total Footing of Bill	\$ 257 63
Less <u>paid in full 3/11/45</u>	<u>12 15</u>
Balance	\$ 245 48
Entered into Ledger, page _____ or below.	

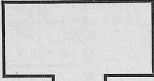


Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Signed _____ Address _____

Witness _____

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

RECORD OF FUNERAL

Total No. 2084 Yearly No. 7 Date March 18, 1945
 Name of Deceased Alma C. Lovell
 Residence Lamoni (rural)
 Charge to Grace Lovell
 Address Davis City
 Order given by _____
 How Secured _____
 Occupation farmer
 Name of Employer _____
 Address _____
 Date of Death March 14, 1945 10 AM
 Date of Birth Jan 24, 1886
 Age 59
 Date of Funeral 3/19/45 Sunday 3 P. M.
 Services at Chapel
 Clergyman Ed. Steyer, J. Barr
 Religion of the Deceased L. B. S.
 Birthplace Decatur Co. Ia
 Resided in the State Iowa
 Place of Death Lamoni farm near Lamoni
 Cause of Death heart attack
 Contributory Causes _____

Married Single Widowed Divorced (What Rate)
 (If Husband Wife Widow of Grace Lovell)
 (or informant)
 (Name of Embalmer)
 (State Kind and Color)
 (State Kind and Color)
 (State Number and District)
 (State Physician's or Coroner's)
 (or U. S. or City or County) (Years) (Months)
 (or Coroner)
 (State Color and Number)
 Cemetery
 Geomatory

Complete Funeral	\$ 338 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Full Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 338 00
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	Matting, \$
Opening of Grave or Tomb	12 00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad Tickets, \$	Organist, \$
or Motor) \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	3 38
Total Footing of Bill	\$ 353 38
Less 5% disc. 17 07	17 07
Balance	\$ 336 31
Entered into Ledger, page <u>March 18</u> of below	

Certifying Physician P. C. Bowman, Coroner
 His Address Leon, Ia
 Name of Father Nephi Lovell
 His Birthplace Iles Moines Co. Ia
 Maiden Name of Mother Mary Oleson
 Her Birthplace Denmark
 Motor) Remains to _____
 Ship) _____
 Size of Casket 43 - 18 - 20 - cedar
 Manufactured by Emil Bur. Case Co.
 Interment at Rose Hill
 Lot No. 147.3
 Grave No. 1
 Section No. _____
 Owner _____

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

229

Total No. 2085 Yearly No. 8 Date March 22 1945

Name of Deceased Sharon Marie Cole Married Single Widowed Divorced (What Race) W

Residence Lamoni, Ia Husband Wife Widow or of of

Charge to Fayette Cole

Address Fayette Cole

Order given by Fayette Cole (or informant)

How Secured _____ (Social Security Number)

Occupation _____

Name of Employer _____

Address _____

Date of Death March 21 1945 10 AM (Date) (Hour)

Date of Birth Jan 13 1945 (Date) (Hour)

Age 2 8 (Years) (Days)

Date of Funeral March 22 1945 1 P (Date) (Day of Week) (Hour) M.

Services at Fayette Cole residence

Clergyman J. Barr (Address)

Religion of the Deceased _____

Birthplace Independence, Mo

Resided in the State _____ (State Number and District) (Years) (Months)

Place of Death Lamoni, Ia

Cause of Death _____

Contributory Causes _____

Certifying Physician H. R. Brown (or Coroner)

His Address Lamoni

Name of Father Fayette Cole

His Birthplace Kansas

Maiden Name of Mother Mabel Adair

Her Birthplace Missouri

Motor } Remains to R
Ship }

Size of Casket 16 x 28 x 18 (State Color and Number)

Manufactured by Ross { Cemetery Crematory

Interment at Rose Hill

Lot No. 1462
Grave No. head of #1
Section No. _____
Owner _____

Complete Funeral	\$	25	00
Casket			
Burial Vault or Box			
Embalming Body			
Barber, \$			
Hair Dressing, \$			
Dressing Body, \$			
Suit or Dress			
Slippers, \$			
Folding Chairs, \$			
Candelabrum, \$			
Door Spray, \$			
Funeral Car, \$			
Limousines to Cemetery @ \$			
Autos to R. R. Station @ \$			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
— Certif. Copies of Death Certificates No.			
Pall Bearer Service, \$			
Personal Service			
Gross Total for Sales Tax	\$	25	75
Outlay for Lot			
Cremation			
line Death Notices in _____ Papers			
Flowers, \$			
Rental of Tent, \$			
Opening of Grave or Tomb to <u>A. Matlack</u>			5 00
Lining Grave, \$			
Outlay for Shipping Charges			
Clergyman, \$			4 00
Railroad or Motor Tickets, \$			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Sales Tax			26
Total Footing of Bill			35 01
Less _____			
Balance			
Entered into Ledger, page _____ or below.			

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

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 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 _____ Address _____

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

RECORD OF FUNERAL

Total No. 2086 Yearly No. _____ Date March 26, 1943

Name of Deceased Charles F. Church
 Married Single Widowed Divorced (What Race)
Residence Lamoni Ia Husband Wife Widow of Lamoni Church, deceased

Charge to _____
Address _____
Order given by _____ (or informant)
How Secured _____
Occupation _____ (Social Security Number)
Name of Employer _____

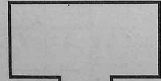
Address _____
Date of Death _____ (Date) (Hour)
Date of Birth _____ (Date) (Hour)
Age 84 (Years) (Months) (Days)
Date of Funeral 3/24/43 (Date) Mon (Day of Week) 7-0 (Hour) P. M.

Services at St. Paul
Clergyman R. Choyle (Address)
Religion of the Deceased F. O. S.
Birthplace _____

Resided in the State _____ (or U. S. or City or County) (Years) (Months)
Place of Death St. Paul, Mo.
Cause of Death _____
Contributory Causes _____

Certifying Physician _____ (or Coroner)
His Address _____
Name of Father _____
His Birthplace _____

Maiden Name of Mother _____
Her Birthplace _____
Motor Ship } Remains to _____
Size of Casket _____ (State Color and Number)
Manufactured by _____
Interment at Rose Hill Cemetery Crematory



Lot No. 856 858
Grave No. 2
Section No. _____
Owner _____

Complete Funeral	<u>Ship Du</u>	\$
Casket		
Burial Vault or Box		100 00
Embalming Body		
Barber, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Funeral Car, \$		
Limousines to Cemetery		@ \$
Autos to R. R. Station		@ \$
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificate No. _____		
Pall Bearer Service, \$		
Personal Service, \$		
Gross Total for Sales Tax		\$ 140 00
Outlay for Lot		
Cremation		
line Death Notices in _____ Papers		
Flowers, \$		
Rental of Tent, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Railroad or Motor Tickets, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		140
Total Footing of Bill		15640
Less <u>St. Paul 4/5/43</u>		
Balance		
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.
Signed _____
Address _____
Witness _____
Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 2087 Yearly No. 10 Date April 13 1945

Name of Deceased Mattie May De Long
 Married Single Widowed Divorced (What Race)

Residence Lamoni Ia
 Husband Wife Widow or _____ of A. O. De Long

Charge to A. O. De Long

Address Lamoni Ia

Order given by _____
(or informant)

How Secured _____

Occupation Housewife none
(Social Security Number)

Name of Employer own home

Address _____

Date of Death April 10 1945 4:30 P.M.
(Date) (Hour)

Date of Birth May 27 1893
(Date) (Month) (Day of Week) (Year) (Hour)

Age 61 10 13
(Years) (Months) (Days)

Date of Funeral 4/13/45 5 P.M. 2:30 P.M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Charley Ballantyne
(Address)

Religion of the Deceased R.O.P.

Birthplace Brewer Mo

Resided in the State 18 years
(or U. S. or City or County) (Years) (Months)

Place of Death DeCATUN Co. Hosp. DeCATUN, Ia

Cause of Death _____

Contributory Causes _____

Certifying Physician R. R. Brown
(or Coroner)

His Address Lamoni Ia

Name of Father John J. Morgan

His Birthplace Wald

Maiden Name of Mother Elizabeth Lewis

Her Birthplace Wald

Motor } Remains to
 Ship } _____

Size of Casket 14x20x14 High Cap. 14
(State Color and Number)

Manufactured by R. W. Hill

Interment at Rose Hill Cemetery
 Crematory

Lot No. 342

Grave No. 3

Section No. _____

Owner _____

Complete Funeral	\$	227 00
Casket		
Burial Vault or Box <u>debia</u>		20 00
<small>(State Kind)</small>		
Embalming Body _____		
<small>(Name of Embalmer)</small>		
Barber, \$ _____		
Hair Dressing, \$ _____		
Dressing Body, \$ _____		
Underwear, \$ _____		
Suit or Dress _____		
<small>(State Kind and Color)</small>		
Slippers, \$ _____		
Hose, \$ _____		
Folding Chairs, \$ _____		
Tarpaulin, \$ _____		
Candelabrum, \$ _____		
Candles, \$ _____		
Door Spray, \$ _____		
Gloves, \$ _____		
Funeral Car, \$ _____		
Ambulance, \$ _____		
Limousines to Cemetery @ \$ _____		
Autos to R. R. Station @ \$ _____		
Getting Remains from <u>Seal</u>		
Taking Remains to _____		
Trip to Coroner's Inquest _____		
Delivering Box to <u>Rose Hill</u>		
Deliver Flowers to <u>Rose Hill</u>		
Removal Charges _____		
Procuring Burial Permit _____		
<small>(State Number and District)</small>		
Certif. Copies of Death Certificates No. _____		
<small>(State Physician's or Coroner's)</small>		
Pall Bearer Service, \$ _____		
Use of Chapel, \$ _____		
Personal Service _____		
Gross Total for Sales Tax	\$	317 00
Outlay for Lot _____		
Cremation _____		
_____ line Death Notices in _____ Papers		
<small>(Names of Newspapers)</small>		
Flowers, \$ _____		
Palms, \$ _____		
Matting, \$ _____		
Rental of Tent, \$ _____		
of Temporary Vault, \$ _____		
Opening of Grave or Tomb <u>to Marshall</u>		14 00
Lining Grave, \$ _____		
Lowering Device, \$ _____		
Outlay for Shipping Charges _____		
Clergyman, \$ _____		
Singers, \$ _____		
Organist, \$ _____		
Railroad or Motor } Tickets, \$ _____		
<small>(Aero-plane Service)</small>		
Telegr., Phone, Cable or Radio Charges _____		
Cash Advanced _____		
Out of town Undertaker's Charges _____		
Sales Tax		3 17
Total Footing of Bill	\$	334 17
Less <u>5% on 317 00</u> <u>By R. W. Hill</u>		15 00
Balance <u>paid April 10 1945</u>	\$	318 17
Entered into Ledger, page _____ or below.		

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

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 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 _____ Address _____

Witness _____

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

RECORD OF FUNERAL

Total No. 2088 Yearly No. 11 Date April 18 1945

Name of Deceased Charles Richardson
 Married Single Widowed Divorced (What Race)
Residence Kellerton, Ia Husband Wife Widow of Emma Richardson

Charge to Harley Shachtelton
Address Harfield, Mo

Order given by _____ (or informant)
How Secured _____

Occupation Farming none (Social Security Number)
Name of Employer _____

Address _____
Date of Death April 16 1945 7 AM (Date) (Hour)
Date of Birth May 24 1866 (Date) (Month) (Day) (Year) (Hour)

Age 78 10 22 (Years) (Months) (Days)
Date of Funeral April 18 1945 7 P. M. (Date) (Day of Week) (Hour)

Services at Chapel (Address)
Clergyman Rev. Alexander (Address)
Religion of the Deceased M. E. (Address)

Birthplace Ringold County, Ia
Resided in the State Iowa (State)
Place of Death Walker Hosp. Bethany, Mo. (City or County) (State) (Month) (Year)

Cause of Death _____
Contributory Causes _____

Certifying Physician D. Ralph Walker (or Coroner)
His Address Bethany

Name of Father Wm R Richardson
His Birthplace Scotland
Maiden Name of Mother Ellen Bradley
Her Birthplace Scotland

Motor Ship } Remains to _____
Size of Casket mid. and state - grey wood Co. (State Color and Number)

Manufactured by Heggen
Interment at Rose Hill Cemetery Crematory

Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____
Rental of Tent, \$ _____ of Temporary Vault, \$ _____
Opening of Grave or Tomb Ed. Marshall \$ 14.00
Lining Grave, \$ _____ Lowering Device, \$ _____
Outlay for Shipping Charges _____
Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____
Railroad or Motor Tickets, \$ _____ Aero-plane Service, \$ _____
Telegr., Phone, Cable or Radio Charges _____
Cash Advanced _____
Out of town Undertaker's Charges _____

Complete Funeral \$ 34.40
Casket _____
Burial Vault or Box Alma \$ 90.00 (State Kind)
Embalming Body _____ (Name of Embalmer)
Barber, \$ _____ Hair Dressing, \$ _____
Dressing Body, \$ _____ Underwear, \$ _____
Suit or Dress _____ (State Kind and Color)
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 _____
Trip to Coroner's Inquest _____
Delivering Box to _____
Deliver Flowers to _____
Removal Charges _____
Procuring Burial Permit _____
_____ Certif. Copies of Death Certificate No. _____ (State Number and District)
_____ (State Physician's or Coroner's)

Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
Personal Service _____

Gross Total for Sales Tax \$ 73.20
Outlay for Lot \$ 2.00
Cremation _____
_____ line Death Notices in _____ Papers

Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____
Rental of Tent, \$ _____ of Temporary Vault, \$ _____
Opening of Grave or Tomb Ed. Marshall \$ 14.00
Lining Grave, \$ _____ Lowering Device, \$ _____
Outlay for Shipping Charges _____
Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____
Railroad or Motor Tickets, \$ _____ Aero-plane Service, \$ _____
Telegr., Phone, Cable or Radio Charges _____
Cash Advanced _____
Out of town Undertaker's Charges _____

Sales Tax \$ 7.32
Total Footing of Bill \$ 470.32
Less 590-2132 Apr 28th \$ _____
Balance \$ _____

Entered into Ledger, page _____ or below.

Diagram of Lot or Vault

Lot No. 1506
Grave No. 4
Section No. _____
Owner _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Witness _____ Signature _____ Address _____

RECORD OF FUNERAL

Total No. 2089 Yearly No. 12 Date May 11 1945

Name of Deceased J. Rowland Creswell (Survivor of Lyle Creswell)
 Married Single Widowed Divorced (What Race)

Residence: Lyle Creswell
 Husband Wife Widow }
 or _____ of _____ }

Charge to: Lyle Creswell

Address: _____

Order given by: _____ (or informant)

How Secured: _____

Occupation: _____ (Social Security Number)

Name of Employer: _____

Address: _____

Date of Death: May 10 1945 (Date) (Hour)

Date of Birth: May 9 1945 (Date) (Hour)

Age: _____ (Years) (Months) (Days)

Date of Funeral: May 11 1945 (Date) (Day of Week) (Hour) 11 A.M.

Services at: Rose Hill Cem.

Clergyman: Arthur Lane (Address)

Religion of the Deceased: _____

Birthplace: Bethany Mo.

Resided in the State: _____ (Years) (Months)

Place of Death: Bethany Mo.

Cause of Death: _____

Contributory Causes: _____

Certifying Physician: D. Lydon (or Coroner)

His Address: Bethany Mo.

