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# RECORD OF FUNERAL

Total No. 2139 Yearly No. 1 Date of Entry January 7, 1947

Name of Deceased Bertha Estella Deskin

Married  Single  Widowed  Divorced

Residence: Lamoni  Husband  Wife  Widow Verne Deskin (Print Name)  
or ..... of ..... Age of Husband or Wife (if living) 28 Years

Charge to: Verne Deskin

Address: Lamoni

Order given by above (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation Teaching (Specify Security Number)

Employer and Address Harceland College

Date of Death Jan 5, 1947 (Date) 5 A.M. (Hour)

Date of Birth Sept. 16, 1899 (Date) 1899 (Year)

Age 47 (Years) 3 (Months) 17 (Days)

Date of Funeral 1/7/47 (Date) Tues (Day of Week) 2 P.M. (Hour)

Services at: Cathedral

Clergyman: A. Heagy, Fambau, Chevch (Address)

Religion of the Deceased L.D.S.

Birthplace Colfax, Iowa

Resided in the State \_\_\_\_\_

Place of Death Decatur Co Hosp, Leas, Ia.

Cause of Death Septicemia

Contributory Causes Rectal abscess

Certifying Physician D. E. C. Lanet (or Coroner)

His Address Lamoni

Name of Father Anthony Robinson

His Birthplace Illinoi

Maiden Name of Mother Estella Kempf

Her Birthplace Iowa

Motor Ship } Remains to \_\_\_\_\_

Size of Casket 19, 27, 34 (State Color and Number)

Manufactured by Shuppison

Cemetery } Rose Hill

Lot No. 1481

Grave No. 3

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner Verne Deskin

Complete Funeral (except outlays) .....	\$ 337.00
Casket .....	
Burial Vault or Box <u>604</u> .....	
<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 .....	@ \$ .....
Extra Limousines .....	@ \$ .....
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, \$ .....
Gross Total for Sales Tax .....	\$ 337.00
Outlay for Lot .....	
Cremation .....	
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- plane Service, \$ .....
or Motor } .....	
Telegr., Phone, Cable or Radio Charges .....	
Cash Advanced .....	
Out of town Undertaker's Charges .....	
Personal Service .....	
..... line Death Notices in .....	Papers .....
<small>(Names of Newspapers)</small>	
Sales Tax .....	337
Total Footing of Bill .....	352.37
Less <u>50.00</u> <u>340.22</u> <u>170.00</u> .....	17.00
Balance .....	335.37
Entered into Ledger, page .....	or below.

Music by  
Acappella choir of  
Harceland College.

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 \_\_\_\_\_ (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 .....

# RECORD OF FUNERAL

Total No. 2140 Yearly No. 2 Date of Entry January 8 1947  
 Name of Deceased Joseph Rogue  
 Married  Single  Widowed  Divorced (What Race)  
 Residence:  Husband  Wife  Widow of ..... of ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Myself Works  
 Address: Tarpon  
 Order given by: above (or informant)  
 How Secured: .....  
 If Veteran, State War: .....  
 Occupation: ..... (Social Security Number)  
 Employer and Address: .....  
 Date of Death: Jan. 7 1947 (Date) (Hour)  
 Date of Birth: .....  
 Age: 91 (Years) (Months) (Days)  
 Date of Funeral: Jan 11 1947 (Date) (Day of Week) (Hour) M.  
 Services at: Chapel  
 Clergyman: E. J. Blazer (Address)  
 Religion of the Deceased: .....  
 Birthplace: .....  
 Resided in the State: ..... (or U. S. or City or County) (Years) (Months)  
 Place of Death: T. Duplet, Mo.  
 Cause of Death: Negocarditis  
 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: .....  
 Cemetery }  
 Crematory }  
 Diagram of Lot or Vault  
 Lot No. 707  
 Grave No. 3  
 Section No. ....  
 Block No. ....  
 Owner: .....

Complete Funeral (except outlays), .....	\$	
Casket		
Burial Vault or Box <u>Box</u>	17.00	
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 @ \$		
Extra Limousines @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to <u>Leaving home &amp; back to</u>	\$ 0.00	
Trip to Coroner's Inquest		
Delivering Box to <u>Rock Hill</u>	1.00	
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. ....		
Pall Bearer Service, \$	Use of Chapel, \$	
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb <u>W.A. MARSHALL</u>	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		
Personal Service <u>Myself, chapel</u>	2.50	
<u>carriage, equipment &amp; attire</u>		
..... line Death Notices in ..... Papers		
<u>Flowers, cards</u>		
Sales Tax <u>2.70</u>	17.20	34
Total Footing of Bill	64.34	33.20
Less	6.00	6.90
Balance <u>paid in full</u>	58.34	
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

Total No. 2147      Yearly No. 4      Date of Entry January 30 1947

Name of Deceased Emma Jane Loper (What Race) \_\_\_\_\_  
 Married     Single     Widowed     Divorced  
 Residence Lamoni Ia     Husband  Wife  Widow (if living) \_\_\_\_\_ Years  
 of \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_

Charge to W.H. Loper & Harold Foreman  
 Address \_\_\_\_\_  
 Order given by above (or informant)

How Secured \_\_\_\_\_  
 If Veteran, State War   
 Occupation housewife none (Social Security Number)  
 Employer and Address own home

Date of Death Jan. 27 1947 10 A.M. (Date) (Hour)  
 Date of Birth Feb. 16 1866 (Date) (Month) (Days)

Age 80 11 11 (Years) (Months) (Days)  
 Date of Funeral 1/30/47 Thurs 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel  
 Clergyman \_\_\_\_\_ (Address)  
 Religion of the Deceased L.D.S.

Birthplace Utah  
 Resided in the State 50 yrs (or U.S. or City or County) (Years) (Months)  
 Place of Death Lamoni Ia

Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

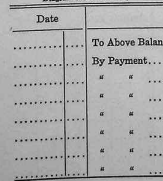
Certifying Physician E.E. Samet (or Coroner)  
 His Address Lamoni

Name of Father Wm. J. Phipps  
 His Birthplace Virginia

Maiden Name of Mother L. Julia Copeland  
 Her Birthplace Virginia

Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket 4/3 Sat gray & gold  
 Manufactured by R. Root (State, Color and Number)

Cemetery } Rosl Hill  
 Crematory }  
 Lot No. 863  
 Grave No. 2  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_



Complete Funeral (except outlays) .....	\$ 300 00
Casket .....	
Burial Vault or Box <u>1/2" Expans. box extra</u> (State Kind) .....	7 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 .....	@ \$ .....
Extra Limousines .....	@ \$ .....
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, \$ .....
Gross Total for Sales Tax .....	\$ 307 50
Outlay for Lot .....	
Cremation .....	
Flowers, \$ .....	Palms, \$ .....
Rental of Tent, \$ .....	of Temporary Vault, \$ .....
Opening of Grave or Tomb .....	to <u>H. Marshall</u> 12 00
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 .....	
Personal Service .....	
_____ line Death Notices in _____ Papers .....	
_____ (Names of Newspapers)	
Sales Tax .....	3 07
Total Footing of Bill .....	322 57
Less <u>15.00</u> <u>deficit + 9.50</u> <u>to Marshall &amp; Sons</u> <u>4 W.A. Loper CA-2885</u> .....	309 50
Balance .....	13 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 \_\_\_\_\_ (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. 2143 Yearly No. 5 Date of Entry January 29 1947

Name of Deceased Infant of Clair Chambers (Stillborn) (What Race) W

Married  Single  Widowed  Divorced

Residence:  Husband  Wife  Widow  or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to \_\_\_\_\_ Address \_\_\_\_\_

Order given by \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_ If Veteran, State War \_\_\_\_\_

Occupation \_\_\_\_\_ (Social Security Number) \_\_\_\_\_

Employer and Address \_\_\_\_\_ Date of Death Jan 25 1947

Date of Birth Stillborn (Hour) \_\_\_\_\_

Age \_\_\_\_\_ (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days) \_\_\_\_\_

Date of Funeral Jan 29 Wed 3 P. M. (Day) \_\_\_\_\_ (Day of Week) \_\_\_\_\_ (Hour) \_\_\_\_\_

Services at: Home Clergyman: Dave Garnet (Address) \_\_\_\_\_

Religion of the Deceased \_\_\_\_\_ Birthplace Lea Hospital

Resided in the State \_\_\_\_\_ (or U. S. or City or County) \_\_\_\_\_ (Year) \_\_\_\_\_ (Months) \_\_\_\_\_

Place of Death DeCATUR COUNTY, MISS. Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_ Certifying Physician D. Garnet (or Coroner) \_\_\_\_\_

His Address \_\_\_\_\_ Name of Father Clair Chambers

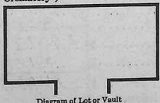
His Birthplace Chesney, Wyo. Maiden Name of Mother Mildred Flowers

Her Birthplace Clearwater, Nebraska Motor Ship } Remains to \_\_\_\_\_

Size of Casket 2/0 square white (State, Color and Number) \_\_\_\_\_

Manufactured by Rest Cemetery Crematory } \_\_\_\_\_

Lot No. 111  
Grave No. part of # 2  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_



Complete Funeral (except outlays).....	\$	
Casket.....		15.00
Burial Vault or Box <u>not included</u> (State Kind and Color).....		
Embalming Body <u>not included</u> (State Kind).....		
Barber, \$..... Hair Dressing, \$.....		
Dressing Body, \$ <u>included</u> Underwear, \$.....		
Suit or Dress..... (State Kind and Color).....		
Slippers, \$..... Hose, \$.....		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Spray, \$..... Gloves, \$.....		
Funeral Car, \$..... Ambulance, \$..... <u>included</u>		
Limousines to Cemetery..... @ \$.....		
Extra Limousines..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Getting Remains from <u>Home</u> ..... <u>included</u>		
Taking Remains to.....		
Trip to Coroner's Inquest.....		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... <u>included</u> (State Number and District)		
Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's)		
Pall Bearer Service, \$..... Use of Chapel, \$.....		
Gross Total for Sales Tax.....	\$	
Outlay for Lot <u>50/0 111 - 10 20</u> (State, Lot or M. Number).....		
Cremation.....		
Flowers, \$..... Palms, \$..... Matting, \$.....		
Rental of Tent, \$..... of Temporary Vault, \$.....		
Opening of Grave or Tomb <u>to A. Marshall</u> .....		5.00
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.....		
Personal Service.....		5.00
..... line Death Notices in..... Papers.....		3.50
1. Trip to DeCATUR Co. 7.00		
1. Trip from Leavenworth 7.00		
Sales Tax.....		38
Total Footing of Bill.....	\$	288.60
Less <u>Police Fund 2/1/47</u> .....	\$	
Balance.....	\$	250.60
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 \_\_\_\_\_ (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.....