Name of Father: Lyle Creswell

His Birthplace: Decatur Co. Ia.

Maiden Name of Mother: Wanda May Nichey

Her Birthplace: Decatur Co. Ia.

Motor Ship } Remains to _____

Size of Casket: 1 1/2 W. (State Color and Number)

Manufactured by: Root

Interment at: Rose Hill { Cemetery Crematory

Lot No. 1464

Grave No. part of #1

Section No. _____

Owner: _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Signed: _____

Witness: _____ Address: _____

Complete Funeral	\$	
Casket	\$ <u>12.50</u>	
Burial Vault or Box		
Embalming Body		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress		
(State Kind and Color)		
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		
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.		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		10.00
Gross Total for Sales Tax	\$	22.50
Outlay for Lot	\$	20.00
Cremation		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		5.00
Lowering Device, \$		
Lining Grave, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad or Motor Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		23
Total Footing of Bill	\$	48.93
Less: <u>also for lot</u>	\$	20.00
<u>will pay, Hyatt</u>	\$	27.73
Balance	\$	
Entered into Ledger, page _____ or below _____		

RECORD OF FUNERAL

Total No. 2990 Yearly No. 13 Date May 16 1945

Name of Deceased Mary Jane Youell
 Married Single Widowed Divorced (What Race)
 Residence Riley Township, Raleigh Co. Ia Husband Wife Widow of Thos. Youell

Charge to Clarence Dalg
 Address Lamou
 Order given by above (or informant)

How Secured _____
 Occupation housewife none (Social Security Number)
 Name of Employer am. home

Date of Death May 14 1945 1 A.M. (Date) (Hour)
 Date of Birth Aug 6 1854 (Date) (Year) (Month) (Days)

Age 90 9 8 (Years) (Months) (Days)
 Date of Funeral 11/6/45 Wed 2 P.M. (Date) (Day of Week) (Hour)
 Services at Mt. Zion Church

Clergyman R. A. Dalloway (Address)
 Religion of the Deceased _____
 Birthplace Wisconsin

Resided in the State 8. yrs (or U. S. or City or County) (Years) (Months)
 Place of Death and near Lamou
 Cause of Death _____

Contributory Causes _____
 Certifying Physician K. R. Brown (or Coroner)
 His Address Lamou

Name of Father Wm Smith
 His Birthplace not known
 Maiden Name of Mother Loona Bernaway

Her Birthplace not known
 Motor } Remains to _____
 Ship } _____

Size of Casket see Monmore blue (State Color and Number)
 Manufactured by Simpson
 Interment at Mt. Zion { Cemetery (Cemetery)

Lot No. _____	Sales Tax <u>8.82</u>
Grave No. _____	Total Footing of Bill <u>284.57</u>
Section No. _____	Less: <u>pd 3/15/45</u> <u>150</u> <u>Balance 134.57</u>
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	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.
 Witness _____ Signed _____
 Address _____
 Compiled by F. J. FEINMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 2091 Yearly No. 14 Date May 20 1945
 Name of Deceased Walter E Hartley
 Married Single Widowed Divorced (What Race)
 Residence Lamoni Husband Wife Widow of Eva M. Hartley
 Charge to Eva M. Hartley

Address
 Order given by (or informant)
 How Secured
 Occupation night watchman none (Social Security Number)
 Name of Employer Town of Lamoni
 Address
 Date of Death May 17, 1945 1 A.M. (Date) (Hour)
 Date of Birth Jan 30 1875
 Age 70 3 17 (Years) (Months) (Days)
 Date of Funeral 5/20/45 Jun 3 P.M. (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Carl Balloutyn, Ord Rave (Address)
 Religion of the Deceased
 Birthplace Penn.
 Resided in the State Mo. (or U. S. or City or County) (Years) (Months)
 Place of Death Lamoni
 Cause of Death
 Contributory Causes

Complete Funeral \$ 284 00
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 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
 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.
 Pall Bearer Service, \$ Use of Chapel, \$
 Personal Service

Certifying Physician H. M. Hills (or Coroner)
 His Address Lamoni
 Name of Father Stephen B. Hartley
 His Birthplace Penn.
 Maiden Name of Mother Emily Craig
 Her Birthplace Penn.
 Motor Ship } Remains to
 Size of Casket 1/2 czech tax (State Color and Number)
 Manufactured by Pet.
 Interment at Rose Hill } Cemetery Crematory

Gross Total for Sales Tax \$ 284 00
 Outlay for Lot
 Cremation
 line Death Notices in Papers
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb to R. Marshall 12 05
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges

Diagram of Lot or Vault
 Lot No. 1110
 Grave No. 2
 Section No.
 Owner

Sales Tax \$ 284
 Total Footing of Bill \$ 298 84
 Less paid by June 1 1945 \$
 Balance \$
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 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

RECORD OF FUNERAL

Total No. 2092 Yearly No. 15 Date June 18 1925

Name of Deceased Bert L. Mae Sheets

Residence Near Cagleville Married Single Widowed Divorced (What Race)

Charge to Harry Sheets Husband Wife Widow of Harry Sheets

Address Cagleville, Mo.

Order given by _____ (or informant)

How Secured _____

Occupation Housewife (Social Security Number)

Name of Employer own home

Address Cagleville, Mo.

Date of Death June 15/25 8 PM (Date) (Hour)

Date of Birth June 1, 1920 (Date)

Age 25 0 14 (Years) (Months) (Days)

Date of Funeral 6/18/25 Mon 2 P. M. (Date) (Day of Week) (Hour)

Services at Cagleville, M. C. Church (Address)

Clergyman Rev. Pollock, Hillman, Ct., Mo.

Religion of the Deceased _____

Birthplace Harrison Co. Mo.

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Home near Cagleville

Cause of Death struck by lightning

Contributory Causes _____

Certifying Physician M. C. Cartney (or Coroner)

His Address _____

Name of Father Bert Slaughter

His Birthplace Decatur County Ia.

Maiden Name of Mother Ruby Shoote

Her Birthplace Harrison Co. Mo.

Size of Casket 6 1/2 Oct. Gray (State Color and Weight)

Manufactured by Simpson Casket Co. (Cemetery Crematory)

Interment at Anderson

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

Diagram of Lot or Vault

Complete Funeral	\$	312	00
Casket			
Burial Vault or Box			
Embalming Body			
Barber, \$			
Dressing Body, \$			
Suit or Dress			
Slippers, \$			
Folding Chairs, \$			
Candelabrum, \$			
Door Spray, \$			
Funeral Car, \$			
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
_____ Certif. Copies of Death Certificates No.			
Pall Bearer Service, \$			
Personal Service			
Gross Total for Sales Tax	\$	312	00
Outlay for Lot			
Cremation			
_____ line Death Notices in _____ Papers			
Flowers, \$			
Rental of Tent, \$			
Opening of Grave or Tomb			
Lining Grave, \$			
Outlay for Shipping Charges			
Clergyman, \$			
Railroad or Motor } Tickets, \$			
_____ } Singers, \$			
_____ } Organist, \$			
_____ } Aero-plane Service, \$			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Sales Tax		312	
Total Footing of Bill	\$		
Less _____	\$	15	60
Balance	\$	299	32
Entered into Ledger, page _____ or below.			

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

237

Total No. 2093 Yearly No. 16 Date July 31 1945
 Name of Deceased Hannah Stafford
 Married Single Widowed Divorced (What Race)
 Residence: St. Louis, Missouri, Mo. Husband Wife Widow } H. M. Stafford deceased
 Charge to: DeCATUR County - O.A.P. or..... of }

Address: 2 E. M.
 Order given by: Barbara Halstead (or informant)
 How Secured
 Occupation: housewife (Social Security Number) none
 Name of Employer
 Address
 Date of Death: July 28 1945 6 P.M. (Hour)
 Date of Birth: Feb 9 1855
 Age: 90 (Years) 5 (Months) 19 (Days)
 Date of Funeral: 7/31/45 (Date) Tues (Day of Week) 2 P.M. (Hour)
 Services at: St. Home
 Clergyman: Wm. Travis J. Barr (Address)
 Religion of the Deceased
 Birthplace: England
 Resided in the State: 70 yrs (or U. S. or City or County) (Years) (Months)
 Place of Death: St. Home
 Cause of Death
 Contributory Causes

Certifying Physician: A. R. Brown (or Coroner)
 His Address: Louise
 Name of Father: Not known
 His Birthplace: England
 Maiden Name of Mother: Not known
 Her Birthplace: England
 Motor Ship } Remains to
 Size of Casket: 2 x 4 x 8 (State Color and Number)
 Manufactured by: Root
 Interment at: Rose Hill { Cemetery
 Crematory

Lot No. 548
 Grave No. 3
 Section No.
 Owner

Complete Funeral	\$ 100 00	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress (State Kind and Color)		
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		
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. (State Physician's or Coroner's)		
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
..... line Death Notices in Papers		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$ of Temporary Vault, \$	
Opening of Grave or Tomb	<u>to B. Marshall</u>	
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$ 110 00	
Less		
Balance		
Entered into Ledger, page..... or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

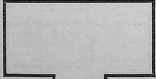
Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 2094 Yearly No. 17 Date Aug 5 1945
 Name of Deceased Mary Elizabeth Blake
 Residence Eagleville, Mo. Married Single Widowed Divorced (What Race)
 Charge to Chas. Blake Husband Wife Widow or of Chas. A. Blake
 Address Eagleville, Mo.

Order given by _____ (or informant)
 How Secured _____
 Occupation Housewife None
 Name of Employer own home Social Security Number _____
 Address _____
 Date of Death Aug 2 1945 7:30 AM
 Date of Birth Aug 4 1985
 Age 59 11 28
 Date of Funeral 8/5/45 Mon 2:30 P.M.
 Services at Eagleville, M.E. Church
 Clergyman Rev. Herbert (Address)

Religion of the Deceased _____
 Birthplace Union Co. Ia
 Resided in the State _____ (or U.S. or other County) (Years) (Months)
 Place of Death Eagleville Mo.
 Cause of Death Acute Congestive Heart
 Contributory Causes Pulmonary Edema
 Certifying Physician C.W. M. Cartney
 His Address Eagleville, Mo. (or address)
 Name of Father Parker Sewellham
 His Birthplace Kentucky
 Maiden Name of Mother Nice Arnold
 Her Birthplace Kentucky
 Motor } Remains to _____
 Ship }
 Size of Casket Taupe 4x each
 Manufactured by Root (State Color and Number)
 Interment at Rose Hill Cemetery Crematory



Lot No. 1478
 Grave No. 2
 Section No. _____
 Owner _____

Complete Funeral	\$ 300 00
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	<u>Blue cap. shirt</u> 12 50 (State Kind and Color)
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	
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.	(State Physician's or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 312 50
Outlay for Lot # <u>1478 - Rose Hill</u>	10 00
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	Matting, \$
Opening of Grave or Tomb	Temporary Vault, \$
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Organist, \$
or Motor } or Aero- plane	Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	312
Total Footing of Bill	\$ 367 62
Less <u>paid by Aug 15th 1945</u>	\$
Balance	\$ 357 99
Entered into Ledger, page <u>Aug 16</u>	or below

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Print Name of Funeral Director.)
 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 _____
 Address _____
 Witness _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 2095 Yearly No. 18 Date Aug 10 1945

Name of Deceased Albert W. Fleet
 Married Single Widowed Divorced (What Race) W

Residence: Lansoni, Ia Husband Wife Widow of Mari Fleet

Charge to: Mari Fleet

Address: Lansoni

Order given by: _____ (or informant)

How Secured _____

Occupation Merchant & Banker None (Social Security Number)

Name of Employer _____

Address _____

Date of Death Aug 7 1945 (Date) (Hour)

Date of Birth July 5 1886 (Date) (Hour)

Age 59 (Years) 1 (Months) 7 (Days)

Date of Funeral Aug 10 1945 (Date) (Day of Week) 2:30 P.M. (Hour)

Services at Chapel

Clergyman Roy Chevill (Address)

Religion of the Deceased L.D.S. (Address)

Birthplace Indiana

Resided in the State 50 years (or U. S. or City or County) (Year) (Months)

Place of Death Independence, Mo. (City)

Cause of Death Conway Occlusion

Contributory Causes _____

Certifying Physician Grashe

His Address Independence, Mo.

Name of Father B. P. Fleet

His Birthplace Ia

Maiden Name of Mother Ellie Barr

Her Birthplace Ia

Motor Ship } Remains to _____

Size of Casket and med. stat, Winsters (State, Color and Number)

Manufactured by P.O.

Interment at Rose Hill Cemetery Crematory

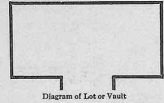
Lot No. 303

Grave No. 1

Section No. _____

Owner _____

Complete Funeral	\$ 397.00
Casket	
Burial Vault or Box <u>Alta Vault</u>	90.00
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 487.00
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	
Flowers, \$ _____	Palms, \$ _____
Matting, \$ _____	
Rental of Tent, \$ _____	of Temporary Vault, \$ _____
Opening of Grave or Tomb <u>to H. Marshall</u>	15.00
Lining Grave, \$ _____	Lowering Device, \$ _____
Outlay for Shipping Charges	
Clergyman, \$ _____	Singers, \$ _____
Organist, \$ _____	
Railroad Tickets, \$ _____	Aero-plane Service, \$ _____
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	4.87
Total Footing of Bill	\$ 506.87
Less <u>check of Aug 25</u> by <u>Mari Fleet</u>	
<u>2 Amb. trips 25.00</u>	
Balance	\$ _____
Entered into Ledger, page _____ or below _____	



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

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 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 _____

RECORD OF FUNERAL

Total No. 2096 Yearly No. 19 Date Sept. 15, 1948

Name of Deceased Sarah Polesania Jones (Name of Embalmer)
 Married Single Widowed Divorced (What Rate)
 Residence Lanoni, Ia Husband Wife Widow of Grant Jones

Charge to: Grant Jones
 Address: Lanoni
 Order given by _____ (or informant)
 How Secured _____
 Occupation housewife none (Social Security Number)
 Name of Employer _____

Date of Death Sept. 12, 1945 6:30 PM (Date) (Hour)
 Date of Birth Nov. 27, 1871 (Date) (Hour)
 Age 73 8 13 (Years) (Months) (Days)
 Date of Funeral Sept. 19, 1945 2:30 PM (Date) (Day of Week) (Hour)

Services at Co. Lutheran
 Clergyman J. P. Shusally (Address)
 Religion of the Deceased L. S. S.
 Birthplace Stark Co. Del.
 Resided in the State 47 yrs (or U. S. or City or County) (Years) (Months)
 Place of Death Lanoni
 Cause of Death Heart attack
 Contributory Causes _____

Certifying Physician N. M. Hill (or Coroner)
 His Address Lanoni
 Name of Father John S. Methan
 His Birthplace New Jersey
 Maiden Name of Mother Christina Polan
 Her Birthplace New York
 Motor } Remains to _____
 Ship }
 Size of Casket 3/3 1/2 comb. Richel (State, Color and Number)
 Manufactured by Co. B. Case Co.
 Interment at Rose Hill (Cemetery or Crematory)

Lot No. 868
 Grave No. 3
 Section No. _____
 Owner _____

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Complete Funeral	\$	300.00
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Folding Chairs, \$		
Candlebrum, \$		
Door Spray, \$		
Funeral Car, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removing Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pal Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in _____ Papers		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		12.00
Lining Grave, \$		
Lowering Device, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad } Tickets, \$		
or Motor } Aero plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		3.00
Total Footing of Bills	\$	315.00
Less _____	\$	15.00
<u>pd in balance</u>	\$	300.00
Entered into Ledger, page _____ or below.		