# RECORD OF FUNERAL

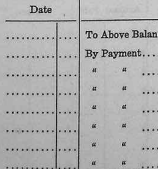
Total No. 2145 Yearly No. 7 Date of Entry Feb. 7 1947  
 Name of Deceased Ida E Davis  
 Married  Single  Widowed  Divorced  
 Residence: Food Nursing Home, Lem, Ia (What Race)  
 Husband  Wife  Widow  Orphan John W. Davis, deceased  
 Charge to: C. A. P. of Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by Miss Hoffman (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation housewife None (Social Security Number)  
 Employer and Address own home  
 Date of Death Feb. 3 1947 12 Noon (Date) (Hour)  
 Date of Birth June 5 1868 (Date) (Month) (Day)  
 Age 78 7 28 (Year) (Month) (Days)  
 Date of Funeral 7/7/47 F.M. 2 P. M. (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman: Chas. Harpe (Address)  
 Religion of the Deceased L. P. S.  
 Birthplace Malad, Idaho  
 Resided in the State 50 yrs. (or U.S. or City or County) (Years) (Months)  
 Place of Death Decatur Co. Hospital  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician H. R. Brown (or Coroner)  
 His Address Lem, Ia  
 Name of Father Amos Moore  
 His Birthplace Georgetown, Ohio  
 Maiden Name of Mother Abbie Young  
 Her Birthplace Munich, Ohio  
 Motor Ship } Remains to Lamoni Ia  
 Size of Casket C. A. P. (State Color and Number)  
 Manufactured by R. P. A.  
 Cemetery } Rose Hill  
 Crematory }

Lot No. 255  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Diagram of Lot or Vault



Complete Funeral (except outlays)	\$	100	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>		8	50
(State Kind and Color)			
Slippers, \$			
Hose, \$			
Folding Chairs, \$			
Tarpaulin, \$			
Candelabrum, \$			
Candles, \$			
Door Spray, \$			
Gloves, \$			
Funeral Car, \$			
Ambulance, \$			
Limousines to Cemetery @ \$			
Extra Limousines @ \$			
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, \$			
Gross Total for Sales Tax <u>N. O. T. A. X.</u> \$			
Outlay for Lot			
Cremation			
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, \$			
or Motor } Aero-plane Service, \$			
Telegr. Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
_____ line Death Notices in _____ Papers (Name of Newspaper)			
Sales Tax			
Total Footing of Bill	\$	108	50
Less <u>payment for dress</u>	\$	8	50
<u>paid in full 2/22/47</u> Balance	\$	100	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 \_\_\_\_\_  
 Compiled by F. J. FEINEMAN St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 1146 Yearly No. 8 Date of Entry February 10, 1947

Name of Deceased Rebecca Jane Cooper (What Race) W.  
 Married  Single  Widowed  Divorced

Residence Ringold Co. west of Lammie  Husband  Wife  Widow  of Ed W. Cooper deceased (Age of Husband or Wife (if living)) Years  
Charge to Emory Martin  
Address Lammie

Order given by .....  
How Secured ..... (or informant)

If Veteran, State War NO  
Occupation Housewife none (Social Security Number)

Employer and Address any home  
Date of Death Feb. 7, 1947 6 A.M. (Date) (Hour)  
Date of Birth Jan. 10, 1865 (Date) (Month) (Day) (Year) (Months) (Days)

Age 82 0 27 (Years) (Months) (Days)  
Date of Funeral 2/11/47 11:00 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel  
Clergyman Charles Harpe (Address)

Religion of the Deceased .....  
Birthplace Decatur County, Iowa  
Resided in the State Iowa (or U. S. or City or County) (Year) (Month)

Place of Death Ringold Co. west of Lammie  
Cause of Death .....

Contributory Causes .....

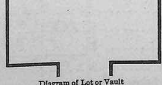
Certifying Physician Hill (or Coroner)  
His Address Mt. Ayr

Name of Father Wm. Madley  
His Birthplace Kentucky

Maiden Name of Mother Marion Bryant  
Her Birthplace not known

Motor } Remains to .....  
Ship }  
Size of Casket ..... (State Color and Number)

Manufactured by .....  
Cemetery } Rose Hill  
Crematory }



Lot No. 381  
Grave No. 2  
Section No. ....  
Block No. ....  
Owner .....

Complete Funeral (except outlays)	\$	327	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	@ \$		
Extra Limousines	@ \$		
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, \$		
Gross Total for Sales Tax	\$	327	00
Outlay for Lot			
Cremation			
Flowers, \$	Palms, \$		
Matting, \$			
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb	<u>G. 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			
Personal Service			
line Death Notices in	Papers		
(Names of Newspapers)			
Sales Tax		3	27
Total Footing of Bill		327	27
Less <u>5% on 320.27</u>		16	51
Balance		325	76
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

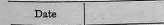
Total No. 2147 Yearly No. 9 Date of Entry March 17 1947  
 Name of Deceased Clifford Asaph Liberty  
 Married  Single  Widowed  Divorced  
 Residence: Lanoum Ia  
 Husband  Wife  of myself (What Name)  
 Charge to: of \_\_\_\_\_ (State Kind) Age of Husband or Wife (if living) 73 Years

Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War No  
 Occupation Farming, retired none  
 Employer and Address \_\_\_\_\_ (Social Security Number)  
 Date of Death March 15 1947 11:45 AM (Date) (Hour)  
 Date of Birth Feb. 17 1869 (Date) (Hour)  
 Age 78 (Years) 28 (Months) 28 (Days)  
 Date of Funeral 3/17/47 Mon. 2:30 P. M. (Date) (Day of Week) (Hour)  
 Services at: Chapel (Address)  
 Clergyman: \_\_\_\_\_ (Address)  
 Religion of the Deceased L. D. S.  
 Birthplace Doddie Valley, Ia  
 Resided in the State Illinois 11 yrs. (or U. S. or City or County) (Years) (Months)  
 Place of Death Lanoum Ia  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician D. E. E. Samet (or Coroner)  
 His Address Lanoum Ia  
 Name of Father Melroy Liberty  
 His Birthplace Verdun  
 Maiden Name of Mother Abigail Clifford  
 Her Birthplace New York state  
 Motor } Remains to Pesgal Ia  
 Ship }  
 Size of Casket 3/4 1/2 coast Maib. (Size Color and Number)  
 Manufactured by P. O. S.  
 Cemetery } Little Saint Ia  
 Crematory }

Complete Funeral (except outlays)	\$	377	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	@ \$		
Extra Limousines	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to <u>Pesgal &amp; Little Saint</u>		29	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 Certificate No. _____	(State Physician's or Coroner's)		
Pall Bearer Service, \$	Use of Chapel, \$		
Gross Total for Sales Tax		\$	346 00
Outlay for Lot			
Cremation			
Flowers, \$	Palms, \$	Matting, \$	
Rental of Tent, \$	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			
Personal Service			
_____ line Death Notices in _____ Papers	(Names of Newspapers)		
Sales Tax			346
Total Footing of Bill		\$	349 46
Less <u>5% by Mar. 27 - 12.46</u>		\$	
Balance <u>Plan full paid 3/17/47</u>		\$	337 00
Entered into Ledger, page _____ or below.			

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_



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

Names of Insurance Companies \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_  
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to \_\_\_\_\_ days from date. Interest to accrue from 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. 2148 Yearly No. 10 Date of Entry March 18 1947

Name of Deceased Mary Jane (Bennett) Smith (What Race) W  
 Married  Single  Widowed  Divorced

Residence:  Husband  Wife  Widow or  Orphan of  or  Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_ Complete Funeral (except days) at the \$ \_\_\_\_\_

Address: \_\_\_\_\_ Casket: from home \$ \_\_\_\_\_

Order given by: Mrs. Ashburn (or informant) Burial Vault or Box: None \$ 17.00

How Secured: \_\_\_\_\_ Embalming Body: \_\_\_\_\_ (Name of Embalmer)

If Veteran, State War: \_\_\_\_\_ Barber, \$: \_\_\_\_\_ Hair Dressing, \$: \_\_\_\_\_ Dressing Body, \$: \_\_\_\_\_ Underwear, \$: \_\_\_\_\_

Occupation: \_\_\_\_\_ (Social Security Number) Suit or Dress: \_\_\_\_\_ (State Kind and Color)

Employer and Address: \_\_\_\_\_ Slippers, \$: \_\_\_\_\_ Hose, \$: \_\_\_\_\_ Folding Chairs, \$: \_\_\_\_\_ Tarpaulin, \$: \_\_\_\_\_

Date of Death: \_\_\_\_\_ (Date) (Hour) Candelabrum, \$: \_\_\_\_\_ Candles, \$: \_\_\_\_\_ Door Spray, \$: \_\_\_\_\_ Gloves, \$: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Date) (Month) (Days) (Hour) Funeral Car, \$: \_\_\_\_\_ Ambulance, \$: \_\_\_\_\_

Age: \_\_\_\_\_ Limousines to Cemetery: @ \$ \_\_\_\_\_ Extra Limousines: @ \$ \_\_\_\_\_

Date of Funeral: 3/18/47 9:00 2 P. M. (Date) (Month) (Days) (Hour) Autos to R. R. Station: @ \$ \_\_\_\_\_

Services at: Chapel (Day of Week) Getting Remains from \_\_\_\_\_

Clergyman: Chas. Harpe (Address) Taking Remains to \_\_\_\_\_

Religion of the Deceased: \_\_\_\_\_ Religion of the Deceased: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Resided in the State: \_\_\_\_\_ (or U. S. or City or County) (Years) (Months) Procuring Burial Permit: \_\_\_\_\_

Place of Death: \_\_\_\_\_ (or U. S. or City or County) (Years) (Months) Certif. Copies of Death Certificates No. \_\_\_\_\_ (State Physician's or Coroner's)

Cause of Death: \_\_\_\_\_ Pall Bearer Service, \$: \_\_\_\_\_ Use of Chapel, \$: \_\_\_\_\_

Contributory Causes: \_\_\_\_\_ Gross Total for Sales Tax: \$ \_\_\_\_\_

Certifying Physician: \_\_\_\_\_ (or Coroner) Outlay for Lot: \_\_\_\_\_

His Address: \_\_\_\_\_ Cremation: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Flowers, \$: \_\_\_\_\_ Palms, \$: \_\_\_\_\_ Matting, \$: \_\_\_\_\_

His Birthplace: \_\_\_\_\_ Rental of Tent, \$: \_\_\_\_\_ of Temporary Vault, \$: \_\_\_\_\_

Maiden Name of Mother: \_\_\_\_\_ Opening of Grave or Tomb: to A. Marshall \$: \_\_\_\_\_

Her Birthplace: \_\_\_\_\_ Lining Grave, \$: \_\_\_\_\_ Lowering Device, \$: \_\_\_\_\_

Motor } Remains to \_\_\_\_\_ Outlay for Shipping Charges: \_\_\_\_\_

Ship } Size of Casket: \_\_\_\_\_ (State Color and Number) Clergyman, \$: \_\_\_\_\_ Singers, \$: \_\_\_\_\_ Organist, \$: \_\_\_\_\_

Size of Casket: \_\_\_\_\_ Railroad } Tickets, \$: \_\_\_\_\_ Aero-plane Service, \$: \_\_\_\_\_

Manufactured by: \_\_\_\_\_ (State Color and Number) Telegr., Phone, Cable or Radio Charges: \_\_\_\_\_

Cemetery } Personal Service: Use of Chapel \$: 15.00

Crematory } Crematory } line Death Notices in \_\_\_\_\_ Papers \$: 10.00

Diagram of Lot or Vault \_\_\_\_\_ (Names of Newspapers)

Lot No. 247  
Grave No. 243  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Sales Tax \_\_\_\_\_  
Total Footing of Bill: \$ 56.00  
Less: Oct 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 \_\_\_\_\_ (Firm Name of Funeral Directors) \_\_\_\_\_ days from date. Interest to accrue from maturity at the rate of \_\_\_\_\_ % per annum.