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

RECORD OF FUNERAL

\$241

Total No. 2097 Yearly No. 20 Date Sept 19 1945

Name of Deceased Mrs Anka C. Feldbahn Married Single Widowed Divorced (What Race) W

Residence Lamar, Ia Husband Wife Widow or _____ of Frank Feldbahn

Charge to John Feldbahn

Address 208 W. Lexington Independence Mo

Order given by above (or informant)

How Secured _____ (State Kind)

Occupation none (Social Security Number)

Name of Employer _____

Address _____

Date of Death Sept 17 1945 (Date) (Hour)

Date of Birth _____

Age 84 (Years) (Months) (Days)

Date of Funeral Wed 1945 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman E. J. Krager - Lewis Landberg (Address)

Religion of the Deceased L. D. S.

Birthplace Germany

Resided in the State _____ (Months)

Place of Death Independence Mo

Cause of Death Cancer of Colon

Contributory Causes _____

Certifying Physician _____ (or Coroner)

His Address _____

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Motor } Remains to _____
Ship }

Size of Casket lug cap gray oloc (State Color and Number)

Manufactured by Root

Interment at Rose Hill Cemetery Crematory

Lot No. 1118
Grave No. 3
Section No. _____
Owner _____

Complete Funeral	\$ 178 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress	
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Independence</u>	17 50
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificate No. _____ (State Number and District)	
Use of Chapel, \$	
Personal Service	

Gross Total for Sales Tax	\$ 195 50
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	

Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb <u>at Marshall</u>	12 00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad } Tickets, \$ _____ Aero- or Motor } plane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	

Sales Tax on 178 00	1 78
Total Footing of Bill	\$ 209 28
Less <u>5% by Sept 20th on 178 00</u>	\$ 8 90
<u>Balance</u>	\$ 200 38
Entered into Ledger, page <u>Sept 1945</u> for below	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 2098 Yearly No. 21 Date Sept 21 1945

Name of Deceased George Mason Holloway W

Residence Rural nr Hatfield, Mo. Francis Z. Holloway

Charge to estate

Address 2011

Order given by Mrs Zerna Sandage (or informant)

How Secured None

Occupation farmer None (Social Security Number)

Name of Employer None

Address None

Date of Death Sept 19/45 12:30 AM (Date) (Hour)

Date of Birth Aug 10 1865 (Date) (Hour)

Age 80 (Years) 1 (Months) 9 (Days)

Date of Funeral 9/21/45 2 P. M. (Date) (Day of Week) (Hour)

Services at Long Rock Church

Clergyman E. J. Glasgow, Jr. (Address)

Religion of the Deceased R. S.

Birthplace New Hampton, Mo.

Resided in the State Mo. (or U. S. or City or County) (Years) (Months)

Place of Death Bethany Mo. Reed Hosp

Cause of Death None

Contributory Causes None

Certifying Physician None (or Coroner)

His Address None

Name of Father Guy Holloway

His Birthplace Penticopy

Maiden Name of Mother Elvira Mc Gee

Her Birthplace not known

Motor Ship } Remains to None

Size of Casket 6/3 1/2 comb grey ray (State Color and Number)

Manufactured by R. O. T.

Interment at Long Rock { Cemetery Crematory

Lot No. None

Grave No. None

Section No. None

Owner None

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ None Names of Lodges None Insurance Companies None

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to None (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within None days from date. Interest to accrue from maturity at the rate of None % per annum.

Witness None Signed None Address None

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Complete Funeral	\$ 285.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress <u>gray suit</u>	13.50
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Auto to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Cert. Copies of Death Certificates No.	
Full Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 298.50
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor	Tickets, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	2.99
Total Footing of Bill	\$ 301.49
Less <u>1.50 fuel</u>	\$ 15.07
<u>Paid in Balance</u>	\$ 286.42

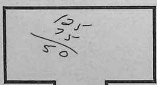


Diagram of Lot or Vault

RECORD OF FUNERAL

243

Total No. 2099 Yearly No. 22 Date Sept 27 1945

Name of Deceased Zachariah Henry Hall
 Married Single Widowed Divorced (What Race) W

Residence Lamar, La Husband Wife Widow of Rosa Hall

Charge to R. A. P.

Address _____
 Order given by Mrs Rosa Hall (or informant)

How Secured _____
 Occupation farmer & laborer 708-12-0053 (Social Security Number)
 Name of Employer own farm & R. A. P.

Address _____
 Date of Death Sept 26 1945 1 AM (Date) (Hour)
 Date of Birth Oct 12 1968 (Date) (Year)

Age 76 11 14 (Years) (Months) (Days)
 Date of Funeral 10/1/45 Thurs 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel
 Clergyman Glazer (Address) _____
 Religion of the Deceased _____

Birthplace Harrison County, Mo
 Resided in the State _____ (or U. S. City or County (Years) (Months))
 Place of Death DeCATer County Hosp. DeCATer, La


Cause of Death _____
 Contributory Causes _____

Certifying Physician H. R. Brown (or Coroner)
 His Address Lamar, La

Name of Father Charles W. Hall
 His Birthplace not known
 Maiden Name of Mother Sara Ann Baker

Her Birthplace not known
 Motor Ship } Remains to _____
 Size of Casket R. A. P. (State Color and Number)

Manufactured by _____
 Interment at Rose Hill { Cemetery Crematory

Diagram of Lot or Vault 
 Lot No. No 11-1069
 Grave No. 4
 Section No. _____
 Owner _____

Complete Funeral	\$ 100	00
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Funeral Car, \$		
Limousines to Cemetery @ \$		
Auto to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. _____		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax <u>No Tax</u>	\$	
Outlay for Lot		
Cremation		
line Death Notices in _____ Papers		
Flowers, \$		
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 Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$ 100	00
Less		
Balance		
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

Insurance \$ _____ Names of Lodging _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (From 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 _____

RECORD OF FUNERAL

Total No. 1100 Yearly No. 23 Date Nov 23 1945

Name of Deceased John George Davis
 Married Single Widowed Divorced (What Race)

Residence Rural W. Lamoni
 Urban Wite Widow of _____ of _____

Charge to _____

Address _____

Order given by Mrs. Davis (or informant)

How Secured _____

Occupation _____ (Social Security Number)

Name of Employer _____

Address _____

Date of Death Nov 20 1945 4:30 PM
(Date) (Hour)

Date of Birth _____

Age _____ (Year) (Month) (Days)

Date of Funeral 11/23/45 5 P 2 P M
(Day) (Day of Week) (Hour)

Services at Chapel

Clergyman R. W. Weegal Kellinton
(Address)

Religion of the Deceased _____

Birthplace _____

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Lama City, State Ark

Cause of Death Astoria Sclerosis

Contributory Causes generalized heart disease

Certifying Physician A. L. Sals (or Coroner)

His Address Lama City

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Motor Ship } Remains to _____
Size of Casket 560A1 Fawn Broadloom
(State Color and Number)

Manufactured by Root

Interment at Rose Hill { Cemetery
Crematory

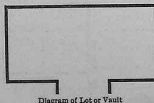
Lot No. 685 single

Grave No. _____

Section No. _____

Owner _____

Complete Funeral	\$ 249.00
Casket	
Burial Vault or Box <u>Albia Vault</u>	90.00
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Suit or Dress # <u>783</u> <u>Gray suit</u>	14.50
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. _____	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 353.50
Outlay for Lots # <u>685</u> <u>single</u>	10.00
Cremation	
line Death Notices in _____ Papers	
Flowers, \$ _____	
Palms, \$ _____	
Matting, \$ _____	
Rental of Tent, \$ _____	
of Temporary Vault, \$ _____	
Opening of Grave or Tomb <u>to Marshall</u>	14.00
Lining Grave, \$ _____	
Lowering Device, \$ _____	
Outlay for Shipping Charges	
Clergyman, \$ _____	
Singers, \$ _____	
Organist, \$ _____	
Railroad Tickets, \$ _____	
Aero-plane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
<u>and trip to Lamoni to La City</u>	26.95
	33.95
Sales Tax	3.54
Total Footing of Bill	\$ 414.99
Less _____	
Balance <u>paid</u>	\$ 26.95
Entered into Ledger, page _____ of below.	



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Signed _____

Address _____

Witness _____

RECORD OF FUNERAL

Total No. 2191 Yearly No. 24 Date Nov 24 1945

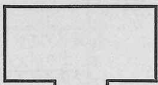
Name of Deceased George Washington Johnson
 Married Single Widowed Divorced (What Race)
 Residence Lamoni Ia Husband Wife Widow or _____ of Luella Johnson

Charge to Ray Johnson
 Address Lamoni
 Order given by Ray Johnson (or informant)
 How Secured _____
 Occupation Jeweler none (Social Security Number)
 Name of Employer _____
 Address _____

Date of Death Nov. 22 1945 1 P.M. (Date) (Hour)
 Date of Birth Nov. 22 1955 (Date) (Hour)
 Age 90 (Years) 0 (Months) 0 (Days)
 Date of Funeral 11/24/45 Sat 10 A.M. (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Art Lane (Address)

Religion of the Deceased _____
 Birthplace Van Buren Co. Mich
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Lamoni Iowa
 Cause of Death _____
 Contributory Causes _____

Certifying Physician K. R. Brown (or Coroner)
 His Address Lamoni
 Name of Father Daniel Johnson
 His Birthplace not known
 Maiden Name of Mother Jarah Goodhue
 Her Birthplace Canada
 Motor } Remains to _____
 Ship }
 Size of Casket Oak (State Color and Number)
 Manufactured by Burlington
 Interment at Rose Hill { Cemetery
 Crematory



Lot No. 98
 Grave No. 1
 Section No. _____
 Owner Paider Hill Nov 26/45

Complete Funeral	\$ 360 00
Casket	
Burial Vault or Box <u>Price</u>	
Embalming Body (Name of Embalmer)	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Suit or Dress (State Kind and Color)	
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limosines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
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. (State Physician's or Coroner's)	
Pall Bearer Service, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 360 00
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	
Flowers, \$ (Names of Newspapers)	
Palms, \$	
Matting, \$	
Rental of Tent, \$ of Temporary Vault, \$	
Opening of Grave or Tomb <u>to Marshall</u>	12 00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad or Motor } Tickets, \$	
Aero- plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	360
Total Footing of Bill	\$ 375 60
Less <u>2800 00</u>	\$ 15 00
Balance	\$ 357 60
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 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 _____

RECORD OF FUNERAL

Total No. 2102 Yearly No. 25 Date Nov. 27 1945

Name of Deceased Jemima Parish
 Married Single Widowed Divorced (What Race) W

Residence Lanoni HUSBAND WIFE WIDOW OR WIDOWER of San Parish

Charge to Estate of M. Hynden prob.

Address Lanoni

Order given by M. Hynden (or informant)

How Secured _____

Occupation housewife none (Social Security Number)

Name of Employer _____

Address _____

Date of Death Nov. 25 1945 5 AM (Date) (Hour)

Date of Birth _____

Age 81 (Years) (Months) (Days)

Date of Funeral 11/27/45 11:30 P.M. (Date) (Hour)

Services at Chapel + Allandale

Clergyman Art Lane (Address)

Religion of the Deceased L.P.S.

Birthplace _____

Resided in the State _____ (or U. S. or City or County) (County) (Municipality)

Place of Death Clanuda State Hosp.

Cause of Death similarity of broken hip

Contributory Causes _____

Certifying Physician _____ (or Coroner)

His Address _____

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Motor Ship } Remains to Allandale, Mo.

Size of Casket 4'-0" long, cap. gray, white (State Color and Number)

Manufactured by Ross

Interment at Allandale { Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$	
Casket <u>and usual services</u>	17.8	00
Burial Vault or Box <u>alt.</u>	9.0	00
Embalming Body (Name of Embalmer)		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress <u>gray dress</u>	6	75
Slippers, \$		
Hose, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousine to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
—Certif. Copies of Death Certificates No. _____ (State Number and District)		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	274.75
Outlay for Lot		
Cremation		
... line Death Notices in _____ Papers (Names of Newspapers)		
Flowers, \$		
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 or Motor Tickets, \$		
Arrangement Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
<u>trip to Clanuda for body</u>	10	00
<u>trip to Allandale for funeral</u>	1.00	00
Sales Tax	2	75
Total Footing of Bill	\$	297.50
Less <u>vault pd for</u>		9.00
<u>paid in full 2/27/46 - 2.06.60</u>		2.06
Balance	\$	207.50
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$		To Balance Forward	\$	
By Payment	\$		By Payment	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to _____ (From 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 _____

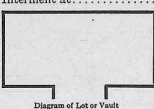
RECORD OF FUNERAL

Total No. 2103 Yearly No. 26 Date December 11, 1945
 Name of Deceased Sarah Emma York W
Married Single Widowed Divorced (What Race)

Residence Rural near Hatfield Husband Wife Widow or _____ of Des. York
 Charge to Mrs. Claude Redburn
 Address Hatfield, Mo.
 Order given by above
(Informant)
 How Secured _____
 Occupation housewife none
(Social Security Number)
 Name of Employer _____
 Address _____
 Date of Death Dec. 9 1945 8 P.M.
(Date) (Hour)
 Date of Birth June 7 1866
(Date) (Year) (Month) (Days)
 Age 79
(Years) (Months) (Days)
 Date of Funeral 12/11/45 Tues. 2 P.M.
(Date) (Day of Week) (Hour)
 Services at Leve Rock Church
 Clergyman Levard Holloway
(Address)

Religion of the Deceased _____
 Birthplace Harrison Co. Mo.
 Resided in the State Missouri
(or U. S. or City or County) (Year) (Months)
 Place of Death Redburn home in Hatfield
 Cause of Death _____
 Contributory Causes _____

Certifying Physician Dr. Mel
 His Address Grant City
 Name of Father Wm Tull
 His Birthplace Ind.
 Maiden Name of Mother not known
 Her Birthplace Ind.
 Motor Ship } Remains to _____
 Size of Casket 6/3 1/2 corch. Heppner
(State Color and Number)
 Manufactured by _____
 Interment at payne { Cemetery Crematory



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

Complete Funeral	\$ 317.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Dressing Body, \$	
Suit or Dress	5.75
Slippers, \$	3.04
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from _____	
Taking Remains to _____	
Trip to Coroner's Inquest _____	
Delivering Box to _____	
Deliver Flowers to _____	
Removal Charges _____	
Procuring Burial Permit _____	
Certif. Copies of Death Certificates No. _____	
Pall Bearer Service, \$	
Personal Service _____	
Gross Total for Sales Tax	\$ 325.79
Outlay for Lot _____	
Cremation _____	
line Death Notices in _____ Papers	
Flowers, \$	
Rental of Tent, \$	
Opening of Grave or Tomb _____	
Lining Grave, \$	
Outlay for Shipping Charges _____	
Clergyman, \$	
Railroad or Motor Tickets, \$	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Out of town Undertaker's Charges _____	
Sales Tax	3.26
Total Footing of Bill	\$ 329.05
Less <u>5.00</u> <u>Prodract 14.45</u>	
<u>pd, Dec 7-145</u> Balance	
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 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 _____
 Address _____
 Witness _____