Signed: \_\_\_\_\_ Address: \_\_\_\_\_

Witness: \_\_\_\_\_ Address: \_\_\_\_\_





# RECORD OF FUNERAL

Total No. 2150 Yearly No. 12 Date of Entry March 23 1947

Name of Deceased Dennis Lee Lovell 10  
 Married  Single  Widowed  Divorced (What Race)

Residence: Lanoni Ia  Husband  Wife  Widow of ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Dean D Lovell  
Address: Lanoni

Order given by ..... (or informant)  
How Secured: .....

If Veteran, State War .....  
Occupation ..... (Social Security Number)

Employer and Address .....  
Date of Death March 21, 1947 2 P.M.  
(Date) (Hour)

Date of Birth June 16, 1943  
(Date) (Day of Week) (Hour)

Age 3 9 5  
(Years) (Months) (Days)

Date of Funeral 7/23/47 10 2 P.M.  
(Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman V. Reskin & Willard Scott  
(Address)

Religion of the Deceased .....

Birthplace Lanoni Ia

Resided in the State 3 weeks  
(or U.S. or City or County) (Years) (Months)

Place of Death Lanoni Hospital

Cause of Death .....

Contributory Causes Fell from rear door of moving car.

Certifying Physician D. Doss  
(or Coroner)

His Address Lanoni

Name of Father Dean D Lovell

His Birthplace Decatur Co. Ia

Maiden Name of Mother Lena Pakre

Her Birthplace Manteca, Calif

Motor Ship } Remains to .....

Size of Casket 4/0 White  
(State Color and Number)

Manufactured by Roo

Cemetery Crematory } Rose Hill

Lot No. 1450

Grave No. 4

Section No. ....

Block No. ....

Owner .....

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

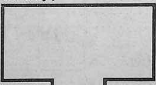
Insurance \$..... Names of Lodges..... Insurance Companies.....

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 .....

Complete Funeral (except outlays).....	\$	
Casket.....		40 00
Burial Vault or Box.....		7 50
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.....	@ \$.....	
Extra Limousines.....	@ \$.....	
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, \$.....	
Gross Total for Sales Tax.....	\$	47 50
Outlay for Lot #.....	\$	70 00
Cremation.....		
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.....		
Personal Service, including all other needed & used by Chapel's assistants.....		50 00
..... line Death Notices in.....	Papers.....	
(Names of Newspapers)		
Sales Tax.....		25
Total Footing of Bill.....	\$	176 45
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 ..... (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. 2151 Yearly No. 13 Date of Entry April 14 1947

Name of Deceased Paul M. Bassett  
 Married  Single  Widowed  Divorced (What Race)

Residence: St. Joseph, Mo.  Husband  Wife  Widow  (State Kind)  of  (Age of Husband or Wife (if living)) Years

Charge to: Anna Bassett  
Address: Lammie - In

Order given by: Anna Bassett (widow)  
(or informant)

How Secured: \_\_\_\_\_  
If Veteran, State War World War I

Occupation \_\_\_\_\_ (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death: April 11 1947  
(Date) (Hour)

Date of Birth: \_\_\_\_\_  
Age: 56 (Months) (Days)

Date of Funeral: 4/14/47 Mon 2:30 P.M.  
(Date) (Day of Week) (Hour)

Services at: Chapel  
Clergyman: \_\_\_\_\_ (Address)

Religion of the Deceased \_\_\_\_\_  
Birthplace \_\_\_\_\_

Resided in the State \_\_\_\_\_  
Place of Death: St. Joseph, Mo. (Year) (Months)

Cause of Death: Chronic Thrombosis

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  
Cemetery } \_\_\_\_\_  
Crematory } \_\_\_\_\_

Lot No. 1573  
Grave No. 3  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Complete Funeral (except outlays)	\$	
Casket		
Burial Vault or Box		25 00
Embalming Body		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress		
Slippers, \$	Hose, \$	
Folding Chairs, \$	Tarpsulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	5 00
Funeral Car, \$	Ambulance, \$	
Limousine to Cemetery	@ \$	
Extra Limousines	@ \$	
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 Physician's or Coroner's)		
Pall Bearer Service, \$	Use of Chapel, \$	
Gross Total for Sales Tax		30 00
Outlay for Lot: <u>1573</u>		25 00
Cremation		
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, \$	00
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	4 00
Organist, \$		
Railroad Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service, <u>Myrtle &amp; Nellie</u>		25 00
<u>and use of A. Marshall's casket</u>		
line Death Notices in _____ Papers		
(Name of Newspaper)		
Sales Tax: <u>7% of 30.00 = 2.10</u>		21 00
Total Footing of Bill		99 00
Less: <u>paid in full 4/16/47</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 \_\_\_\_\_ 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. 2152 Yearly No. 17 Date of Entry May 23 1947

Name of Deceased Mrs Cora Booy

Residence: Lincoln, Neb (What Race) deceased  
 Married  Single  Widowed  Divorced  
Charge to: Mrs Ruth Booy of M. T. Booy (Age of Husband or Wife (if living)) \_\_\_\_\_ Years

Address: Lincoln, Neb

Order given by \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_  
Occupation House (Social Security Number) \_\_\_\_\_

Employer and Address \_\_\_\_\_  
Date of Death May 21 1947 (Date) (Hour) \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Years) 70 (Months) 10 (Days) 5

Date of Funeral 5/23/47 (Date) Tue (Day of Week) 2 P. M. (Hour)

Services at: Chapel  
Clergyman Marvin Traxler (Address) \_\_\_\_\_

Religion of the Deceased \_\_\_\_\_  
Birthplace Michigan

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

Place of Death Lincoln, Neb

Cause of Death Cardiac Failure

Contributory Causes \_\_\_\_\_

Certifying Physician Geo H Walker (or Coroner)  
His Address Lincoln, Neb

Name of Father Frank Harrington

His Birthplace \_\_\_\_\_

Maiden Name of Mother Clara Foreman

Her Birthplace \_\_\_\_\_

Motor } Remains to \_\_\_\_\_  
Ship }

Size of Casket \_\_\_\_\_ (State Color and Number)

Manufactured by \_\_\_\_\_  
Cemetery } Rose Hill  
Crematory }

Diagram of Lot or Vault

Lot No. 804  
Grave No. 1

Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays) .....		\$
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, \$ <u>9.00</u> .....	Ambulance, \$ .....	<u>5.00</u>
Limousines to Cemetery .....	@ \$ .....	
Extra Limousines .....	@ \$ .....	
Autos to R. R. Station .....	@ \$ .....	
Getting Remains from <u>Depot</u> .....		<u>5.00</u>
Taking Remains to .....		
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)	
Pal Bearer Service, \$ .....	Use of Chapel, \$ .....	
Gross Total for Sales Tax .....		\$
Outlay for Lot .....		
Cremation .....		
Flowers, \$ .....	Palms, \$ .....	Matting, \$ .....
Rental of Tent, \$ .....	of Temporary Vault, \$ .....	
Opening of Grave or Tomb .....	<u>To R. Wainwright</u> .....	<u>1.50</u>
Lining Grave, \$ <u>put</u> .....	Lowering Device, \$ <u>etc</u> .....	<u>5.00</u>
Outlay for Shipping Charges, \$ .....		
Clergyman, \$ <u>5.</u> .....	Singers, \$ <u>5.</u> .....	Organist, \$ <u>1.50</u>
Railroad } Tickets, \$ .....	Aero- plane Service, \$ .....	
or Motor }		
Telegr., Phone, Cable or Radio Charges .....		
Cash Advanced .....		
Out of town Undertaker's Charges .....		
Personal Service of <u>Funeral</u> .....		
<u>Use of Order's Equipment</u> .....		<u>25.00</u>
_____ line Death Notices in _____ Papers .....		
(Names of Newspapers)		
Sales Tax <u>Use Tax all service</u> .....		
Total Footing of Bill .....		\$ <u>71.00</u>
Less <u>Pal in field</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 \_\_\_\_\_ 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. 2153 Yearly No. 15 Date of Entry May 26 1947

Name of Deceased Grabelle Rediker  
 Married  Single  Widowed  Divorced (What Race)

Residence: Saints Home  
Charge to: Lewis Landisberg - Buchs  
Address: \_\_\_\_\_  
or \_\_\_\_\_ of \_\_\_\_\_ Ate of Husband or Wife (If Living) \_\_\_\_\_ Years

Order given by Lewis Landisberg  
(or informant)

How Secured: \_\_\_\_\_  
If Veteran, State War

Occupation housework \_\_\_\_\_  
(Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death May 24 1947 2:00 P.M.  
(Date) (Hour)

Date of Birth July 4 1854  
(Date) (Hour)

Age 92 10 20  
(Years) (Months) (Days)

Date of Funeral 5/26/47 Mon. 2:30 P.M.  
(Date) (Day of Week) (Hour)

Services at: St. Anne  
Clergyman: Chas Harpe (Address)

Religion of the Deceased L.D.S. (Address)

Birthplace Wheeling, West Va.

Resided in the State 14 yrs  
(or U.S. or City or County) (Years) (Months)

Place of Death St. Anne

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician Dr. Garnet (or Coroner)

His Address Lovain

Name of Father John Rediker

His Birthplace not known

Maiden Name of Mother Harnett Hannon

Her Birthplace Virginia

Motor Ship } Remains to \_\_\_\_\_

Size of Casket \_\_\_\_\_ (State Color and Number)

Manufactured by R. Hill  
Cemetery } R. Hill  
Crematory } \_\_\_\_\_

Lot No. 1249  
Grave No. 3  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Complete Funeral (except outlays)	\$	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			
Extra Limousines			
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, \$			
Gross Total for Sales Tax	\$	150	00
Outlay for Lot			
Cremation			
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			
Personal Services, \$			
Use of Chapel, \$			
Assistant			
line Death Notices in _____ Papers			
(Names of Newspapers)			
Sales Tax			
Total Footing of Bill	\$	157	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 \_\_\_\_\_ (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 \_\_\_\_\_

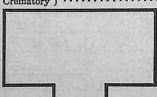
Witness \_\_\_\_\_ Address \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2154 Yearly No. 16 Date of Entry May 29 1947  
 Name of Deceased Wilbur Paul  
 Married  Single  Widowed  Divorced (What Race) W  
 Residence: Independence, Mo.  Husband  Wife  Widow }  
 Charge to: Speaks Funeral Home or ..... of ..... Age of Husband or Wife (if living) ..... Years

Address .....  
 Order given by ..... (or informant)  
 How Secured ..... (or informant)  
 If Veteran, State War .....  
 Occupation ..... (Social Security Number)  
 Employer and Address .....  
 Date of Death ..... (Date) (Hour)  
 Date of Birth ..... (Date) (Hour)  
 Age ..... (Years) (Month) (Days)  
 Date of Funeral 5/27/47 8 hours 2 P.M.  
 (Date) (Day of Week) (Hour)  
 Services at: Speaks  
 Clergyman John Carver  
 Religion of the Deceased S.P.S. (Address)  
 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 ..... (or Coroner)  
 Name of Father .....  
 His Birthplace .....  
 Maiden Name of Mother .....  
 Her Birthplace .....  
 Motor } Remains to .....  
 Ship }  
 Size of Casket ..... (State Color and Number)  
 Manufactured by .....  
 Cemetery }  
 Crematory }

Complete Funeral (except outlays)		
Casket		
Burial Vault or Box		<u>25 00</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	@ \$	
Extra Limousines	@ \$	
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, \$	
Gross Total for Sales Tax		<u>9.00</u>
Outlay for Lot		<u>00</u>
Cremation		
Flowers, \$	Palms, \$	
Matting, \$		
Rental of Tent, \$	of Temporary Vault, \$	<u>5.50</u>
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	
Organist, \$		
Railroad } Tickets, \$	Aero-	
or Motor } Service, \$	plane	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... line Death Notices in	..... Papers	
		(Names of Newspapers)
Sales Tax		<u>1 80</u>
Total Footing of Bill		<u>9.75</u>
Less		
Balance		<u>87</u>
Entered into Ledger, page	..... or below.	



Lot No. 121 D  
 Grave No. 1  
 Section No. ....  
 Block 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 .....  
 Witness ..... Address .....

# RECORD OF FUNERAL

Total No. 2156 Yearly No. 16 Date of Entry May 31 1947

Name of Deceased E. Everett Walter Bell (What Race) W

Residence: Lanoni Ia  Husband  Wife  Widow  Orphan  of Effie Bell (What Race) W  
or, of } Age of Husband or Wife (if living) 47 Years

Charge to: \_\_\_\_\_

Address: \_\_\_\_\_

Order given by Keat Bell (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War no

Occupation Ford Dealer none (Social Security Number)

Employer and Address: \_\_\_\_\_

Date of Death May 29 1947 6 PM (Day) (Hour)

Date of Birth Sept 10 1892 (Day) (Month) (Year)

Age 54 8 13 (Years) (Months) (Days)

Date of Funeral 9/31/47 11 A.M. (Date) (Day of Week) (Hour)

Services at: Coleseum

Clergyman: Red Beck (Address)

Religion of the Deceased L.D.

Birthplace Harrison County Mo.

Resided in the State 27 yrs (for U.S. or City or County) (Years) (Months)

Place of Death Lanoni Ia

Cause of Death Stroke

Contributory Causes: \_\_\_\_\_

Certifying Physician H.N. Wells (or Coroner) Ia

His Address: \_\_\_\_\_

Name of Father Mark Bell

His Birthplace Indiana

Maiden Name of Mother Josephine Conners

Her Birthplace Kentucky

Motor Ship } Remains to State May vol.

Size of Casket 14 (State Color and Number)

Manufactured by Ross Niel

Cemetery Crematory } \_\_\_\_\_

Lot No. 1643

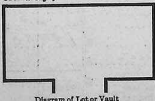
Grave No. 7

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays) .....	\$	327.00
Casket .....		
Burial Vault or Box <u>Adrian Vault</u> .....		125.00
<small>(State Kind and Color)</small>		
Embalming Body .....		
Barber, \$ .....		
Hair Dressing, \$ .....		
Dressing Body, \$ .....		
Underwear, \$ .....		
Suit or Dress .....		
<small>(State Kind and District)</small>		
Slippers, \$ .....		
Hose, \$ .....		
Folding Chairs, \$ .....		
Tarpaulin, \$ .....		
Candelabrum, \$ .....		
Candles, \$ .....		
Door Spray, \$ .....		
Gloves, \$ .....		
Funeral Car, \$ .....		
Ambulance, \$ .....		
Limousines to Cemetery .....		
@ \$ .....		
Extra Limousines .....		
@ \$ .....		
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>		
Full Bearer Service, \$ .....		
Use of Chapel, \$ .....		
Gross Total for Sales Tax .....		462.00
Outlay for Lot: .....		
Cremation .....		
Flowers, \$ .....		
Palms, \$ .....		
Matting, \$ .....		
Rental of Tent, \$ .....		
of Temporary Vault, \$ .....		
Opening of Grave or Tomb <u>Fr. P. Maultz</u> .....		15.00
Lining Grave, \$ .....		
Lowering Device, \$ .....		
Outlay for Shipping Charges .....		
Clergyman, \$ .....		
Singers, \$ .....		
Organist, \$ .....		
Railroad or Motor } Tickets, \$ .....		
<small>Aero-plana Service, \$</small>		
Telegr., Phone, Cable or Radio Charges .....		
Cash Advanced .....		
Out of town Undertaker's Charges .....		
Personal Service .....		
_____ line Death Notices in _____ Papers		
<small>(Names of Newspapers)</small>		
Sales Tax .....		4.62
Total Footing of Bill .....		482.62
Less <u>5% on 482.62</u> .....		22.93
<u>Balance</u> .....		449.68
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. 2156 Yearly No. 18 Date of Entry June 5 1947

Name of Deceased Earl Hall  
 Married  Single  Widowed  Divorced (What Race)

Residence: Des Moines  
 Husband  Wife  Widow or..... of ..... Age of Husband or Wife (if living)..... Years

Charge to: Mrs Carl Hall

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War.....

Occupation..... (Social Security Number)

Employer and Address.....

Date of Death..... (Date) (Hour)

Date of Birth..... (Date) (Day of Week) (Hour) M.

Age..... 67 (Years) (Months) (Days)

Date of Funeral 6/9/47 11:00 2 P. M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman Leonard Holloway (Address)

Religion of the Deceased S.P.D.

Birthplace.....

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

Place of Death Des Moines, Ia

Cause of Death Cardiac Decomposition

Contributory Causes.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

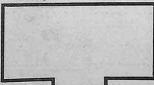
Her Birthplace.....

Motor } Remains to.....  
 Ship }

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

Manufactured by.....

Cemetery }  
 Crematory }



Lot No. 1395  
 Grave No. 1  
 Section No.....  
 Block No.....  
 Owner.....

Diagram of Lot or Vault

Complete Funeral (except outlays).....	\$	
Casket.....		
Burial Vault or Box <u>Sharon Cryptorium</u>	125	00
Embalming Body.....		
Barber, \$.....		
Dressing Body, \$.....		
Suit or Dress.....		
Slippers, \$.....		
Folding Chairs, \$.....		
Candelabrum, \$.....		
Door Spray, \$.....		
Funeral Car, \$ <u>and Driver</u>		5 00
Limousines to Cemetery.....		
Extra Limousines.....		
Autos to R. R. Station.....		
Getting Remains from <u>Des Moines</u>		16 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, \$.....		
Gross Total for Sales Tax.....	\$	
Outlay for Lot.....		
Cremation.....		
Flowers, \$.....		
Palms, \$.....		
Matting, \$.....		
Rental of Tent, \$..... of Temporary Vault, \$.....		
Opening of Grave or Tomb <u>to A. Marshall</u>		16 00
Lining Grave, \$ <u>with Lowering Device, etc.</u>		5 00
Outlay for Shipping Charges.....		
Clergyman, \$.....		
Singers, \$ <u>4.00</u> Organist, \$.....		4 00
Railroad } Tickets, \$..... or Motor } Aero- } plane Service, \$.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Personal Service <u>by assistants</u>		
<u>and 7 Ch. 100</u>		25 00
..... line Death Notices in..... Papers.....		
(Names of Newspapers)		
Sales Tax <u>on Vault 2%</u>		2 50
Total Footing of Bill.....	\$	198 50
<u>Less</u> <u>Extra Showings</u>		16 00
<u>Police Balance</u>		214 50
Entered into Ledger, page..... or below.....		625

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.....

# RECORD OF FUNERAL

Total No. 1157 Yearly No. 19 Date of Entry June 6 1947

Name of Deceased Clara E Coffelt

Married  Single  Widowed  Divorced

Residence: Rural near Leam (What Race) W  
 Husband  Wife  Widow  Orphan (State of Embalmer)  
Charge to: E. J. Coffelt (What Race) W  
Address: Leam Ia Age of Husband or Wife (if living) \_\_\_\_\_ Years

Order given by above (or informant)

How Secured: \_\_\_\_\_ (State Kind)

If Veteran, State War

Occupation housewife None (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death June 3, 1947 7 P.M. (Date) (Hour)

Date of Birth Aug. 15, 1884 (Date) (Hour)

Age 62 9 18 (Years) (Months) (Days)

Date of Funeral 4/47 Friday 7 P M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Art Lave (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Shelby Co. Iowa

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

Place of Death DeCATUR County Hospital

Cause of Death Cerebral Hemorrhage

Contributory Causes Arterio Sclerosis

Certifying Physician Dr. Doss (or Coroner)

His Address Leam

Name of Father Joseph Lave

His Birthplace Iowa

Maiden Name of Mother Ellen Pison

Her Birthplace Vermont

Motor Ship } Remains to \_\_\_\_\_  
Size of Casket Pat. Stat. Blue Revere (State Color and Number)

Manufactured by Ross

Cemetery Crematory } Rose Hill

Lot No. 1079  
Grave No. 3  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_



Diagram of Lot or Vault

Complete Funeral (except outlays) .....	\$	368	00
Casket .....			
Burial Vault or Box <u>None</u> .....			
Embalming Body .....			
Barber, \$ .....			
Hair Dressing, \$ .....			
Dressing Body, \$ .....			
Underwear, \$ .....			
Suit or Dress <u>Blue velvet</u> .....		14	00
Slippers, \$ .....			
Hose, \$ .....			
Folding Chairs, \$ .....			
Tarpaulin, \$ .....			
Candelabrum, \$ .....			
Candles, \$ .....			
Door Spray, \$ .....			
Gloves, \$ .....			
Funeral Car, \$ .....			
Ambulance, \$ .....			
Limousines to Cemetery .....	@		
Extra Limousines .....	@		
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, \$ .....			
Gross Total for Sales Tax .....	\$	383	00
Outlay for Lot .....			
Cremation .....			
Flowers, \$ .....			
Palms, \$ .....			
Matting, \$ .....			
Rental of Tent, \$ .....			
of Temporary Vault, \$ .....			
Opening of Grave or Tomb <u>Per Marshall</u> .....		14	00
Lining Grave, \$ .....			
Lowering Device, \$ .....			
Outlay for Shipping Charges .....			
Clergyman, \$ .....			
Singers, \$ .....			
Organist, \$ .....			
Railroad Tickets, \$ .....			
Aero-plane Service, \$ .....			
or Motor plane Charges .....			
Telegr., Phone, Cable or Radio Charges .....			
Cash Advanced .....			
Out of town Undertaker's Charges .....			
Personal Service .....			
line Death Notices in .....			
Papers .....			
(Names of Newspapers)			
Sales Tax .....		3	83
Total Footing of Bill .....	\$	400	83
Less <u>5 P.M. 383.00</u> .....	\$	19	15
<u>Balance</u> .....	\$	381	68
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.