RECORD OF FUNERAL

1946

219th

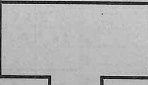
Total No. 2104 Yearly No. 1 Date January 11 1946
 Name of Deceased Thomas Jefferson Hill
 Married Single Widowed Divorced (What Race)
 Residence Lamoni Husband Wife Widow of Hill Hill

Charge to Thos. J. Hill
 Address Lamoni
 Order given by _____ (or informant)
 How Secured _____
 Occupation Farmer None
 Name of Employer self (Social Security Number)

Address _____
 Date of Death Jan. 10 1946 9 AM
 Date of Birth Jan. 16 1879
 Age 67 (Years) (Months) (Days)
 Date of Funeral Jan. 10 1946 1:30 P.M.
 Services at Coliseum

Clergyman J. Vincent Gray (Address)
 Religion of the Deceased M.C.
 Birthplace Caldwell Co. Mo.
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Lamoni Ia.
 Cause of Death _____
 Contributory Causes _____

Certifying Physician H. M. Hill (or Coroner)
 His Address Lamoni
 Name of Father Morris Hill
 His Birthplace Boone Co. Mo.
 Maiden Name of Mother Lucy Davis
 Her Birthplace Boone Co. Mo.
 Remains to Albany, Mo.
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Interment at Albany, Mo. Cemetery Greenbush



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

Complete Funeral	\$ 372.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 372.00
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	
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 Charges	
Cash Advanced	
Out of town Undertaker's Charges	
<u>grave - 15.00 Vault 115.00</u>	
Sales Tax	372
Total Footing of Bill	\$ 375.72
Less <u>5.40</u> <u>12.75</u> <u>10.20</u> <u>11.10</u>	\$ 130
Balance	\$ 505.72
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 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 _____
 Address _____
 Witness _____

RECORD OF FUNERAL

249

Total No. 2105 Yearly No. 2 Date Feb 8 1946

Name of Deceased Peter Mucus
 Married Single Widowed Divorced (What Race)
W

Residence Lamoni Ia Husband Wife Widow of Anna Mucus
 or _____ of _____

Charge to Anna Mucus
 Address Lamoni Ia

Order given by - none -
 (or informant)

How Secured _____
 Occupation Retired Missionary none (Social Security Number)
 Name of Employer L. D. Church

Address _____
 Date of Death Feb 5 1946 9 P.M. (Date) (Hour)
 Date of Birth July 6 1871 (Date) (Month) (Day)

Age 74 6 29 (Years) (Months) (Days)
 Date of Funeral 2/8/46 Fun 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel
 Clergyman _____ (Address)

Religion of the Deceased L. D. Church (Address)
 Birthplace Norway Lamoni Ia
 Resided in the State Ia 15 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Lamoni Ia
 Cause of Death _____
 Contributory Causes _____

Certifying Physician Dr. E. C. Hawet (or County)
 His Address Lamoni Iowa

Name of Father Johan Olsen
 His Birthplace Norway
 Maiden Name of Mother Annane Mucus

Her Birthplace Norway
 Motor Ship) Remains to _____
 Size of Casket 1/3 - 1/4 Couch - Monrose Phil (State Color and Number)

Manufactured by Limpson
 Interment at Rose Hill { Cemetery
 Crematory

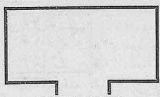
Lot No. 1583-
 Grave No. 1
 Section No. _____
 Owner _____

Complete Funeral \$ 269.00
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 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
 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. _____ (State Physician's or Coroner's)

Ball Bearer Service, \$ Use of Chapel, \$
 Personal Service
 Gross Total for Sales Tax \$ 269.00
 Outlay for Lot 1583 (P.D.)
 Cremation
 _____ line Death Notices in _____ Papers

Flowers, \$ (Names of Newspapers)
 Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb to R. Mary Hall (P.D.) \$ 12.00 x
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad Tickets, \$ Aero-plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges

Sales Tax 269
 Total Footing of Bill \$ 283.69
 Less 5% discount 13.87 by Feb 18/46 \$ 13.58
 Balance \$ 270.11
 Entered into Ledger, page 79 of below. Feb 9/46



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

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 _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____
 Witness _____ Address _____
 Compiled by F. J. FEINEMAN, St. Louis Mo.

RECORD OF FUNERAL

Total No. 2106 Yearly No. 3 Date Feb. 13 1946

Name of Deceased Jessie Dostater
 Married Single Widowed Divorced (What Race)

Residence Lamoni
 Husband Wife Widow of Jessie Dostater

Charge to Mrs. S. Cole

Address Albia Ia

Order given by Mrs. S. Cole (or informant)

How Secured _____

Occupation Housewife Slapers 483-01-6736 (Social Security Number)

Name of Employer Lamoni Chiropractic

Address Lamoni

Date of Death Feb. 10, 1946 9 A.M. (Date) (Hour)

Date of Birth Aug. 29, 1876 (Date)

Age 69 5 11 (Years) (Months) (Days)

Date of Funeral 2/13/46 Wed. 2 P. M. (Date) (Day of Week) (Hour)

Services at Slapers (Address)

Clergyman Art Lane (Address)

Religion of the Deceased _____

Birthplace St. Louis Mo.

Resided in the State Mo. (or U.S. or City or County) (Years) (Months)

Place of Death Neosho, Mo.

Cause of Death Auto Accident

Contributory Causes _____

Certifying Physician _____ (or Coroner)

His Address _____

Name of Father Emmanuel Roberto

His Birthplace Birmingham, Eng.

Maiden Name of Mother Charlotte Anderson

Her Birthplace Glasgow Scotland

Motor Ship } Remains to _____

Size of Casket 6/3 State

Manufactured by Emm. B. Case Co. (State, Color and Number)

Interment at Rose Hill { Cemetery Crematory

Lot No. 1493

Grave No. 3

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$ 332.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	(Name of Embalmer)
Hair Dressing, \$	(State Blank)
Dressing Body, \$	Underwear, \$
Suit or Dress, \$	<u>Wavy blue crepe</u> 16.00
(State Kind and Color)	
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	
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.	
(State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 378.00
Outlay for Lot <u>North 7</u> 1493	20.00
Cremation	
line Death Notices in _____ Papers	
(Names of Newspapers)	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb <u>To A. Marshall</u>	12.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad Tickets, \$	Aero. Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	3.48
Total Footing of Bill	\$ 383.48
Less <u>5% (an 35)</u> <u>17.82</u>	\$ 17.59
Entered into Ledger, page <u>Paid in full Feb 14</u> 1946	\$ 365.89
or below <u>76</u>	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. 2107 Yearly No. 7 Date Feb. 23 1946

Name of Deceased Raymond B. Creveling W
 Married Single Widowed Divorced (What Race)

Residence: Lanani Edna Creveling
 Husband Wife Widow } of

Charge to: Edna Creveling

Address: Lanani

Order given by: _____
(or informant)

How Secured: _____

Occupation: Auto Mechanic 162-07-2935
(Social Security Number)

Name of Employer: Smeldon Motor Co.

Address: Lanani

Date of Death: Feb. 20, 1946 1 P.M.
(Date) (Hour)

Date of Birth: Mar. 24, 1898

Age: 47 10 20
(Years) (Months) (Days)

Date of Funeral: 2/23/46 Sat 2 P. M.
(Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Walter Neal
(Address)

Religion of the Deceased: _____

Birthplace: DeCATUR County

Resided in the State: Lifetime
(or U. S. or City or County) (Years) (Months)

Place of Death: DeCATUR Co. Hospital

Cause of Death: Cerebral Hemorrhage

Contributory Causes: _____

Certifying Physician: K. R. Brown
(or Coroner)

His Address: Lean

Name of Father: Chas. Creveling

His Birthplace: DeCATUR Co. - Ga

Maiden Name of Mother: Jessie Dunbar

Her Birthplace: DeCATUR Co. - Ga

Motor Ship } Remains to: _____
(State Color and Number)

Size of Casket: 6/6 - 1X

Manufactured by: Ross

Interment at: Ross Hill { Cemetery
 Crematory

Lot No. 1467

Grave No. 4

Section No. _____

Owner: _____

Diagram of Lot or Vault: 

Complete Funeral	\$ 294.00
Casket	
Burial Vault or Box <u>Plaster Vault</u>	90.00
<small>(State Kind)</small>	
Embalming Body	
<small>(Name of Embalmer)</small>	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
<small>(State Kind and Color)</small>	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
<small>(State Number and District)</small>	
Certif. Copies of Death Certificates No.	
<small>(State Physician's or Coroner's)</small>	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 384.00
Outlay for Lot <u>No. 12 #1467</u>	20.00 Pd -
Cremation	
line Death Notices in _____ Papers	
Flowers, \$ <small>(Names of Newspapers)</small>	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb <u>to S. Marshall</u>	14.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor Tickets, \$	Aero plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	384
Total Footing of Bill	\$ 421.84
Less <u>5/100 387.84</u>	\$ 19.39
<u>Paid in full</u> Balance	\$ 403.45
Entered into Ledger, page _____ or below.	3824

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

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 Director.)
 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 _____

RECORD OF FUNERAL

Total No. 2108 Yearly No. 5 Date Feb 25 1946

Name of Deceased William Edward Hart
 Married Single Widowed Divorced (What Race)
 Residence Nursing Home, Mt. Airy, N.C. Husband Wife Widow of Mary Francis Hart

Charge to: Leunis Hart
 Address: Lansau
 Order given by Leunis Hart (or informant)
 How Secured _____
 Occupation Retired Farmer (Social Security Number) none
 Name of Employer _____

Address _____
 Date of Death Feb 23 1946 9 AM
 Date of Birth Apr 24 1863
 Age 82 9 29
 Date of Funeral 2/25/46 Mon 2 P M.
 Services at Chapel (Day of Week) (Hour)

Clergyman Chas Harpe & Masonic Lodge (Address)
 Religion of the Deceased _____
 Birthplace Harrison County, Mo
 Resided in the State Mo (Years) (Months)
 Place of Death Mt. Airy Nursing Home
 Cause of Death Cerebral Hemorrhage
 Contributory Causes _____

Certifying Physician E. J. Watson, M.D. Corcoran (or Coroner)
 His Address Diagonal, Knigold Co.
 Name of Father Wm Amos Hart
 His Birthplace Ohio
 Maiden Name of Mother Mary Suffitts
 Her Birthplace Iowa
 Motor Ship } Remains to _____
 Size of Casket Act 1/2 coach, Mrs Rose Hill (State Color and Number)
 Manufactured by Road
 Interment at Rose Hill { Cemetery (Mandatory)

Lot No. 387
 Grave No. 3
 Section No. _____
 Owner _____

Diagram of Lot or Vault

Complete Funeral	\$ 285.00
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
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	
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.	(State Physician's or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	

Gross Total for Sales Tax	\$ 285.00	
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb	<u>to A. Marshall</u>	14.00
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor	Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax	285	
Total Footing of Bill	\$ 299.85	
Less <u>char 287.21</u> - 14.39		
Balance	\$ 14.46	
Entered into Ledger, page	or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 I hereby covenant and agree to pay the same within _____ (Time Name of Funeral Directors.)
 maturity at the rate of _____ % per annum. Interest to accrue from _____ days from date.

Signed _____
 Witness _____ Address _____

RECORD OF FUNERAL

Total No. 2109 Yearly No. 6 Date Feb 27 1946

Name of Deceased Louisa Colgar Paist W
(What Race)

Residence Kellerton, Ia Married Single Widowed Divorced u
(What Race)

Charge to Estate Husband Wife Widow of Louisa Paist deceased

Address Paist, Nellie Stewart
Order given by Mrs. E. A. Probst (or Informant)
How Secured Prot
Occupation farmer none
(Social Security Number)
Name of Employer one farm

Date of Death Feb. 25 1946 5:30 AM (Hour)
Date of Birth May 22 1867

Age 78 9 3
(Years) (Months) (Days)
Date of Funeral 2/27/46 Wed 7 P. M.
(Date) (Day of Week) (Hour)

Services at Christian Church, Kellerton
Clergyman Rev. Chas. & Rev. Jones (Address)

Religion of the Deceased
Birthplace Lisbon, Ia

Resided in the State Iowa
(City or County) (Years) (Months)

Place of Death Kellerton, Ia
Cause of Death Angina Pectoris & Grippe (?)

Contributory Causes Dr. Burge's report of autopsy does not agree with above

Certifying Physician Dr. Lander (or Coroner)

His Address 217 Ave

Name of Father Jonathan T. Paist

His Birthplace not known

Maiden Name of Mother Elizabeth Cisel

Her Birthplace not known

Motor Ship } Remains to Kellerton

Size of Casket 4/3 Gray Red Oak (State, Color and Number)

Manufactured by Smith

Interment at Kellerton { Cemetery Crematory

Complete Funeral	\$ 352.00
Casket	
Burial Vault or Box (State Kind)	90.00
Embalming Body (Name of Embalmer)	
Barber, \$ Hair Dressing, \$	
Dressing Body, \$ Underwear, \$	
Suit or Dress (State Kind and Color)	16.50
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	
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. (State Physician's or Coroner's)	
Pall Bearer Service, \$ Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 468.50
Outlay for Lot	
Cremation	
line Death Notices in Papers	
(Names of Newspapers)	
Flowers, \$ 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, \$ Auto-Plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	468.
Total Footing of Bill	\$ 473.18.
Less	
Balance	
Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

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 pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed _____

Witness _____

Address _____

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

RECORD OF FUNERAL

Total No. 2110 Yearly No. 7 Date March 2 1946

Name of Deceased John W. Vanderflight (What Race)

Residence Rural - west of Lebanon of Lebanon Vanderflight

Charge to: _____

Address: _____

Order given by Anna Vanderflight (or informant)

How Secured: _____

Occupation Farming (Social Security Number) none

Name of Employer own farm

Address: _____

Date of Death Feb. 28 1946 12:05 A.M. (Date) (Hour)

Date of Birth Feb. 1 1865 (Date) (Hour)

Age 81 (Years) 0 (Months) 27 (Days)

Date of Funeral 3/2/46 10 (Day of Week) 2 P M. (Hour)

Services at chapel

Clergyman Marion Graxler (Address)

Religion of the Deceased: _____

Birthplace Holland

Resided in the State 70 years (or U. S. or City or County) (Years) (Months)

Place of Death Rural, west of Lebanon

Cause of Death: _____

Contributory Causes: _____

Certifying Physician K. R. Brown (or Coroner)

His Address Lebanon

Name of Father Webbie Vanderflight

His Birthplace Holland

Maiden Name of Mother Ladie Von der Marland

Her Birthplace Holland

Motor Ship } Remains to _____

Size of Casket 4/6 Solid Walnut (State Code and Number)

Manufactured by Bechtel

Interment at Rose Hill Cemetery Crematory

Lot No. 1565

Grave No. 2

Section No. _____

Owner: _____

Diagram of Lot or Vault

Complete Funeral \$ 532 00

Casket _____

Burial Vault or Box _____ (State Kind)

Embalming Body _____ (Name of Embalmer)

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress _____ (State Kind and Color)

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 _____

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. _____ (State Physician's or Coroner's)

Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

Personal Service _____

Gross Total for Sales Tax \$ 532 00

Outlay for Lot _____

Cremation _____

_____ line Death Notices in _____ Papers

Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____

Rental of Tent, \$ _____ of Temporary Vault, \$ _____

Opening of Grave or Tomb A. Marshall 12 00

Lining Grave, \$ _____ Lowering Device, \$ _____

Outlay for Shipping Charges _____

Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____

Railroad or Motor } Tickets, \$ _____ Aero- plane Service, \$ _____

Telegr., Phone, Cable or Radio Charges _____

Cash Advanced _____

Out of town Undertaker's Charges _____

Sales Tax 532

Total Footing of Bill \$ 549 32

Less 5/100 537.32 26.87 26.87

Paid in full March 4/46 26.87

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 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 _____

Address _____

Witness _____

RECORD OF FUNERAL

Total No. 211 Yearly No. 8 Date March 4 1946

Name of Deceased Wilbur P. Cochran
 Married Single Widowed Divorced (What Race)

Residence: Lanai Honolulu Wife Widow of Ettya Cochran

Charge to: _____

Address: _____

Order given by: _____ (or informant)

How Secured: _____

Occupation Postal Clerk none
(Professional Security Number)

Name of Employer U.S. Post Office

Date of Death March 2 1946 12:45 AM
(Date) (Hour)

Date of Birth May 1 1882
(Date) (Hour)

Age 62 10 1
(Years) (Months) (Days)

Date of Funeral 3/4/46 Mon 2:30 P.M.
(Date) (Day of Week) (Hour)

Services at Cathedral

Clergyman Cherillo

Religion of the Deceased R. D. P. (Address)

Birthplace Lanai

Resided in the State 62 yrs
(or U. S. or City or County) (Years) (Months)

Place of Death Lanai

Cause of Death Arteriosclerotic Fibrosclerosis

Contributory Causes: _____

Certifying Physician Gamet
(or Coroner)

His Address Lanai

Name of Father Asa Cochran

His Birthplace Mich

Maiden Name of Mother Mabel Church

Her Birthplace Ahis

Motor Ship } Remains to _____

Size of Casket 6/3 1/2 Coach
(State Color and Number)

Manufactured by Root

Interment at Rose Hill { Cemetery
 Crematory

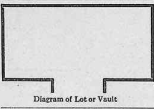
Lot No. 718-1
 Grave No. _____
 Section No. _____
 Owner _____

Complete Funeral	\$ 219.00
Casket	
Burial Vault or Box <u>concrete</u>	95.00
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Use of Chapel, \$	
Personal Service	

Gross Total for Sales Tax	\$ 359.00
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	

Flowers, \$		Palms, \$		Matting, \$	
Rental of Tent, \$		of Temporary Vault, \$			
Opening of Grave or Tomb <u>to Marshall</u>					14.00
Lining Grave, \$		Lowering Device, \$			
Outlay for Shipping Charges					
Clergyman, \$		Singers, \$		Organist, \$	
Railroad or Motor		Tickets, \$		Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges					
Cash Advanced					
Out of town Undertaker's Charges					

Sales Tax	93.9
Total Footing of Bill	\$ 376.59
Less <u>5.00 on 362.59</u>	18.13
Balance <u>367.46</u>	358.46
Entered into Ledger, page _____ or below.	



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Signed _____

Address _____

Witness _____

RECORD OF FUNERAL

Total No. 2112 Yearly No. 9 Date March 14 1946

Name of Deceased Amos Nile Jackson
 Married Single Widowed Divorced (What Rare)

Residence Julia Jackson
 Husband Wife Widow or of

Charge to
 Address
 Order given by John L. Jackson (Informant)
 How Secured Cash
 Occupation Carpenter none (Social Security Number)
 Name of Employer

Address
 Date of Death March 12 1946 (Date) (Hour)
 Date of Birth
 Age 75 (Years) (Month) (Days)
 Date of Funeral 3/14/46 9:00 (Date) (Day of Week) (Hour) P. M.
 Services at Chapel

Clergyman (Address)
 Religion of the Deceased
 Birthplace Jasper Co., Ia
 Resided in the State Ia
 Place of Death Des Moines Ia (or U. S. or City and County) (Years) (Months)
 Cause of Death Cerebral hemorrhage
 Contributory Causes

Certifying Physician (or Coroner)
 His Address
 Name of Father John Jackson
 His Birthplace not known
 Maiden Name of Mother not known
 Her Birthplace
 Motor } Remains to
 Ship }
 Size of Casket 6/3 Huge Coff. gray wood
 Manufactured by Per (State Color and Number)
 Interment at Rose Hill { Cemetery
 Crematory

Diagram of Lot or Vault
 Lot No. 867
 Grave No. 3
 Section No.
 Owner

Complete Funeral	\$ 178.00
Casket	
Burial Vault or Box <u>Albia Vault</u>	90.00
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Des Moines</u>	15.00
Taking Remains to	
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.	
Pall Bearer Service, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 293.00
Outlay for Lot	
Cremation	
line Death Notices in Papers	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
Opening of Grave or Tomb <u>to Marshall</u>	19.00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Tickets, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	283
Total Footing of Bill	\$ 299.83
Less <u>5%</u> <u>13.90</u>	\$ 13.40
Balance <u>Bill 3/13/46</u>	\$ 286.43
Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 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
 Address

RECORD OF FUNERAL

Total No. 2113 Yearly No. 10 Date March 30 1946

Name of Deceased Emma Catherine Shoote
 Married Single Widowed Divorced (What Race)

Residence near Blythedale, Mo.
 Husband Wife Widow or _____ of John Shoote

Charge to Mrs. Bert Slaughter

Address Blythedale, Mo.

Order given by above (or informant)

How Secured _____

Occupation Housewife None
(Social Security Number)

Name of Employer own home

Address _____

Date of Death March 28 1946 9 AM
(Date) (Hour)

Date of Birth March 31 1866
(Date) (Hour)

Age 79 11 27
(Years) (Months) (Days)

Date of Funeral 3/30/46 Sat 2 P M
(Date) (Day of Week) (Hour)

Services at Andover

Clergyman Rev. Campbell Davis, City

Religion of the Deceased Church of Christ

Birthplace Indiana

Resided in the State 76 yrs.
(or 21, 5 or City or County) (Years) (Months)

Place of Death Rural near Blythedale, Mo.

Cause of Death Myocardia

Contributory Causes Hypertension

Certifying Physician E. Lammert
(or Coroner)

His Address Lammert, Ia.

Name of Father Andrew Bard

His Birthplace not known

Maiden Name of Mother Amanda Putnam

Her Birthplace not known

Motor Ship } Remains to Andover

Size of Casket 4/3 1/2 comb. likes off spec. plate
(State for and Number)

Manufactured by R. D. 4

Interment at Andover Cemetery Crematory

Diagram of Lot or Vault

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Complete Funeral	\$	285.00
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Suit or Dress		
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		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____ <small>(State Number and District)</small>		
Use of Chapel, \$		
Personal Service, \$		
Pall Bearer Service, \$		
Gross Total for Sales Tax	\$	285.00
Outlay for Lot		
Cremation		
_____ line Death Notices in _____ Papers <small>(Names of Newspapers)</small>		
Flowers, \$		
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 or Motor Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		2.85
Total Footing of Bill	\$	287.85
Less _____ Balance <u>Pol in fall 30/46</u>		14.39
Entered into Ledger, page _____ or below.		273.46

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Signed _____

Address _____

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

RECORD OF FUNERAL

Total No. 2114 Yearly No. 11 Date April 8 1946

Name of Deceased Martin John Spaulding
 Married Single Widowed Divorced (What Race)

Residence Trust S. Oak (Name of Embalmer)
Charge to S. J. Over Spaulding (What Race)
Address Lamson of _____ of _____

Order given by _____ (or informant)

How Secured _____ (State Kind)

Occupation _____ (Social Security Number)

Name of Employer _____

Address _____

Date of Death _____ (Date) _____ (Hour)

Date of Birth _____ (Date) _____ (Hour)

Age _____ (Years) _____ (Months) _____ (Days)

Date of Funeral 4/9/46 Tues 2 P. M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman J. Barr. Tom Williams (Address)

Religion of the Deceased F. D. S.

Birthplace _____

Resided in the State _____ (or U. S. or City or County) _____ (Years) _____ (Months)

Place of Death Memor. S. Oak

Cause of Death _____

Contributory Causes _____

Certifying Physician _____ (or Coroner)

His Address _____

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Motor } Remains to _____
Ship }

Size of Casket _____ (State Color and Number)

Manufactured by _____

Interment at Rose Hill { Cemetery
Crematory

Lot No. 465

Grave No. 374

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$	
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Hose, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousines to Cemetery @ \$		
Auto to R. R. Station @ \$		
Getting Remains from <u>Des Moines</u>		15.00
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to <u>Rose Hill</u>		1.00
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$ <u>Use of Chapel, \$ 15.00</u>		
Personal Service, \$ <u>Use of Chapel, \$ 15.00</u>		
Gross Total for Sales Tax <u>all service no tax</u>	\$	
Outlay for Lot		
Cremation		
line Death Notices in _____ Papers		
Flowers, \$ _____ (Names of Newspapers)		
Palms, \$ _____		
Matting, \$ _____		
Rental of Tent, \$ _____ of Temporary Vault, \$ _____		
Opening of Grave or Tomb <u>John Marshall</u>		12.00
Lining Grave, \$ _____		
Lowering Device, \$ _____		
Outlay for Shipping Charges		
Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____		6.00
Railroad Tickets, \$ _____ Aero-plane Service, \$ _____		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
<u>Use of Chapel + Cart</u>		15.00
<u>Use of Cemetery equipment</u>		5.00
Sales Tax		
Total Footing of Bill <u>paid 4/9/46</u>	\$	
Less _____	\$	
Balance _____	\$	
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. 215 Yearly No. 12 Date April 14 1946

Name of Deceased Frederick Ford

Married Single Widowed Divorced (What Race)

Residence Lanou La Husband Wife Widow of Lovina F Ford

Charge to Mrs. Clarence Bohall

Address Lanou

Order given by above (or Informant)

How Secured

Occupation Farmer - retired none (Social Security Number)

Name of Employer

Address

Date of Death April 11 1946 4:30 PM (Date) (Hour)

Date of Birth Feb 27 1871 (Date) (Month) (Day) (Year) (Days) (Hour)

Age 75 (Years) (Month) (Days)

Date of Funeral 4/14/46 Sun 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Carl Ballantyne J Bar (Address)

Religion of the Deceased L.P.S.

Birthplace Morgan County, Illinois

Resided in the State Illinois (or U. S. or City or County) (Years) (Months)

Place of Death Lanou La

Cause of Death

Contributory Causes

Certifying Physician E. E. Sawet (or Coroner)

His Address Lanou

Name of Father John Ford

His Birthplace England

Maiden Name of Mother Mary Mitworth

Her Birthplace England

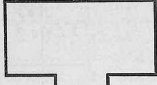
Motor Ship } Remains to

Size of Casket #237 1/2 - 4 - Cuch - Madgy Howard

Manufactured by Roo (Base Color and Number)

Interment at Rose Hill { Cemetery Crematory

Complete Funeral	\$	269	00
Casket			
Burial Vault or Box	(State Kind)		
Embalming Body	(Name of Embalmer)		
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$		
Suit or Dress	(State Kind and Color)		
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			
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.	(State Physician's or Coroner's)		
Pall Bearer Service, \$	Use of Chapel, \$		
Personal Service			
Gross Total for Sales Tax	\$	269	00
Outlay for Lot			
Cremation			
line Death Notices in	Papers		
Flowers, \$	Palms, \$	Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb	<u>A. Marshall</u>		12 00
Lining Grave, \$	Lowering Device, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$	Organist, \$	
Railroad or Motor } Tickets, \$	Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Sales Tax			2 69
Total Footing of Bill	\$	283	69
Less	\$		
Balance Forward	\$		
Entered into Ledger, page			or below.



Lot No. 1516
Grave No. 1
Section No.
Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

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

RECORD OF FUNERAL

Total No. 2116 Yearly No. 13 Date April 25 1946

Name of Deceased Charles Austin McCullough w

Residence Lamoni Ia Husband Wife Widow Divorced (What Status)
 of Emma McCullough

Charge to Howard McCullough

Address Lamoni Ia

Order given by Howard McCullough
(or informant)

How Secured Farming None
(Social Security Number)

Occupation Farming None
(Social Security Number)

Name of Employer _____

Address _____

Date of Death April 23 1946 4 AM
(Date) (Hour)

Date of Birth Jan 15 1871
(Date) (Hour)

Age 75 3 8
(Years) (Months) (Days)

Date of Funeral 4/25/46 Thurs 2:30 P.M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman C. Harpe
(Address)

Religion of the Deceased _____

Birthplace Garden Grove Ia

Resided in the State 44 yrs
(or U. S. of City or County) (Years) (Months)

Place of Death Lamoni Ia

Cause of Death Stroke

Contributory Causes _____

Certifying Physician H. M. Mills
(or Coroner)

His Address Lamoni Ia

Name of Father Andy M. McCullough

His Birthplace Ohio

Maiden Name of Mother Polly Ann Clippa

Her Birthplace Iowa

Motor Ship } Remains to _____
(State Color and Number)

Size of Casket 4/3 1/2 coach gray

Manufactured by Rex

Interment at Rose Hill { Cemetery
 Crematory

Lot No. 1421

Grave No. 4

Section No. _____

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	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ _____ Names of Insurance Companies _____
 Ledges _____

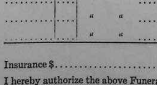
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Signed _____

Witness _____ Address _____

Complete Funeral	\$ 217.00
Casket	
Burial Vault or Box <u>Albia Concrete</u>	90.00
Embalming Body <u>Albia Concrete</u>	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____	
_____ (State Physician's or Coroner's)	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 307.00
Outlay for Lot	
Cremation	
_____ line Death Notices in _____ Papers	
Flowers, \$ _____ (Names of Newspapers)	
Palms, \$ _____	
Matting, \$ _____	
Rental of Tent, \$ _____ of Temporary Vault, \$ _____	
Opening of Grave or Tomb <u>La. Marshall</u>	14.00
Lining Grave, \$ _____	
Lowering Device, \$ _____	
Outlay for Shipping Charges	
Clergyman, \$ _____	
Singers, \$ _____	
Organist, \$ _____	
Railroad Tickets, \$ _____	
Aero-Service, \$ _____	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	3.07
Total Footing of Bill	\$ 324.07
Less <u>5/21.1000 5/46</u> <u>15746</u>	
Balance	\$ _____



RECORD OF FUNERAL

Total No. 2117 Yearly No. 14 Date May 16 1946

Name of Deceased Charles A. Wickes
 Married Single Widowed Divorced (What Race)

Residence Lamoni Ia Husband Wife Widow of Sarahy Wickes

Charge to Marquet Wickes Jones

Address

Order given by same (or informant)

How Secured

Occupation Painter, Painter & Paper Hanger - none (Special Security Number)

Name of Employer self employed

Address

Date of Death May 13 1946 6:0PM (Date) (Hour)

Date of Birth March 24 1856 (Date) (Year) (Month) (Day) (Hour)

Age 90 1 18 (Years) (Months) (Days)

Date of Funeral 7/16/46 Thurs. 7:30 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman F. S. Wilkhaus, J. Bar (Address)

Religion of the Deceased

Birthplace Michigan

Resided in the State 4 yr. (Years) (Months)

Place of Death Lamoni Ia (or U. S. or City or County)

Cause of Death Stroke

Contributory Causes Old Age

Certifying Physician R. M. Hells (or Coroner)

His Address Lamoni Ia

Name of Father

His Birthplace

Maiden Name of Mother

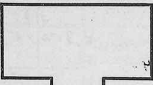
Her Birthplace

Motor Ship } Remains to

Size of Casket Perf. Shrive - Gray (Style Color and Number)

Manufactured by Root

Interment at Rose Hill { Cemetery Crematory



Lot No. 223
 Grave No. 4
 Section No.
 Owner

Complete Funeral	\$ 238 00
Casket	
Burial Vault or Box <u>Cryptarium</u> (State Kind)	125 00
Embalming Body	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body, \$..... Underwear, \$.....	
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's)	
Pall Bearer Service, \$..... Use of Chapel, \$.....	
Personal Service	
Gross Total for Sales Tax	\$ 363 00
Outlay for Lot	
Cremation	
..... line Death Notices in Papers	
Flowers, \$..... (Names of Newspapers) Palms, \$..... Matting, \$.....	
Rental of Tent, \$..... of Temporary Vault, \$.....	
Opening of Grave or Tomb <u>Ed. M. Wickell</u>	14 00
Lining Grave, \$..... Lowering Device, \$.....	
Outlay for Shipping Charges	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad or Motor } Tickets, \$..... Aero-plane Service, \$.....	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	3 63
Total Footing of Bill	\$ 380 63
Less: <u>No. advanced</u>	18 23
<u>Paid in full May 16/46</u> Balance	\$ 362 40
Entered into Ledger, page..... or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (When Name of Funeral Director.)