Signed \_\_\_\_\_ Address \_\_\_\_\_

Witness \_\_\_\_\_



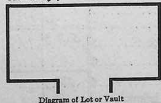


# RECORD OF FUNERAL

Total No. 2152 Yearly No. 21 Date of Entry June 11 1947  
 Name of Deceased Otto Brenner  
 Residence:  Married  Single  Widowed  Divorced  
 Charge to: Lamoni  Husband  Wife  Widow  Divorced (What Race)  
Charles Brenner of ..... of Charles D. Wenger Age of Husband or Wife (if living) 46 Years

Address: Lamoni  
 Order given by ..... (or informant)  
 How Secured: .....  
 If Veteran, State War no  
 Occupation Housewife none (Social Security Number)  
 Employer and Address .....  
 Date of Death June 9, 1947 9 A.M.  
 Date of Birth Feb 28, 1874 (Hour)  
 Age 73 (Years) 3 (Months) 11 (Days)  
 Date of Funeral 6/11/47 Wed (Date) (Day of Week) 2 P. M. (Hour)  
 Services at: Chapel  
 Clergyman: Carl Wallartyne (Address)  
 Religion of the Deceased .....  
 Birthplace Decatur Co.  
 Resided in the State of Indiana (or U. S. or City or County) (Years) (Months)  
 Place of Death Lamoni Ia  
 Cause of Death .....  
 Contributory Causes .....

Certifying Physician Dr. Ganet (or Coroner)  
 His Address Lamoni Ia  
 Name of Father Ivan Dorr  
 His Birthplace Kentucky  
 Maiden Name of Mother America Torley  
 Her Birthplace Indiana  
 Motor } Remains to  
 Ship } State cedar  
 Size of Casket ..... (State Color and Number)  
 Manufactured by E. P. Carl Co.  
 Cemetery } Rose Hill  
 Crematory } .....



Lot No. 1494  
 Grave No. 3  
 Section No. ....  
 Block No. ....  
 Owner .....

Complete Funeral (except outlays) .....	\$ <u>352.00</u>
Casket .....	
Burial Vault or Box <u>Hallen's Cryptarium</u> (State Kind) .....	<u>125.00</u>
Embalming Body (Name of Embalmer) .....	
Barber, \$ .....	
Hair Dressing, \$ .....	
Dressing Body, \$ .....	
Underwear, \$ .....	
Suit or Dress <u>Wing's</u> (State Kind and Color) .....	<u>15.00</u>
Slippers, \$ .....	
Hose, \$ .....	
Folding Chairs, \$ .....	
Tarpaulin, \$ .....	
Candelabrum, \$ .....	
Candles, \$ .....	
Door Spray, \$ .....	
Gloves, \$ .....	
Funeral Car, \$ .....	
Ambulance, \$ .....	
Limousines to Cemetery @ \$ .....	
Extra Limousines @ \$ .....	
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)	
Pall Bearer Service, \$ .....	
Use of Chapel, \$ .....	
Gross Total for Sales Tax .....	\$ <u>492.00</u>
Outlay for Lot: .....	
Cremation .....	
Flowers, \$ .....	
Palms, \$ .....	
Matting, \$ .....	
Rental of Tent, \$ .....	
of Temporary Vault, \$ .....	
Opening of Grave or Tomb <u>to H. Marshall</u> .....	<u>16.00</u>
Lining Grave, \$ .....	
Lowering Device, \$ .....	
Outlay for Shipping Charges .....	
Clergyman, \$ .....	
Singers, \$ .....	
Organist, \$ .....	
Railroad } Tickets, \$ .....	
or Motor } Aero-Service, \$ .....	
plane } .....	
Telegr., Phone, Cable or Radio Charges .....	
Cash Advanced .....	
Out of town Undertaker's Charges .....	
Personal Service .....	
_____ line Death Notices in _____ Papers (Name of Newspaper) .....	
Sales Tax .....	<u>492</u>
Total Footing of Bill .....	\$ <u>518.92</u>
Less <u>5.00</u> <u>49.00</u> .....	\$ <u>24.60</u>
Balance <u>paid June 11, 1947</u> .....	\$ <u>488.32</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 .....  
 Witness ..... Address .....

# RECORD OF FUNERAL

Total No. 2153 Yearly No. 22 Date of Entry June 13 1947

Name of Deceased Eliza Mark Bell (What Race) W

Residence Lamoni Ia  Husband  Wife  Widow  Divorced Joseph Bell deceased (Age of Husband or Wife (if living)) Years

Charge to: children

Address

Order given by

How Secured

If Veteran, State War no

Occupation farmer of common labor (Social Security Number) 478-22-707

Employer and Address

Date of Death June 11 1947 2 AM (Date) (Hour)

Date of Birth Feb 19 1871 (Date) (Year) (Month) (Day)

Age 76 3 22 (Years) (Months) (Days)

Date of Funeral 6/13/47 PM 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Charles Harpe, Robt Fambam (Address)

Religion of the Deceased

Birthplace Indiana

Resided in the State Ia 25 (or U. S. or City or County) (Years) (Months)

Place of Death Lamoni Ia

Cause of Death

Contributory Causes

Certifying Physician Dr. Hewitt (or Coroner)

His Address Lamoni Ia

Name of Father Gabriel Bell

His Birthplace Indiana

Maiden Name of Mother Indiana Bagerley

Her Birthplace Indiana

Motor Ship } Remains to

Size of Casket 90x 35x 18 (State Color and Number)

Manufactured by R. O. P.

Cemetery Crematory }

Diagram of Lot or Vault

Lot No. 1497

Grave No. 342

Section No.

Block No.

Owner

Complete Funeral (except outlays)	\$ 396.00
Casket	
Burial Vault or Box <u>Reelless</u>	\$ 115.00
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousine to Cemetery	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 571.00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	to <u>Ed. Marshall</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	
Personal Service	
line Death Notices in	Papers
(Names of Newspapers)	
Sales Tax	\$ 571
Total Footing of Bill	\$ 532.11
Less <u>57.00</u> <u>57.11</u> <u>57.11</u> <u>57.11</u> <u>57.11</u>	\$ 25.81
Balance	\$ 506.30
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

maturity at the rate of % per annum.

Signed

Address

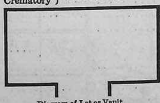
# RECORD OF FUNERAL

Total No. 2154 Yearly No. 23 Date of Entry June 14 1947  
 Name of Deceased James Otis Little  
 Married  Single  Widowed  Divorced  
 Residence: near Lamou (Name of Embalmer) W  
 Charge to: Mrs Myrtle Little (What Race) White  
 Address: Lamou (or. of ) Age of Husband or Wife (if living) 68 Years

Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation Farming (Social Security Number) None  
 Employer and Address own farm  
 Date of Death June 11, 1947 2:30 PM (Date) (Hour)  
 Date of Birth Nov. 23, 1887 (Date) (Month) (Days)  
 Age 59 6 18 (Years) (Months) (Days)  
 Date of Funeral 6/14/47 Sat 2 P. M. (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman: \_\_\_\_\_ (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace \_\_\_\_\_  
 Resided in the State Wisconsin (or U. S. or City or County) (Year) (Months)  
 Place of Death Lea Hospital  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician Dr. Reed (State Number and District)  
 His Address Davis City  
 Name of Father Warren Little  
 His Birthplace Wisconsin  
 Maiden Name of Mother Martha Graham  
 Her Birthplace Illinois  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 43 Octagon Gray Birch (State Color and Number)  
 Manufactured by Shannon  
 Cemetery Crematory } Rose Hill

Complete Funeral (except outlays)	\$ 217.00
Casket	
Burial Vault or Box <u>Walton Peerless</u>	115.00
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress <u>blue pin strip</u>	13.75
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
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, \$	
Gross Total for Sales Tax	\$ 445.75
Outlay for Lot	
Cremation	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb <u>Toth Marshall</u>	16.00
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	
Personal Service	
_____ line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax	4.95
Total Footing of Bill	\$ 466.20
Less <u>57.00</u> <u>450.00</u> <u>6/14/47</u>	\$ 22.51
Balance	\$ 443.69
Entered into Ledger, page _____ or below.	



Lot No. 838-1  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_ (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. 2155 Yearly No. 24 Date of Entry June 25 1947

Name of Deceased Mattie Corner (What Race) W

Residence: 101 S. Hickone  Husband  Wife  Widowed  Divorced

Charge to: J. W. Jones of \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address: Pittsburg, Kansas

Order given by: atank (or informant)

How Secured: By Undertaker (Lima)

If Veteran, State War Occupation: no (Social Security Number) \_\_\_\_\_

Employer and Address Date of Death: June 22 2 Pm. (Date) (Hour)

Date of Birth: July 18 1867 (Date) (Year) (Month) (Day) (Hour)

Age: 79 11 4 (Years) (Months) (Days)

Date of Funeral: 6-26 Thursday (Date) (Day of Week) (Hour) M.

Services at: \_\_\_\_\_ (Address)

Clergyman: \_\_\_\_\_ (Address)

Religion of the Deceased: \_\_\_\_\_

Birthplace: Leroy, Illinois

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

Place of Death: Desha Co. Mo.

Cause of Death: Arterio Sclerosis

Contributory Causes: Smoking

Certifying Physician: Dr. L. Corner (or Coroner)

His Address: Lima, Mo.

Name of Father: Walter Taylor

His Birthplace: England

Maiden Name of Mother: Maria Hazelwood

Her Birthplace: Canada

Motor Ship } Remains to: Pittsburg, Kansas

Size of Casket: \_\_\_\_\_ (State Color and Number)

Manufactured by: \_\_\_\_\_

Cemetery } \_\_\_\_\_

Crematory } \_\_\_\_\_

Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays).....	\$	
Casket.....		
Burial Vault or Box.....	(State Kind)	
Embalming Body.....	(Name of Embalmer)	25.00
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.....	@ \$	
Extra Limousines.....	@ \$	
Autos to R. R. Station.....	@ \$	
Getting Remains from.....	Hospital	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, \$	
Gross Total for Sales Tax.....		35.00
Outlay for Lot.....		
Cremation.....		
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-planes Service, \$	
or Motor } _____		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Personal Service.....		
_____ line Death Notices in.....	Papers	
_____ (Names of Newspapers)		
Sales Tax.....		
Total Footing of Bill.....		35.00
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 \_\_\_\_\_ (Eirm 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. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2136 Yearly No. 25 Date of Entry Jan. 25 1947  
 Name of Deceased James F. Peary  Married  Single  Widowed  Divorced  
 Residence: Pasadena, Cal. (What Race)  
 Charge to: James Peary (Wife)  Husband  Wife  Orphan  
 Address: \_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_ Ave of Husband or Wife (if living) \_\_\_\_\_ Years

Order given by: Above  
 How Secured: By Dr. Hill  
 If Veteran, State War \_\_\_\_\_  
 Occupation: Retard. Carpenter  
 Employer and Address \_\_\_\_\_  
 Date of Death: 6-22-47 8 P.M.  
 Date of Birth: July 31-1854  
 Age: 92 (Years) 10 (Months) 21 (Days)  
 Date of Funeral: 25 (Date) Wed (Day of Week) 2 P.M. (Hour)  
 Services at: Huronston  
 Clergyman: Blount, Huronston  
 Religion of the Deceased: Christian Church  
 Birthplace: Westvasha, Indiana  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death: Lamoni, Iowa  
 Cause of Death: Stroke  
 Contributory Causes: Senility  
 Certifying Physician: Dr. Hill (or Coroner)  
 His Address: Lamoni  
 Name of Father: Mathaniel Peary  
 His Birthplace: Ohio  
 Maiden Name of Mother: Catherine Johnson  
 Her Birthplace: West Virginia  
 Motor } Remains to Huronston, Ia  
 Ship }  
 Size of Casket: 6 1/2 - Walnut State  
 Manufactured by: R.F. Huronston  
 Cemetery } Huronston  
 Crematory }

Complete Funeral (except outlays)	\$ 5.72	00
Casket		
Burial Vault or Box	1.15	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	@	\$
Extra Limousines	@	\$
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, \$		
Gross Total for Sales Tax	\$ 64.7	00
Outlay for Lot		
Cremation		
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, \$		
or Motor } Aero-		
plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
_____ line Death Notices in _____ Papers		
(Name of Newspapers)		
Sales Tax	6	47
Total Footing of Bill	65.3	47
Less <u>5.90</u> <u>decedent's bill</u>	3.7	35
Balance	62.0	79
Entered into Ledger, page _____ or below.		

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_  
 Compiled by F. J. FEINEMAN St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2157 Yearly No. 26 Date of Entry July 8 1947

Name of Deceased Mary Margaret Ruedler (What Reason)

Residence: Houston Texas  Married  Single  Widowed  Divorced  Husband  Wife  Widow  Orphan Execut. L. O. Ruedler (Age of Husband or Wife (if living)) 26 Years

Charge to: Leonard Griffell

Address: 2138 Charles, Houston Tex.

Order given by: above (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation Housewife 451-30-9136 (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death July 7, 1947 3:30 PM (Date) (Hour)

Date of Birth Sept 25, 1926 (Date)

Age 20 9 12 (Years) (Months) (Days)

Date of Funeral skipped to Houston, Tex. M. (Date) (Day of Week) (Hour)

Services at: \_\_\_\_\_

Clergyman \_\_\_\_\_ (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Oakland Calif.

Resided in the State 14 days (or U. S. or City or County) (Year) (Month)

Place of Death Road near Tuskegee School (State Number and District)

Cause of Death Auto Accident, Fractured

Contributory Causes Skull & crushed chest

Certifying Physician E. E. Samst (or Coroner)

His Address Lamar, Ia

Name of Father Karl T. Griffell

His Birthplace Reussia

Maiden Name of Mother Olga Selkouch

Her Birthplace Finland

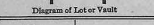
Her Remains to Houston, Tex. (State Color and Number)

Size of Casket 20 1/2 x 46" blue overhilly

Manufactured by R. ...

Cemetery } \_\_\_\_\_

Crematory } \_\_\_\_\_



Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)		\$	352	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	@ \$			
Extra Limousines	@ \$			
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, \$			
Gross Total for Sales Tax		\$	352	00
Outlay for Lot				
Cremation				
Flowers, \$	Palms, \$			
Matting, \$				
Rental of Tent, \$	of Temporary Vault, \$			
Opening of Grave or Tomb				
Lining Grave, \$	Lowering Device, \$			
Outlay for Shipping Charges	<u>Express</u>		60	46
Clergyman, \$	Singers, \$			
Organist, \$				
Railroad or Motor Tickets, \$	Aero-plane Service, \$			
Telegr., Phone, Cable or Radio Charges				
Cash Advanced				
Out of town Undertaker's Charges				
Personal Service				
line Death Notices in	Papers			
(Names of Newspapers)				
Sales Tax			3	52
Total Footing of Bill		\$	415	98
Less <u>1.5% discount on sheet set</u>		\$	35	58
Balance		\$	380	43
Entered into Ledger, page <u>11</u> of 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.

Signed \_\_\_\_\_ Address \_\_\_\_\_

Witness \_\_\_\_\_



# RECORD OF FUNERAL

Total No. 2158 Yearly No. 27 Date of Entry July 12 1947  
 Name of Deceased George Washington Lasswell  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: Reynolds County, West of Dawson W  
 Charge to: B. W. S. Wayne Lasswell Husband  Wife  Widow  Carrie Lasswell  
 or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by above (or informant) \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 If Veteran, State War No  
 Occupation farming None (Social Security Number) \_\_\_\_\_  
 Employer and Address own farm  
 Date of Death July 10 1947 7:30 A.M. (Date) (Hour)  
 Date of Birth July 7 1868 (Date) (Hour)  
 Age 78 0 3 (Years) (Months) (Days)  
 Date of Funeral 7/13/47 Sat 2:30 P.M. (Date) (Day of Week) (Hour)  
 Services at: Wt Zion Church  
 Clergyman: Chas Harpe (Address) \_\_\_\_\_  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Harrison County, Mo  
 Resided in the State 5 yrs (or U. S. of other Country) (Years) (Months)  
 Place of Death Reynolds County, Rural  
 Cause of Death Pneumonia  
 Contributory Causes Influenza  
 Certifying Physician Dr Nells (or Coroner)  
 His Address Lanau  
 Name of Father John Lasswell  
 His Birthplace Kentucky  
 Maiden Name of Mother Amanda Fine  
 Her Birthplace not known  
 Motor } Remains to  
 Ship }  
 Size of Casket 45 sq. stat. gray mah. oak etc. (State Color and Number)  
 Manufactured by R. Post  
 Cemetery }  
 Crematory } Wt Zion

Complete Funeral (except outlays)	\$ 327.00
Casket	
Burial Vault or Box <u>None</u> (State Kind)	116.00
Embalming Body (Name of Embalmer)	
Barber, \$ <u>Hair Dressing, \$1.00</u>	
Dressing Body, \$ <u>Underwear, \$</u>	2.00
Suit or Dress <u>B. R. K. Blue suit</u> (State Kind and Color)	18.00
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 @ \$	
Extra Limousines @ \$	
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, \$ <u>Use of Chapel, \$</u>	
Gross Total for Sales Tax	\$ 462.00
Outlay for Lot	
Cremation	
Flowers, \$ <u>Palms, \$</u> <u>Matting, \$</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 } Tickets, \$ <u>Aero-</u> or Motor } <u>plane Service, \$</u>	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
_____ line Death Notices in _____ Papers (Names of Newspapers)	
Sales Tax	4.62
Total Footing of Bill <u>Dr in full 10/14/47</u>	466.62
Less <u>545 by ...</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 \_\_\_\_\_ (Wife 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. 2159 Yearly No. 28 Date of Entry July 24 1947

Name of Deceased Alice Biehl  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow  (What Race) W  
 or Peter Biehl Age of Husband or Wife (if living) \_\_\_\_\_ Years

Residence: \_\_\_\_\_  
 Charge to: Herb Bartlett  
 Address: Lamoni Ia

Order given by: Herb Bartlett (or informant)  
 How Secured: \_\_\_\_\_

If Veteran, State War no  
 Occupation: housewife (Social Security Number) none

Employer and Address \_\_\_\_\_  
 Date of Death: July 22 1947 11 A.M.  
 Date of Birth: March 5 1870

Age: 77 4 17  
 (Years) (Months) (Days)  
 Date of Funeral: 7/24/47 9 hrs 2 P. M.  
 (Date) (Day of Week) (Hour)

Services at: Methodist church  
 Clergyman: Rev. Weigh  
 Religion of the Deceased: Methodist (Address)  
 Birthplace: Kewanee, Ill.

Resided in the State: 20 years  
 (or U. S. or City or County) (Years) (Months)  
 Place of Death: East Nursing Home, Lamoni, Ia.

Cause of Death: \_\_\_\_\_  
 Contributory Causes: \_\_\_\_\_

Certifying Physician: D. A. Doss  
 (or Coroner)  
 His Address: Lamoni Ia

Name of Father: Charles Kewanee  
 His Birthplace: not known

Maiden Name of Mother: Olivia Viola Jordan  
 Her Birthplace: Iowa

Motor } Remains to \_\_\_\_\_  
 Ship } \_\_\_\_\_

Size of Casket: 34x50 1/4 hinged cap  
 (State Color and Number)

Manufactured by: Rout  
 Cemetery } Rose Hill  
 Crematory } \_\_\_\_\_

Lot No. 363  
 Grave No. 2  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner: \_\_\_\_\_

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

Complete Funeral (except outlays) \$ 185 00  
 Casket \_\_\_\_\_  
 Burial Vault or Box Alma Concrete 90 00  
 (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 @ \$ \_\_\_\_\_  
 Extra Limousines @ \$ \_\_\_\_\_  
 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, \$ \_\_\_\_\_  
 Gross Total for Sales Tax \$ 2.75 00  
 Outlay for Lot \_\_\_\_\_  
 Cremation \_\_\_\_\_  
 Flowers, \$ \_\_\_\_\_ Palms, \$ \_\_\_\_\_ Matting, \$ \_\_\_\_\_  
 Rental of Tent, \$ \_\_\_\_\_ of Temporary Vault, \$ \_\_\_\_\_  
 Opening of Grave or Tomb W. H. Marshall 16 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 \_\_\_\_\_  
 Personal Service \_\_\_\_\_

\_\_\_\_\_ line Death Notices in \_\_\_\_\_ Papers  
 (Names of Newspapers)

Sales Tax \_\_\_\_\_ 2 75  
 Total Footing of Bill \$ 293 75  
 Less 5% on 225.00 \$ 13 75  
pd 7/11/47 Balance \$ 280 00

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 \_\_\_\_\_  
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within \_\_\_\_\_ (Five Name of Funeral Directors.)  
 maturity at the rate of \_\_\_\_\_ % per annum. Interest to accrue from \_\_\_\_\_ days from date.