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.....

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

RECORD OF FUNERAL

Total No. 2118 Yearly No. 15 Date May 20 1946

Name of Deceased Bessie Coral Bell
 Married Single Widowed Divorced (What Race)

Residence Laurin, Ia Husband Wife Widow of Mark Bell

Charge to Mark Bell

Address Laurin

Order given by Mark Bell (or informant)

How Secured _____

Occupation Housewife Cash (Social Security Number)

Name of Employer _____

Address _____

Date of Death May 18 1946 (Date) 1 A.M. (Hour)

Date of Birth Aug. 16 1889

Age 57 (Years) 9 (Months) 2 (Days)

Date of Funeral 9-2-46 (Date) Mon (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Chas Harpe (Address)

Religion of the Deceased _____

Birthplace Near Capleville, Mo

Resided in the State 6 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Laurin

Cause of Death _____

Contributory Causes _____

Certifying Physician H. M. Hills (or Coroner)

His Address Laurin

Name of Father George Ballou

His Birthplace Mo.

Maiden Name of Mother Christine Allan

Her Birthplace Mo.

Motor Ship } Remains to West of Capleville

Size of Casket 4/3 Oct gray Regent

Manufactured by St. Louis (State Color and Number)

Interment at Highland { Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault

Complete Funeral	\$ 285.00
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	12.50
	(State Kind and Color)
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	
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.	
	(State Physician's or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 297.50
Outlay for Lot	
Cremation	
_____ line Death Notices in _____ Papers	
	(Names of Newspapers)
Flowers, \$	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 Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	2.98
Total Footing of Bill	\$ 300.48
Less <u>5% - cash account</u>	\$ 15.00
<u>Pl in full</u> Balance	\$ 285.48
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Signed _____

Witness _____ Address _____

RECORD OF FUNERAL

263

Total No. 2119 Yearly No. 16 Date June 6 1946

Name of Deceased Nancy Jane McCall
 Married Single Widowed Divorced (What Race)

Residence Near Eagleville, Mo.
 Husband Wife Widow of Nancy J. McCall

Charge to Mrs. Molly Holsted
 Address Eagleville, Mo.

Order given by Mrs. Holsted (daughter)
 (or informant)

How Secured _____
 Occupation Housewife None
 (Social Security Number)

Name of Employer _____
 Address _____

Date of Death June 5, 1946 1 A.M.
 (Date) (Hour)

Date of Birth 1855
 Age 90
 (Years) (Months) (Days)

Date of Funeral 6/6/46 9 A.M. 2:30 P.M.
 (Date) (Day of Week) (Hour)

Services at Mt. Pleasant Baptist Church
 Clergyman Rev. Merbit Eagleville
 (Address)

Religion of the Deceased _____
 Birthplace Bushnell, Ill.

Resided in the State Mo.
 (or U. S. or City or County) (State)

Place of Death Farm Home No. 4, Eagleville
 Cause of Death Chronic Myocarditis

Contributory Causes _____
 Certifying Physician D. B. Boyles
 (or Coroner)

His Address Bethany, Mo.
 Name of Father Otton F. Easter

His Birthplace not known
 Maiden Name of Mother Cynthia Jones

Her Birthplace not known
 Motor } Remains to _____
 Ship }

Size of Casket 4-3-4/2 Black #232 John Rivera
 (State Color and Number)

Manufactured by Rev.
 Interment at Mt. Pleasant { Cemetery
 Crematory

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

Complete Funeral	\$ 297 00
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	\$ 6 75 (State Kind and Color)
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Auto to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____	(State Number and District)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 303 75
Outlay for Lot	
Cremation	
_____ line Death Notices in _____ Papers	
Flowers, \$	Palms, \$
Rental of Tent, \$	_____ Matting, \$
Opening of Grave or Tomb	_____ of Temporary Vault, \$
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor	Organist, \$
_____ Tickets, \$	Aero plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	304
Total Footing of Bill	\$ 306 79
Less <u>5.00 - 15.24</u> by <u>June 16th</u>	
Entered into Ledger, page <u>17</u> <u>Paid in Balance</u> <u>7/16</u>	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Signed _____ Address _____

Witness _____

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

RECORD OF FUNERAL

Total No. 2120 Yearly No. 17 (17) Date June 30 1946

Name of Deceased Ellen Lucrecia Chamberlain w

Residence Lamoni Ia Married Single Widowed Divorced (What Race)

Charge to A. A. P. Titular With Widow or of Horace Chamberlain

Address Leon

Order given by Mrs Cecil Reese (or informant)

How Secured _____

Occupation housewife none (Social Security Number)

Name of Employer own home

Address _____

Date of Death June 29 1946 6 A.M. (Date) (Hour)

Date of Birth June 28 1855 (Date) (Hour)

Age 91 (Years) (Months) (Days)

Date of Funeral 6/30/46 sun 2:30 P.M. (Date) (Day of Week) (Hour)

Services at Chapel (Address)

Clergyman Art Lane (Address)

Religion of the Deceased L. P. S. (Address)

Birthplace Underhill Vermont

Resided in the State 45 years (Years) (Months)

Place of Death Lamoni (or U. S. of City or County) (Years) (Months)

Cause of Death _____

Contributory Causes _____

Certifying Physician W. E. E. Saut (or Coroner)

His Address Lamoni Ia

Name of Father Oryon

His Birthplace _____

Maiden Name of Mother Elizabeth Day

Her Birthplace _____

Motor Ship } Remains to _____

Size of Casket 0. A. O. (Standard Color and Number)

Manufactured by R. H. Rose

Interment at Rose Hill { Cemetery Crematory

Lot No. 799

Grave No. 3

Section No. _____

Owner _____

Diagram of Lot or Vault _____

Complete Funeral \$ 100 00

Casket _____

Burial Vault or Box _____

Embalming Body _____ (Name of Embalmer)

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress _____ (State Kind and Color)

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 _____

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. _____

Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

Personal Service _____

Gross Total for Sales Tax No tax

Outlay for Lot _____

Cremation _____

_____ line Death Notices in _____ Papers

Flowers, \$ _____ (Names of Newspapers)

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 Charges _____

Cash Advanced _____

Out of town Undertaker's Charges _____

Sales Tax _____

Total Footing of Bill \$ 100 00

Less _____

Balance _____

Entered into Ledger, page _____ or below.

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Print Name of Funeral Director)

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 _____

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

RECORD OF FUNERAL

Total No. 1121 Yearly No. 18 Date July 4 1944

Name of Deceased Alice Spurrier
 Married Single Widowed Divorced (What Race)

Residence Lockport, Ill. Husband Wife Widow of Harry B. Spurrier

Charge to Harry B. Spurrier, Jr.

Address

Order given by above (or informant)

How Secured

Occupation (Social Security Number)

Name of Employer

Address

Date of Death (Date) (Hour)

Date of Birth (Date) (Month) (Day) (Hour) M.

Age 76 3 10 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at Home

Clergyman Art. Lane (Address)

Religion of the Deceased M.C.

Birthplace

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Lockport, Ill.

Cause of Death Coronary Thrombosis

Contributory Causes

Certifying Physician E. A. Kingston (or Coroner)

His Address Lockport, Ill.

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Interment at Rose Hill { Cemetery Crematory

Complete Funeral	<u>Ship, Ill.</u>	\$
Casket		
Burial Vault or Box	(State Kind)	
Embalming Body	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress	(State Kind and Color)	
Slippers, \$	Hose, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>Rose Hill</u>	<u>5.00</u>
Taking Remains to	<u>Rose Hill</u>	<u>5.00</u>
Trip to Coroner's Inquest		
Delivering Box to	<u>Rose Hill</u>	<u>1.00</u>
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$	<u>10.00</u>
Personal Service		
Gross Total for Sales Tax	<u>all services not at</u>	\$
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
(Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	<u>5.00</u>
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor	Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill		\$ <u>26.00</u>
Less		\$
Balance		\$
Entered into Ledger, page		or below.



Lot No. 836
 Grave No. 1
 Section No.
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ (Firm Name of Funeral Directors)

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 maturity at the rate of % per annum.

Signed

Address

Witness

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

RECORD OF FUNERAL

Total No. 2122 Yearly No. 19 Date July 21 1946

Name of Deceased Dr. James Herbert McElroy Married Single Widowed Divorced (What Kind)

Residence Lanoni Ia Husband Wife Widow of Ann McElroy

Charge to Ann McElroy

Address Lanoni Ia

Order given by above (or informant)

How Secured _____ (State Kind)

Occupation Veterinarian none (Special Security Number)

Name of Employer ann practice

Address _____ (State Kind and Color)

Date of Death July 19 1946 9 AM (Date) (Hour)

Date of Birth July 25 1872 (Date) (Hour)

Age 73 11 24 (Years) (Months) (Days)

Date of Funeral July 21 1946 3 P.M. (Date) (Day of Week) (Hour)

Services at Columbus

Clergyman _____ (Address)

Religion of the Deceased _____ (Address)

Birthplace Ringold Co Ia

Resided in the State _____ (or U. S. or City or County) 10 (Years) (Months)

Place of Death Lanoni Ia

Cause of Death _____

Contributory Causes _____

Certifying Physician Dr. Hells (or Coroner)

His Address Lanoni

Name of Father John Henry McElroy

His Birthplace Ireland

Maiden Name of Mother Mary Bonham

Her Birthplace Ohio

Motor Ship } Remains to _____

Size of Casket Real End Stat Wine Red Co (State Color and Number)

Manufactured by Rood

Interment at Rose Hill { Cemetery Crematory

Lot No. 1560

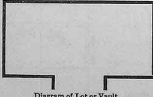
Grave No. 1

Section No. _____

Owner _____

Complete Funeral	\$ 396 00
Casket	
Burial Vault or Box <u>Saban Exp. Co</u>	120 00
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
—Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	

Gross Total for Sales Tax	\$ 516 00
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	
Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____	
Rental of Tent, \$ _____ of Temporary Vault, \$ _____	
Opening of Grave or Tomb <u>to A. Marshall</u>	15 00
Lining Grave, \$ _____ Lowering Device, \$ _____	
Outlay for Shipping Charges	
Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad Tickets, \$ _____ Aero-plane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	516
Total Footing of Bill	
Less <u>590</u>	
<u>Dr in field 590 10</u>	
Balance	510 10
Entered into Ledger, page _____ or below.	



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. 2123 Yearly No. 20 Date July 24 1946
 Name of Deceased Lellie May Thomas
 Married Single Widowed Divorced (What Race)
 Residence Lanoni Ia Husband Wife Widow of W. W. Thomas

Charge to: _____
 Address: _____
 Order given by Cecil Thomas (or informant)
 How Secured: _____
 Occupation: _____ (Social Security Number)
 Name of Employer: _____
 Address: _____
 Date of Death July 22 1946 4 A.M.
 Date of Birth Dec 25 1879
 Age 66 (Years) 6 (Months) 27 (Days)
 Date of Funeral 7/29/46 Wed 7 P.M.
 Services at: _____
 Clergyman Carl B. Allantype (Address)
 Religion of the Deceased L.D.
 Birthplace Polk County, Ia
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Lanoni Ia
 Cause of Death: _____
 Contributory Causes: _____

Complete Funeral	\$ 238 00
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress (State Kind and Color)	
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	
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. (State Physician's or Coroner's)	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 238 00
Outlay for Lot	
Cremation	
line Death Notices in Papers	
Flowers, \$ (Names of Newspapers)	
Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb <u>To A. MARSHALL</u>	<u>12 00</u>
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad or Motor Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
<u>Coliseum rental</u>	<u>5 00</u>
Sales Tax	<u>2 38</u>
Total Footing of Bill	\$ 257 38
Less <u>50.00 Aug 12</u>	\$ 12 00
Balance <u>Publ.</u>	\$ 245 38
Entered into Ledger, page _____ of below.	

Certifying Physician Dr. Hawet (or Coroner)
 His Address Lanoni Ia
 Name of Father Brice Stuart
 His Birthplace _____
 Maiden Name of Mother Martha Wicker
 Her Birthplace _____
 Motor Ship } Remains to _____
 Size of Casket Very Shrive Gray (State Color and Number)
 Manufactured by Ross
 Interment at Ross Hill { Cemetery Crematory

Diagram of Lot or Vault

Lot No. 700
 Grave No. 2
 Section No. _____
 Owner _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>7/24/46</u>	By Payment	\$ 38 92		By Payment	\$
<u>7/25/46</u>	"	\$ 38 92		"	\$
<u>7/26/46</u>	"	\$ 12 00		"	\$
<u>7/27/46</u>	"	\$ 204 00		"	\$
<u>7/28/46</u>	"	\$ 45 38		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

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 _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 2125 Yearly No. 22 Date Aug 14 1941

Name of Deceased Charles Edward Sively
 Married Single Widowed Divorced (What Race)

Residence: Lamoni Ia Husband Wife Widow or _____ of _____

Charge to: P.A.P.

Address: Lamoni Ia

Order given by: P.A.P. (or informant)

How Secured _____

Occupation Farming & Gardening None (Social Security Number)

Name of Employer: self employed

Address _____

Date of Death: Aug 12 1946 1 P.M. (Date) (Hour)

Date of Birth: Dec 16 1874 (Date)

Age: 71 7 26 (Year) (Month) (Days)

Date of Funeral: 8/14/46 Wed 2:30 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Art Lane (Address)

Religion of the Deceased: L.D.S. (Address)

Birthplace: Keokuk Ia

Resided in the State: 50 yrs (or U. S. or City or Country) (Years) (Months)

Place of Death: Lamoni Hospital

Cause of Death: Compound fracture of skull

Contributory Causes: hit by train

Certifying Physician: E.E. Janet (or Coroner)

His Address: Lamoni

Name of Father: Hugh M. Sively

His Birthplace: Pike County, Del.

Maiden Name of Mother: Ellen Wilson

Her Birthplace: England

Motor Ship } Remains to _____

Size of Casket: P.A.P. (State Color and Number)

Manufactured by: Roe

Interment at: Rose Hill { Cemetery Crematory

Lot No.: 397

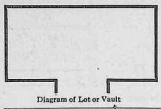
Grave No.: 1

Section No. _____

Owner _____

Entered into Ledger, page _____ or below.

Complete Funeral	\$	120	00
Casket			
Burial Vault or Box			
Embalming Body			
Barber, \$			
Hair Dressing, \$			
Dressing Body, \$			
Underwear, \$			
Suit or Dress			
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			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No.			
Pall Bearer Service, \$			
Use of Chapel, \$			
Personal Service			
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
line Death Notices in			
Papers			
Flowers, \$			
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 or Motor Tickets, \$			
Aero plane Service, \$			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Sales Tax	No Tax		
Total Footing of Bill	paid in full	\$	100 00
Less	no disct	\$	
Balance		\$	



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

Witness _____ Address _____

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

RECORD OF FUNERAL

Total No. 2126 Yearly No. 23 Date Aug. 20 1946

Name of Deceased Floyd B. Gussolley
 Married Single Widowed Divorced (What Rare)

Residence Rural near Tamoni HUSBAND WIFE WIDOW or of Gladys Gussolley

Charge to: Mrs Gladys Gussolley

Address Tamoni Ia

Order given by..... (or informant)

How Secured.....

Occupation Farm, 9 Beam Poles 483-16-2880 (Special Security Number)

Name of Employer Tamoni Creamery

Address Tamoni Ia

Date of Death Aug. 18 1946 8 AM (Date) (Hour)

Date of Birth Feb 14 1890 (Date) (Day of Week) (Hour)

Age 56 6 4 (Years) (Months) (Days)

Date of Funeral 8/20/46 Tue 2:30 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman Roy Chevill (Address)

Religion of the Deceased L.P.A.

Birthplace Moulamun Ia

Resided in the State Ia (or U. S. or City or County) (Years) (Months)

Place of Death Tamoni Ia

Cause of Death Lympho sarcoma left gro

Contributory Causes Metastasis to liver & lung

Certifying Physician Dr. Jamet (or Coroner)

His Address.....

Name of Father James C. Gussolley

His Birthplace Ia

Maiden Name of Mother Alice Jamet

Her Birthplace Ia

Motor Ship } Remains to.....

Size of Casket 1 1/2 each gray plush (State Color and Number)

Manufactured by Hickson

Interment at Rose Hill Cemetery Crematory

Complete Funeral.....	\$ 297.00
Casket.....	
Burial Vault or Box..... (State Kind)	
Embalming Body..... (Name of Embalmer)	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body, \$..... Underwear, \$.....	
Suit or Dress..... (State Kind and Color)	
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.....	
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.....	
(State Physician's or Coroner's)	
Pall Bearer Service, \$..... Use of Chapel, \$.....	
Personal Service.....	

Gross Total for Sales Tax.....	\$ 297.00
Outlay for Lot <u>40 1/2 - #1507 - 20</u>	
Cremation.....	
_____ line Death Notices in..... Papers	
Flowers, \$..... (Names of Newspapers) Palms, \$..... Matting, \$.....	
Rental of Tent, \$..... of Temporary Vault, \$.....	
Opening of Grave or Tomb..... P. 2	
Lining Grave, \$..... Lowering Device, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad or Motor } Tickets, \$..... Aero- plane Service, \$.....	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Sales Tax.....	297
Total Footing of Bill.....	297.97
Less.....	15.00
Balance fall.....	284.97
Entered into Ledger, page..... or below.	



Lot No. 1507
Grave No. 3
Section No.....
Owner.....

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

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 Names 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.....
Address.....
Witness.....

RECORD OF FUNERAL

271

Total No. 2127 Yearly No. 24 Date Aug. 21 1946

Name of Deceased William Clinton (Clint) Roth
 Married Single Widowed Divorced (What Race)

Residence Lamar, La.
 Husband Wife Widow or of Lepia Roth, deceased

Charge to _____
 Address _____

Order given by _____
(or informant)

How Secured _____
(Social Security Number)

Occupation farmer (retired) None
(Social Security Number)

Name of Employer own farm

Date of Death Aug. 19 1946 9 A.M.
(Date) (Hour)

Date of Birth Jan. 29 1867
(Date)

Age 79 6 20
(Years) (Months) (Days)

Date of Funeral 8/21/46 Wed. 2:30 P.M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Farshaw of Abbeysburg
(Address)

Religion of the Deceased L.D.

Birthplace Andersonberg, Penn.

Resided in the State La. 31 yrs
(or U. S. or City or County) (Years) (Months)

Place of Death Lamar, La.

Cause of Death Symptomatic carcinoma of pancreas

Contributory Causes Carcinoma of Pancreas
metastatic of regional glands

Certifying Physician Dr. Janet
(or Coroner)

His Address Lamar

Name of Father John C. Roth

His Birthplace Andersonberg, Penn.

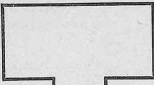
Maiden Name of Mother Lusan Garber

Her Birthplace Andersonberg, Penn.

Motor Ship } Remains to _____
 Size of Casket 1/2 coach tan
(State color and Number)

Manufactured by Road

Interment at Rose Hill { Cemetery
 Crematory



Lot No. 396
 Grave No. 3
 Section No. _____
 Owner _____

Complete Funeral	\$ 28.50
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery	
Autos to R. R. Station	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
<small>— Certif. Copies of Death Certificate No. _____ (State Physician's or Coroner's)</small>	
Pall Bearer Service, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 287.85
Outlay for Lot	
Cremation	
line Death Notices in	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	12.00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad or Motor Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 289.85
Less <u>12.00</u>	\$ 277.85
Balance	\$ 277.07
Entered into Ledger, page _____ or below	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 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 _____
 Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 2128 Yearly No. 25 Date Aug. 22 1946

Name of Deceased Floyd L. Richardson (What Race) W

Residence Denver, Colo. Married Single Widowed Divorced Husband Wife Widow of Belle Richardson

Charge to Belle Richardson Complete Funeral Chap. Serv.

Address Order given by (or informant)

How Secured Occupation (Social Security Number)

Name of Employer Address

Date of Death Aug 18 1946 (Date) (Hour)

Date of Birth Age 61 5 4 (Years) (Months) (Days)

Date of Funeral Aug 22 1946 Thurs 2:30 P.M. (Date) (Day of Week) (Hour)

Services at Chapel Clergyman Rev. Farnham & Maroni (Address)

Religion of the Deceased L. D. S. Birthplace

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Denver, Colo. Cause of Death Uremia

Contributory Causes Certifying Physician

His Address (or Coroner)

Name of Father His Birthplace

Maiden Name of Mother Her Birthplace

Motor Ship } Remains to Size of Casket (State Color and Number)

Manufactured by Intermat at Rose Hill Cemetery Crematory

Lot No. 466 Grave No. 3 Section No.

Owner Entered into Ledger, page or below.

Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, and temporary vault, \$ 5.00 Opening of Grave or Tomb, to A Marshall, \$ 13.00 Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges, \$ Clergyman, \$ Singers, \$ Organist, \$ Railroad or Motor Tickets, \$ Aero-plane Service, \$ Telegr., Phone, Cable or Radio Charges Cash Advanced Out of town Undertaker's Charges

Gross Total for Sales Tax, No Tax allowed, \$ Outlay for Lot Cremation line Death Notices in Papers

Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, and temporary vault, \$ 5.00 Opening of Grave or Tomb, to A Marshall, \$ 13.00 Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges, \$ Clergyman, \$ Singers, \$ Organist, \$ Railroad or Motor Tickets, \$ Aero-plane Service, \$ Telegr., Phone, Cable or Radio Charges Cash Advanced Out of town Undertaker's Charges

Sales Tax Total Footing of Bill Paid in full, \$ 62.00 Less Balance, \$

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

Signed Address

RECORD OF FUNERAL

Total No. 2129 Yearly No. 26 Date Sept 18 1946

Name of Deceased Clem E. Creveling
 Married Single Widowed Divorced (What Race)

Residence Laramie
 Charge to Wallace Creveling & O.A.P.
 Address _____

Order given by Wallace Creveling
 How Secured Cash & O.A.P.
 Occupation farmer (retired) None (Social Security Number)

Name of Employer _____
 Address _____

Date of Death Sept 15 1946 11:30 P.M.
 Date of Birth Aug 28 1859

Age 87 0 17
 (Years) (Months) (Days)

Date of Funeral 9/18/46 Wed. 2 P. M.
 (Date) (Day of Week) (Hour)

Services at Chapel
 Clergyman Art Lane (Address)

Religion of the Deceased _____
 Birthplace Decatur Co. Ia

Resided in the State Delaware (Years) (Months)
 (cont. S. or City or County)

Place of Death Harken Hosp. Pocomoke, Ia

Cause of Death _____
 Contributory Causes _____

Certifying Physician _____ (or Coroner)
 His Address _____

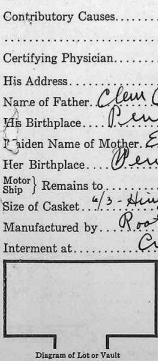
Name of Father Clem Creveling Sr.
 His Birthplace Penn.

Maiden Name of Mother Eliza Shuck
 Her Birthplace Penn.

Motor Ship } Remains to _____
 Size of Casket 43 - Kings Cap. (State Color and Number)

Manufactured by Root
 Interment at Creveling { Cemetery Crematory

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



Complete Funeral	\$ 100 00
Casket	
Burial Vault or Box (State Kind)	70 00
Embalming Body	
Barber, \$ Hair Dressing, \$	
Dressing Body, \$ Underwear, \$	
Suit or Dress (State Kind)	30 75
Slippers, \$ Hose, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Spray, \$ Gloves, \$	
Funeral Car, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Creveling</u>	10 00
Taking Remains to _____	
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. (State Physician's or Coroner's)	
Pall Bearer Service, \$ Use of Chapel, \$	
Personal Service _____	
Gross Total for Sales Tax	\$ 130 75
Outlay for Lot _____	
Cremation _____	
line Death Notices in _____ Papers	
Flowers, \$ (Name of Newspaper) Palms, \$ Matting, \$	
Rental of Tent, \$ of Temporary Vault, \$	
Opening of Grave or Tomb <u>to A. Marshall</u>	14 00
Lining Grave, \$ Lowering Device, \$	
Outlay for Shipping Charges _____	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad Tickets, \$ Aero-plane Service, \$ (or Motor)	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Out of town Undertaker's Charges _____	
Sales Tax _____	
Total Footing of Bill	\$ 244 75
Less <u>Paid by Wallace Creveling</u>	\$ 144 75
Balance <u>Paid in full</u>	\$ 100 00
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

RECORD OF FUNERAL

Total No. 2130 Yearly No. 27 Date Sept. 20 1946

Name of Deceased Evelyn Hashkins (What Race) W

Residence Lamoni Ia Husband Wife Widow or of Chas. Hashkins

Charge to Chas. Hashkins

Address Lamoni

Order given by Chas. Hashkins (or informant)

How Secured None

Occupation Housewife (Social Security Number) none

Name of Employer _____

Address _____

Date of Death Sept 20 1946 7:30 AM (Hour)

Date of Birth _____

Age 76 5 (Months) 11 (Days)

Date of Funeral Sept 24 3 P. M. (Hour)

Services at Chapel (Day of Week) Sun

Clergyman Rev. R. O. P. Jernum (Address) Lamoni

Religion of the Deceased R. P.

Birthplace Engleville Mo

Resided in the State _____ (or City or County) (Years) (Months)

Place of Death Chariton Ia (State Physician's or Coroner's)

Cause of Death Acute Dilatation

Contributory Causes _____

Certifying Physician _____ (or Coroner)

His Address _____

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Motor Ship } Remains to Lamoni via Waterbury

Size of Casket 43 Prof. Shrine Gray (State Color and Number)

Manufactured by Ross

Interment at Rose Hill (Cemetery or Crematory)

Lot No. 1405

Grave No. 1

Section No. _____

Owner _____

Diagram of Lot or Vault 

Complete Funeral \$ 238.00

Casket _____

Burial Vault or Box Pine Prof. (State Kind)

Embalming Body _____ (Name of Embalmer)

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress _____ (State Kind and Color)

Slippers, \$ _____ Hose, \$ _____

Folding Chairs, \$ _____ Tarpaulin, \$ _____

Candelabrum, \$ _____ Candles, \$ _____

Door Spray, \$ _____ Gloves, \$ _____

Funeral Car, \$ _____ Ambulance, \$ _____

Limousines to Cemetery _____ @ \$ _____

Autos to R. R. Station _____ @ \$ 12.00

Getting Remains from Chariton 12.00

Taking Remains to _____

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. _____

Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

Personal Service _____

Gross Total for Sales Tax \$ 248.00

Outlay for Lot _____

Cremation _____

_____ line Death Notices in _____ Papers (Names of Newspapers)

Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____

Rental of Tent, \$ _____ of Temporary Vault, \$ _____

Opening of Grave or Tomb W. A. Marshall 12.00

Lining Grave, \$ _____ Lowering Device, \$ _____

Outlay for Shipping Charges _____

Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____

Railroad or Motor } Tickets, \$ _____ Aero plane Service, \$ _____

Telegr., Phone, Cable or Radio Charges _____

Cash Advanced _____

Out of town Undertaker's Charges _____

Sales Tax _____ 2.48

Total Footing of Bill \$ 262.48

Less Spent by Rev. Edin full Sept Balance \$ 249.96

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. 2131 Yearly No. 28 Date Oct 25 1946

Name of Deceased August Johnson
 Married Single Widowed Divorced (What Race)

Residence Near Audover, Mo.
 Husband Wife Widow or of

Charge to Mrs. John Bergman & Mrs. Keefer Harris
 Address Lamon, Ia.