Signed \_\_\_\_\_ Address \_\_\_\_\_  
 Witness \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2160 Yearly No. 29 Date of Entry August 26 1947

Name of Deceased Bertha Elizabeth Haroff W  
 Married  Single  Widowed  Divorced (What Race)

Residence: 1411, near Lamoni  
 Husband  With  Without } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Jadiah Haroff

Address: Lamoni, Ia

Order given by \_\_\_\_\_

How Secured: no (or informant)

If Veteran, State War no

Occupation none none

Employer and Address none (Social Security Number)

Date of Death August 24 1947 1 P.M.  
 (Date) (Hour)

Date of Birth Sept. 27 1893 (Date) (Month) (Day) (Year) (Hour)

Age 63 10 27  
 (Years) (Months) (Days)

Date of Funeral Aug 26th Tues 10 A.M.  
 (Date) (Day of Week) (Hour)

Services at: Chapel (Address)

Clergyman: Robt. Farham

Religion of the Deceased \_\_\_\_\_

Birthplace Harrison County, Mo.

Resided in the State 63 yrs (or U. S. or City or County) (Months)

Place of Death Harrison Co. Mo.

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician \_\_\_\_\_ (or Coroner)

His Address \_\_\_\_\_

Name of Father Wm. T. Haroff

His Birthplace Shelby Co. O. Mo.

Maiden Name of Mother Elizabeth Thompson

Her Birthplace Northampton, Mass.

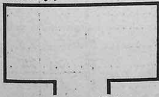
Motor Ship } Remains to Andover, Mo.

Size of Casket 1/2 comb cedar (State Color and Number)

Manufactured by Abernathy

Cemetery } Andover

Complete Funeral (except outlays).....	\$ 322 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..... @ \$.....	
Extra Limousines..... @ \$.....	
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, \$.....	
Gross Total for Sales Tax.....	\$ 722 00
Outlay for Lot.....	
Cremation.....	
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, \$.....	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Personal Service.....	
line Death Notices in..... Papers.....	
Sales Tax.....	3 22
Total Footing of Bill.....	339 22
Less 5% on 325.22.....	16 26
Balances.....	322 96
Entered into Ledger, page..... or below.....	



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

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

Insurance Companies.....

Insurance \$.....

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

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# RECORD OF FUNERAL

Total No. 2161 Yearly No. 30 Date of Entry Sept 4 1947

Name of Deceased Clifford Vance Anderson (What Race) W  
 Married  Single  Widowed  Divorced

Residence: Rural near Eagleville, Mo.  Husband  Wife  Widow  Divorced  
Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
Address: \_\_\_\_\_

Order given by Mrs. Telore Turner (or informant)

How Secured: \_\_\_\_\_  
If Veteran, State War no

Occupation Banker & Farmer (Social Security Number) None

Employer and Address: \_\_\_\_\_  
Date of Death Sept 2 1947 10:15 P.M. (Day) (Hour)

Date of Birth Aug 16 1871 (Day) (Month) (Year)

Age 76 (Years) 15 (Months) 15 (Days)

Date of Funeral 9/4/47 9 P.M. (Day) (Month) (Year) (Day of Week) (Hour)

Services at Cotleville (Address)

Clergyman Rev. Geo. F. Boone (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 Ladson Ia.

Cause of Death: \_\_\_\_\_

Contributory Causes: \_\_\_\_\_

Certifying Physician D. E. E. Lawet (or Coroner)

His Address Ladson

Name of Father Joe Anderson

His Birthplace Kentucky

Maiden Name of Mother Ella Jane Owens

Her Birthplace not known

Motor Ship } Remains to \_\_\_\_\_  
Size of Casket 4/6 State Aluminum

Manufactured by Peoria Cast Co.

Cemetery Crematory } Eagleville

Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
OWNER \_\_\_\_\_

Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 595 00

Casket \_\_\_\_\_

Burial Vault or Box \_\_\_\_\_ (State Kind)

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 @ \$ \_\_\_\_\_

Extra Limousines @ \$ \_\_\_\_\_

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, \$ \_\_\_\_\_

Gross Total for Sales Tax \$ 595 00

Outlay for Lot \_\_\_\_\_

Cremation \_\_\_\_\_

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 \_\_\_\_\_

Personal Service \_\_\_\_\_

\_\_\_\_\_ line Death Notices in \_\_\_\_\_ Papers (Names of Newspapers)

Sales Tax 1% on 595 00 \$ 5 95

Total Footing of Bill \$ 600 95

Less 5% by balance \$ 30 05

Balance \$ 570 90

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



# RECORD OF FUNERAL

Total No. 2162 Yearly No. 31 Date of Entry Sept 24 1927

Name of Deceased Laisy Hertrude Briggs (What Race) W

Residence:  Married  Single  Widowed  Divorced Lamoni Ia

Charge to: Mrs Ely Robbins (If Husband)  With  Widow  of E. W. Briggs (Age of Husband or Wife if living) Years

Address: Los Angeles Calif

Order given by: W. D. Spurrer (of informant)

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation: Housewife none (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death: Sept 22 1927 9:30 AM (Date) (Hour)

Date of Birth: Feb 4 1874 (Date) (Hour)

Age: 73 7 16 (Years) (Months) (Days)

Date of Funeral: Sept 27 11:00 2 P. M. (Date) (Day of Week) (Hour)

Services at: Chapel (State Number and District)

Clergyman: Chas Harpe Bob Tawham (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace: Salem Ia

Resided in the State: 73 (or U. S. or City or County) (Years) (Months)

Place of Death: Iowa Co Ia (State Number and District)

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician: E. E. Gant (or Coroner)

His Address: Lamoni Ia

Name of Father: Wm H. Spurrer

His Birthplace: Harrison Co Ohio

Maiden Name of Mother: Margaret Cammack

Her Birthplace: Salem Ia

Motor Ship } Remains to \_\_\_\_\_

Size of Casket: 20 1/2 x 45 Blue Berkeley (State Color and Number)

Manufactured by: Rest

Cemetery Crematory: Rose Hill

Complete Funeral (except outlays)	\$ 368.00
Casket	
Burial Vault or Box <u>Concrete Vault</u>	105.00
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	@ \$
Extra Limousines	@ \$
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 Physician's or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Gross Total for Sales Tax	\$ 473.00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	<u>E. A. Marshall</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	
Personal Service	
line Death Notices in _____ Papers	
Sales Tax	384 23
Total Footing of Bill	\$ 493 73
Less: <u>5.00 on 477.73</u> <u>23.99</u>	23 99
<u>Balance - 15.00</u> <u>Balance 10/1/27</u>	472 74
Entered into Ledger, page _____ or below.	

Diagram of Lot or Vault

Lot No. 770

Grave No. 3

Section No. \_\_\_\_\_

Block 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 \_\_\_\_\_ (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 \_\_\_\_\_

Address \_\_\_\_\_

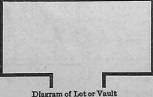
# RECORD OF FUNERAL

Total No. 2163 Yearly No. 32 Date of Entry October 25 1948

Name of Deceased Raymond Augustine Hammer (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Lamoni Iowa  Husband  Wife  Widow  Orphan  
 of Ruth Hammer Age of Husband or Wife (if living) 52 Years

Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by Mrs Ruth A Max Hammer  
 (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War 200  
 Occupation Business man none (Social Security Number)  
 Employer and Address self employed  
 Date of Death Oct. 23 1947 (Date) (Hour)  
 Date of Birth Mar. 28 1888 (Date) (Hour)  
 Age 59 (Years) 6 (Months) 25 (Days)  
 Date of Funeral 10 25 48 (Date) 10 (Day of Week) 10 A.M. (Hour)  
 Services at Chapel  
 Clergyman Rev. Fambour Artz (Address)

Religion of the Deceased: \_\_\_\_\_  
 Birthplace Lamoni Ia  
 Resided in the State 14 yrs (or U. S. or City or County) (Years) (Months)  
 Place of Death Lamoni Ia  
 Cause of Death Coronary Occlusion  
 Contributory Causes: \_\_\_\_\_  
 Certifying Physician A. E. C. Hewet (or Coroner)  
 His Address Lamoni Iowa  
 Name of Father Frank Hammer  
 His Birthplace Germany  
 Maiden Name of Mother Abel Wilkerson  
 Her Birthplace Iowa  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket 14 x 24 x 24 Gray (State Color and Number)  
 Manufactured by Rose Hill  
 Cemetery }  
 Crematory }



Lot No. 851  
 Grave No. 1  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)		\$	327	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	@ \$			
Extra Limousines	@ \$			
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 Plates)			
Pall Bearer Service, \$	Use of Chapel, \$		327	00
Gross Total for Sales Tax				
Outlay for Lot				
Cremation				
Flowers, \$	Palms, \$			
Matting, \$				
Rental of Tent, \$	of Temporary Vault, \$			
Opening of Grave or Tomb	<u>To R. W. 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				
Personal Service				
_____ line Death Notices in _____ Papers				
Sales Tax			3	27
Total Footing of Bill			344	27
Less <u>5% by Nov 5</u>			16	51
Balance			327	76
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. FKNEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2164 Yearly No. 32 Date of Entry October 28 1947

Name of Deceased William Henry Mathis (What Race) w

Residence: Hamilton Twp. - N.W. of Eagleville  Husband  Wife  Widow  Divorced Sadie Mathis deceased  
(Age of Husband or Wife (if living) \_\_\_\_\_ Years)

Charge to: Virgil Mathis

Address: Emmetsburg, Ia

Order given by: sebaue (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War no

Occupation: Farming (Social Security Number) none

Employer and Address \_\_\_\_\_

Date of Death: Oct. 25/47 2:45 PM  
(Date) (Hour)

Date of Birth: Oct 3 1872

Age: 75 (Years) 22 (Months) 22 (Days)

Date of Funeral: 10/28/47 9:00 2:0 P. M.  
(Date) (Day of Week) (Hour)

Services at: Lou Rock Church

Clergyman: Rev. Webber, Eagleville

Religion of the Deceased: Pentecostal

Birthplace: Nashville, Ind

Resided in the State: 53 yrs.  
(or U. S. or City or County) (Years) (Months)