Order given by Mrs. John Bergman
 (or informant)

How Secured
 Occupation Farmer (Social Security Number)

Name of Employer Self
 Address

Date of Death Probably Oct 20 or 21, 1946
 (Date) (Hour)

Date of Birth Apr 20 1861
 (Date) (Hour)

Age 85 6 1
 (Years) (Months) (Days)

Date of Funeral 10/25/46 Friday
 (Date) (Day of Week) (Hour)

Services at Chapel
 Clergyman Chas. Harje (Address)

Religion of the Deceased Ep. &
 Birthplace Sweden

Resided in the State 33 years
 (or U. S. or City or County) (Years) (Months)

Place of Death South of Audover Mo.
 Cause of Death

Contributory Causes Found dead in field where he had been cutting brush.
 Certifying Physician J. Wheeler, coroner (or Coroner)

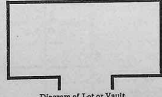
His Address Bethany, Mo.
 Name of Father Not known

His Birthplace

Maiden Name of Mother Not known
 Her Birthplace

Motor Ship } Remains to
 Size of Casket 9 1/2 - gray 1 1/2 each

Manufactured by Dimpson Casket Co.
 Interment at Rose Hill { Cemetery Crematory



Lot No. 1558
 Grave No. 2
 Section No.
 Owner

Complete Funeral	\$ 297.00
Casket	
Burial Vault or Box <u>not included</u> <small>(State Kind)</small>	
Embalming Body	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body, \$..... Underwear, \$.....	
Suit or Dress <u>not included</u> <small>(State Kind and Color)</small>	14.50
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
..... <small>(State Number and District)</small>	
..... <small>(State Physician's or Coroner's)</small>	
Pall Bearer Service, \$..... Use of Chapel, \$.....	
Personal Service	
Gross Total for Sales Tax	\$ 311.50
Outlay for Lot	
Cremation	
..... line Death Notices in Papers	
Flowers, \$..... <small>(Name of Newspaper)</small> Palms, \$..... Matting, \$.....	
Rental of Tent, \$..... of Temporary Vault, \$.....	
Opening of Grave or Tomb <u>To A. Marshall</u>	12.00
Lining Grave, \$..... Lowering Device, \$.....	
Outlay for Shipping Charges	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad } Tickets, \$..... Aero- plane Service, \$.....	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	3.72
Total Footing of Bill	\$ 326.62
Less <u>paid in full Oct 20/46</u>	\$ 15.23
<u>Balance of 30/46</u>	\$ 311.39
Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 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 Address

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

RECORD OF FUNERAL

Total No. 2132 Yearly No. 29 Date Oct 30 1946

Name of Deceased John Lewis Winingen
 Married Single Widowed Divorced (What Race)

Residence Lamon Ia Husband Wife Widow Orphan Mary Winingen

Charge to Mary Winingen & Colab

Address

Order given by Mary Winingen (of informant)

How Secured To be cash

Occupation Dr. of Chiropractic (Social Security Number) none

Name of Employer

Address

Date of Death Oct 27 1946 6:30 P.M. (Date) (Hour)

Date of Birth July 12 1888 (Date) (Month) (Day) (Year)

Age 55 3 15 (Years) (Months) (Days)

Date of Funeral 30/46 Wed 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Tom Williams (Address)

Religion of the Deceased

Birthplace Kentucky

Resided in the State 5 year (or U. S. of City or County) (Years) (Months)

Place of Death Near Lamon on Hwy 67 (State Physician's or Coroner's)

Cause of Death Auto Accident

Contributory Causes

Certifying Physician Dr. Bowman coroner (or Coroner)

His Address Lamon

Name of Father J. Kentucky (Names of Newspapers)

His Birthplace Winingen

Maiden Name of Mother not known

Her Birthplace Kentucky

Motor Ship } Remains to

Size of Casket the size Angled state (State Color and Number)

Manufactured by Ross

Interment at Rose Hill Cemetery Crematory

Lot No. 1467

Grave No. 2

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral \$ 325 00

Casket

Burial Vault or Box (State Kind)

Embalming Body

Barber, \$.. Hair Dressing, \$..

Dressing Body, \$.. Underwear, \$..

Suit or Dress (State Kind and Color)

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

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. (State Physician's or Coroner's)

Pall Bearer Service, \$.. Use of Chapel, \$..

Personal Service

Gross Total for Sales Tax \$ 325 00

Outlay for Lot 1467 20 00

Cremation

line Death Notices in .. Papers

Flowers, \$.. Palms, \$.. Matting, \$..

Rental of Tent, \$.. of Temporary Vault, \$..

Opening of Grave or Tomb to Alford Marshall 12 00

Lining Grave, \$.. Lowering Device, \$..

Outlay for Shipping Charges

Clergyman, \$.. Singers, \$.. Organist, \$..

Railroad } Tickets, \$.. Aero } plane Service, \$..

or Motor } ..

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax

Total Footing of Bill \$ 360 25

Less Paid in full

Balance

Entered into Ledger, page .. or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$..		To Balance Forward	\$..
	By Payment	\$..		By Payment	\$..
	" "	\$..		" "	\$..
	" "	\$..		" "	\$..
	" "	\$..		" "	\$..
	" "	\$..		" "	\$..
	" "	\$..		" "	\$..
	" "	\$..		" "	\$..

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 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 .. Address ..

Witness ..

RECORD OF FUNERAL

Total No. 2133 Yearly No. 30 Date Nov 1 1946

Name of Deceased Phoebe Allen
 Married Single Widowed Divorced (What Race)

Residence Decorah, Colo
 Husband Wife Widow
or _____ of _____

Charge to _____ Complete Funeral Ship In \$ _____

Address _____ Casket _____

Order given by Ruby Paulake (Name of Embalmer) Burial Vault or Box _____ (State Kind)

How Secured _____ Embalming Body _____

Occupation _____ Barber, \$ _____ Hair Dressing, \$ _____ (Social Security Number)

Name of Employer _____ Dressing Body, \$ _____ Underwear, \$ _____

Address _____ Suit or Dress _____ (State Kind and Color)

Date of Death Oct 30 / 46 Slippers, \$ _____ Hose, \$ _____ (Date) (Hour)

Date of Birth _____ Folding Chairs, \$ _____ Tarpaulin, \$ _____ (Year) (Month) (Days) (Days)

Age 84 7 18 Candelabrum, \$ _____ Candles, \$ _____ (Years) (Months) (Days) (Days)

Date of Funeral _____ Door Spray, \$ _____ Gloves, \$ _____ (Date) (Day of Week) (Hour) M.

Services at Chapel Getting Remains from Escala 10.00

Clergyman _____ Taking Remains to _____ (Address)

Religion of the Deceased _____ Trip to Coroner's Inquest _____

Birthplace _____ Delivering Box to Rose Hill 1.00

Resided in the State _____ Deliver Flowers to _____ (or U.S. or City or County) (Years) (Months)

Place of Death Decorah, Colo Removal Charges _____

Cause of Death Natural cause Procuring Burial Permit _____

Contributory Causes _____

Certifying Physician _____ (or Coroner)

His Address _____

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Motor Ship } Remains to _____

Size of Casket _____ (State Color and Number)

Manufactured by _____

Interment at _____ Cemetery } Crematory }

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____

Rental of Tent, \$ _____ of Temporary Vault, \$ _____

Opening of Grave or Tomb To R. Marshall 12.00

Lining Grave, \$ _____ Lowering Device, \$ _____

Outlay for Shipping Charges _____

Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____ 4.00

Railroad } Tickets, \$ _____ Aero- } plane Service, \$ _____

Telegr., Phone, Cable or Radio Charges _____ 9.5

Cash Advanced _____

Out of town Undertaker's Charges _____

Sales Tax No tax - all service _____

Total Footing of Bill \$ 52.95

Less Pol in full _____

Balance \$ _____

Entered into Ledger, page _____ or below.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (True Name of Funeral Director)

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 _____

Address _____

Witness _____

RECORD OF FUNERAL

Total No. 2134 Yearly No. 31 Date December 6 1941
 Name of Deceased Louisa Carey Johnson
 Married Single Widowed Divorced (What Race)
 Residence Elwood, Neb. Husband Wife Widow of Geo. W. Johnson

Charge to
 Address
 Order given by
 How Secured
 Occupation Housewife (Social Security Number)
 Name of Employer
 Address
 Date of Death Dec. 4 1941 (Date) (Hour)
 Date of Birth June 24 1860 (Year) (Month) (Days)
 Age 86 (Years)
 Date of Funeral Dec 4-11 1941 (Date) (Day of Week) (Hour) 2 P. M.
 Services at Chapel
 Clergyman Rev. Hakeshaw, St. Rose (Address)
 Religion of the Deceased R. C.
 Birthplace Barton, Ill.
 Resided in the State (or U. S. or City or County) (Year) (Months)
 Place of Death Burial near Elwood, Neb.
 Cause of Death Cerebral Hemorrhage
 Contributory Causes
 Certifying Physician Geo. A. Clark
 His Address Elwood, Neb. (City or Village)
 Name of Father not known
 His Birthplace
 Maiden Name of Mother Miss Busch
 Her Birthplace
 Motor Ship } Remains to
 Size of Casket (State Color and Number)
 Manufactured by
 Interment at Rose Hill { Cemetery Crematory

Complete Funeral Ship In \$
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousine to Cemetery @ \$
 Autos to R. R. Station @ \$
 Getting Remains from Dick
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to Rose Hill
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No.
 Pall Bearer Service, \$ Use of Chapel, \$
 Personal Service arranged by relatives including all items
 Gross Total for Sales Tax All service, no tax
 Outlay for Lot
 Cremation
 line Death Notices in Papers
 Flowers, \$ (Stamps of Newspapers) Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb To A. Marshall 12 00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor } Tickets, \$ Aero plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Sales Tax
 Total Footing of Bill Admission 62 00
 Less
 Balance
 Entered into Ledger, page or below.

Diagram of Lot or Vault
 Lot No. 1508
 Grave No. 3
 Section No.
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 I hereby covenant and agree to pay the same within (Firm Name of Funeral Directors.)
 maturity at the rate of % per annum. days from date. Interest to accrue from
 Signed
 Witness Address

RECORD OF FUNERAL

Total No. 1135 Yearly No. 32 Date Dec 8 1946

Name of Deceased John Martin Married Single Widowed Divorced (What Race) W

Residence Rural, near Lamoni Husband With Widow or of Elizafon Martin deceased

Charge to Cata Address

Order given by Harry Martin (or informant) Complete Funeral \$ 285.00

How Secured Burial Vault or Box Salim Cryptarium \$ 125.00

Occupation Farmer none (Social Security Number) Embalming Body (Name of Embalmer)

Name of Employer Barber, \$ Hair Dressing, \$ Dressing Body, \$ Underwear, \$ Suit or Dress, Day \$ 15.75 (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 Trip to Coroner's Inquest Delivering Box to Deliver Flowers to Removal Charges Procuring Burial Permit (State Number and District)

Date of Death Dec 6, 1946 2 PM (Date) (Hour) Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Date of Birth Aug 29, 1960 (Date) (Hour) Pall Bearer Service, \$ Use of Chapel, \$ Personal Service, \$

Age 86 7 7 (Years) (Months) (Days) Cause of Death

Date of Funeral 12/8/46 Sun 2 P. M. (Date) (Day of Week) (Hour) Contributory Causes

Services at Chapel (Address) Clergyman Chas Harpe (Address) Birthplace of the Deceased

Resided in the State 61 yrs (or U. S. of City or County) (Years) (Months) Birthplace Keokuk, Ill (State Number and District)

Place of Death Rural home, near Lamoni (State Physician's or Coroner's) Cause of Death

Contributory Causes Gross Total for Sales Tax \$ 425.75

Certifying Physician E. E. Garnet (or Coroner) Outlay for Lot Cremation line Death Notices in Papers

His Address Lamoni, Ia (Names of Newspapers) Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb to A Marshall \$ 14.00

Name of Father Will Martin Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges Clergyman, \$ Singers, \$ Organist, \$ Railroad (or Motor) Tickets, \$ Aero-plane Service, \$ Telegraph, Phone, Cable or Radio Charges Cash Advanced Out of town Undertaker's Charges

His Birthplace England Size of Casket 23 x 5 1/2 x 11 1/2 (State, Color and Number) Motor Ship } Remains to (State, Color and Number)

Maiden Name of Mother Martha Tucker Manufactured by Root (State, Color and Number) Interment at Rose Hill { Cemetery Crematory

Her Birthplace England Lot No. 304 Total Footing of Bill \$ 444.00

Motor Ship } Remains to Size of Casket 23 x 5 1/2 x 11 1/2 (State, Color and Number) Manufactured by Root (State, Color and Number) Interment at Rose Hill { Cemetery Crematory

Diagram of Lot or Vault Section No. 1 Sales Tax \$ 425.75

Owner Entered into Ledger, page or below. Total Footing of Bill \$ 444.00

Less 57.00 425.75 by Dec 1946 2125 \$ 368.75 Balance \$ 75.25

Diagram of Lot or Vault Section No. 1 Owner

Names of Lodges Insurance Companies

Insurance \$ I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Give 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 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

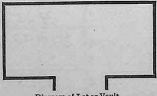
Total No. 2136 Yearly No. 33 Date Dec 11 1946
 Name of Deceased Samuel Kline (What Race) W
 Married Single Widowed Divorced
 Residence Lamoni Ia Husband Wife Widow of Margaret Kline
 Charge to children

Address
 Order given by Miss Kline (or informant)
 How Secured
 Occupation Farmer retired - none (Social Security Number)
 Name of Employer
 Address
 Date of Death Dec. 10, 1946 2 AM (Date) (Hour)
 Date of Birth June 15, 1860 (Date) (Year) (Month) (Days)
 Age 86 5 25 (Years) (Months) (Days)
 Date of Funeral 11/14 Wed. 2 P.M. (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Carl Ballentyne (Address)
 Religion of the Deceased
 Birthplace Ohio
 Resided in the State 60 yrs (or U. S. or City or County) (Years) (Months)
 Place of Death Lamoni Iowa
 Cause of Death
 Contributory Causes

Complete Funeral	\$ 238 00
Casket	
Burial Vault or Box	(State Filed)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
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	
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. _____	(State Physician's or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	

Certifying Physician E. E. Samet (or Coroner)
 His Address Lamoni Ia
 Name of Father Samuel Kline
 His Birthplace Penn.
 Maiden Name of Mother not known
 Her Birthplace not known
 Motor Ship } Remains to
 Size of Casket Perf. Shrine - gray w/lt. (State Color and Number)
 Manufactured by Ross Hill
 Interment at Ross Hill { Cemetery Crematory

Gross Total for Sales Tax	\$ 238 00	
Outlay for Lot		
Cremation		
... line Death Notices in ... Papers		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb	<u>To H. Marshall</u>	12 00
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-planes, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		

 Lot No. 1058
 Grave No. 1
 Section No.
 Owner

Sales Tax	2 38
Total Footing of Bill	252 38
Less <u>112</u> by Receipt	
Balance	
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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 I hereby covenant and agree to pay the same within _____ (Firm Name of Funeral Directors.)
 maturity at the rate of _____ % per annum. _____ days from date. Interest to accrue from
 Signed _____
 Address _____
 Witness
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

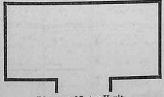
RECORD OF FUNERAL

Total No. 2137 Yearly No. 34 Date Dec. 24 1946
 Name of Deceased Oliver Franklin Hutton
 Residence: Near Audover, Mo. Married Single Widowed Divorced (What Race)
 Charge to: Husband Wife Widow or Etta Hutton, deceased of

Address.....
 Order given by C. E. Hutton (or informant)
 How Secured.....
 Occupation Salesman, retired (Social Security Number)
 Name of Employer.....
 Address.....
 Date of Death Dec. 23 1946 10 A.M.
 Date of Birth Aug. 10 1871 (Hour)
 Age 75 4 13
 (Years) (Months) (Days)
 Date of Funeral 12/24/46 Tues. 2 P.M.
 (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman..... (Address)
 Religion of the Deceased.....
 Birthplace Decatur County, Ia.
 Resided in the State..... (Years) (Months)
 Place of Death Near Audover, Mo.
 Cause of Death.....
 Contributory Causes.....

Complete Funeral	\$ 372.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress, \$	15.75
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	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 387.75
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor	Tickets, \$
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	388
Total Footing of Bill	391.63
Less <u>50.00 - 19.55 by Jan 4/47</u>	18.58
<u>Paid in full Balance 12/24/46</u>	372.05
Entered into Ledger, page	or below.

Certifying Physician Dr. J. A. Hyer (or Coroner)
 His Address Eagleville, Mo.
 Name of Father Marcellus Hutton
 His Birthplace Bedford, Ind.
 Maiden Name of Mother Ann Graham
 Her Birthplace Salesburg, Ind.
 Motor Ship } Remains to
 Size of Casket Red Eng. Star, Gray Broadcloth
 (State Color and Number)
 Manufactured by Simpson
 Interment at Audover { Cemetery
 Crematory



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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