Place of Death: Rural N.W. of Eagleville

Cause of Death: Cancer of Uterus

Contributory Causes \_\_\_\_\_

Certifying Physician: Joe W. Keller, Coruan  
(or Coroner)

His Address: Bethany, Mo

Name of Father: Henry Mathis

His Birthplace: Indiana

Maiden Name of Mother: not known

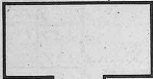
Her Birthplace: not known

Motor Ship } Remains to \_\_\_\_\_

Size of Casket: Reg. Sh. Gray  
(State, Color and Number)

Manufactured by: Rest. Casket Co

Cemetery } Payne Cemetery (Eagleville)

Diagram of Lot or Vault 

Lot No. \_\_\_\_\_

Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays).....	\$ 242.00
Casket.....	
Burial Vault or Box <u>Recessed</u> <small>(State Kind)</small>	1.50 00
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..... @ \$.....	
Extra Limousines..... @ \$.....	
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 Physician's or Coroner's)</small>	
Pall Bearer Service, \$..... Use of Chapel, \$.....	
Gross Total for Sales Tax.....	\$ 972.00
Outlay for Lot.....	
Cremation.....	
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.....	
Personal Service.....	
_____ line Death Notices in _____ Papers..... <small>(Names of Newspapers)</small>	3 97. 9 22
Sales Tax.....	379.69
Total Footing of Bill.....	\$ 379.69
Less <u>59.22</u> <u>375.22</u> by <u>Nov 8</u> <u>PA</u>	18.28
Balance.....	\$ 360.91
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 \_\_\_\_\_



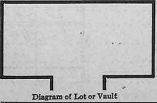


# RECORD OF FUNERAL

Total No. 2166 Yearly No. 35 Date of Entry Nov 21 1947  
 Name of Deceased Earnest Allen Gibson  
 Married  Single  Widowed  Divorced  
 Residence Lamoni, Ia (What Race)  
 Charge to Carl Green - other children of May Gibson (if living) \_\_\_\_\_ Years  
 or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by Mr. Carl Green (or informant)  
 How Secured : : \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation Carpenter 485-07-1016  
 Employer and Address Lamoni Coal & Merc. (Special Security Number)  
 Date of Death Nov 19 1947 3:45 PM  
 Date of Birth Sept 20 1890 (Hour)  
 Age 57 (Years) 1 (Month) 29 (Days)  
 Date of Funeral 12/2/47 Fri 2 P M.  
 Services at : : Chapel (Address)  
 Clergyman : : \_\_\_\_\_ (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Shoard River, Ia  
 Resided in the State Iowa (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 John Gibson  
 His Birthplace Illinois  
 Maiden Name of Mother Catherine McDowell  
 Her Birthplace Iowa  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 4/3 Hugo Cap. (State, Color and Number)  
 Manufactured by R. P. ...  
 Cemetery } Rose Hill  
 Crematory }



Lot No. 55 S.  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	185	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, \$		
Candleburn, \$	Candles, \$		
Door Spray, \$	Gloves, \$		
Funeral Car, \$	Ambulance, \$		
Limousines to Cemetery	@ \$		
Extra Limousines	@ \$		
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, \$		
Gross Total for Sales Tax	\$	185	00
Outlay for Lot			
Cremation			
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 (or Motor) Tickets, \$	Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
_____ line Death Notices in _____ Papers			
(Names of Newspaper)			
Sales Tax			185
Total Footing of Bill	\$	200	85
Less <u>57/100 18650 by Dec 1</u>	\$		8 33
Balance	\$	192	52
Entered into Ledger, page _____ or below			

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

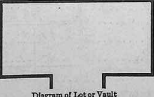
Insurance \$ \_\_\_\_\_ Names of Lodges \_\_\_\_\_ Insurance Companies \_\_\_\_\_  
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to \_\_\_\_\_  
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within \_\_\_\_\_ days from date. Interest to accrue from  
 maturity at the rate of \_\_\_\_\_ % per annum. Signed \_\_\_\_\_  
 Witness \_\_\_\_\_ Address \_\_\_\_\_  
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2167 Yearly No. 36 Date of Entry Dec 6 1947  
 Name of Deceased Jetta Fern Harp (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence Lanoni  Husband  Wife  Widow Ed Harp (Age of Husband or Wife (if living))          Years  
 Charge to Ed Harp  
 Address Lanoni

Order given by          (or informant)  
 How Secured           
 If Veteran, State War No  
 Occupation Housewife (Social Security Number) None  
 Employer and Address           
 Date of Death Dec. 4, 1947 9 A.M. (Date) (Hour)  
 Date of Birth April 13, 1893 (Date) (Year) (Month) (Day)  
 Age 64 7 21 (Years) (Months) (Days)  
 Date of Funeral 7/6/47 Sat 1 P.M. (Date) (Day of Week) (Hour)  
 Services at Chapel  
 Clergyman Rev. Lane & Paul Samet (Address)  
 Religion of the Deceased           
 Birthplace Lawrence, Mich  
 Resided in the State 6 mo. (or U. S. or City or County) (Years) (Months)  
 Place of Death Lanoni  
 Cause of Death Chronic Nephritis  
 Contributory Causes Hypertension

Certifying Physician Dr. E. E. Samet (or Coroner)  
 His Address Lanoni  
 Name of Father John W. Graybrooks  
 His Birthplace Mich  
 Maiden Name of Mother Anna Bas  
 Her Birthplace Mich  
 Motor Ship } Remains to           
 Size of Casket 12x8 - Rose Tan  
 Manufactured by Emb. & Case Co. (State/Color #) Number  
 Cemetery } Rose Hill  
 Crematory }



Lot No. 1507  
 Grave No. 7  
 Section No.           
 Block No.           
 Owner         

Complete Funeral (except outlays)	\$ 349.00
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 @ \$	
Extra Limousines @ \$	
Autos to R. R. Station @ \$	
Getting Remains	
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, \$
Gross Total for Sales Tax	\$ 349.00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	<u>to R. Mitchell</u> 74.00
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	
Personal Service	
line Death Notices in <u>        </u> Papers (Names of Newspapers)	
Sales Tax	349
Total Footing of Bill	366.49
Less <u>5/10 on 352.00</u>	17.22
Balance	348.27
Entered into Ledger, page <u>        </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           
 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           
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2168 Yearly No. 37 Date of Entry Dec. 9, 1947  
 Name of Deceased Miss Clara Jones (Mrs. John M.)  
 Married  Single  Widowed  Divorced  
 Residence: Davis City  Husband  Wife  Widow  Divorced (What Race) W  
 Charge to: C. A. P. of John M. Jones (Age of Husband or Wife of Living) Years

Address.....  
 Order given by Mrs. Norma Boswell (or informant)  
 How Secured:.....  
 If Veteran, State War.....  
 Occupation Housewife None (Social Security Number)  
 Employer and Address.....  
 Date of Death Dec. 8, 1947 5:15 A.M. (Date) (Hour)  
 Date of Birth June 1, 1873 (Year) (Month) (Day)  
 Age 74 6 7 (Years) (Months) (Days)  
 Date of Funeral 12/9/47 10 2-0 (Date) (Day of Week) (Hour) M.  
 Services at: St. Church, Davis City  
 Clergyman: Rev. Sweether (Address)  
 Religion of the Deceased.....  
 Birthplace near Burlington, Ia.  
 Resided in the State.....  
 Place of Death near Davis City (or in City or County) (Year) (Month)  
 Cause of Death hemorrhage of brain  
 Contributory Causes hypertension  
 Certifying Physician G. D. Reed (or Coroner)  
 His Address Davis City  
 Name of Father Alfred Lovell  
 His Birthplace England  
 Maiden Name of Mother not known  
 Her Birthplace not known  
 Motor Ship } Remains to.....  
 Size of Casket 43 14 14 (State Color and Number)  
 Manufactured by Ross  
 Cemetery } Abel Fellows - Davis City  
 Crematory }

Complete Funeral (except outlays).....	\$ 150 00
Casket.....	
Burial Vault or Box..... (State Kind)	
Embalming Body..... (Name of Embalmer)	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body, \$..... Underwear, \$.....	
Suit or Dress..... <u>gloves</u> <u>8.25</u> <u>stays</u> (State Kind and Color)	\$ 67
Slippers, \$..... Hose, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Spray, \$..... Gloves, \$.....	
Funeral Car, \$..... Ambulance, \$.....	
Limousines to Cemetery..... @ \$.....	
Extra Limousines..... @ \$.....	
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 Function or Coroner's)	
Pall Bearer Service, \$..... Use of Chapel, \$.....	
Gross Total for Sales Tax.....	
Outlay for Lot.....	
Cremation.....	
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, \$..... (State Function or Coroner's) (Name of Newspaper)	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Personal Service.....	
_____ line Death Notices in..... Papers.....	
Sales Tax <u>Not tax</u>	
Total Footing of Bill.....	\$ 158 67
Less <u>paid by Norma Boswell</u> .....	\$ 8 67
<u>Balance due</u> .....	\$ 150 00
Entered into Ledger, page..... or below.	

Lot No.....  
 Grave No.....  
 Section No.....  
 Block 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.....

# RECORD OF FUNERAL

Total No. 2169 Yearly No. 38 Date of Entry Dec 16 1947  
 Name of Deceased Benjamin Perry Sharp (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence College Summit, Harrison Co. Mo.  Husband  Wife  Widow  Orphan  
 Charge to Mrs. Ida Sharp Age of Husband or Wife (if living) Years

Address .....  
 Order given by Ida (or informant)  
 How Secured: .....  
 If Veteran, State War no  
 Occupation Farming (Social Security Number) none  
 Employer and Address .....  
 Date of Death Dec. 14, 1947 3 P.M. (Date) (Hour)  
 Date of Birth Nov. 15, 1858  
 Age 89 (Years) 0 (Months) 29 (Days)  
 Date of Funeral 17/14/47 10:30 A.M. (Date) (Day of Week) (Hour)  
 Services at M. E. Church, Eagleville  
 Clergyman Charles H. Hays (Address)  
 Religion of the Deceased M. E.  
 Birthplace Harrison Co. Mo.  
 Resided in the State Missouri  
 Place of Death Harrison Co., Mo. at Eagleville (or U. S. or City or County) (Years) (Months)  
 Cause of Death .....  
 Contributory Causes .....  
 Certifying Physician ..... (or Coroner)  
 His Address .....  
 Name of Father Arreston Sharp  
 His Birthplace Tennessee  
 Maiden Name of Mother Evelyn Hays  
 Her Birthplace Mo.  
 Motor Ship } Remains to Eagleville  
 Size of Casket Oct 1/2 couch gray (State Color and Number)  
 Manufactured by Robt. Eagleville  
 Cemetery } Eagleville  
 Crematory }

Complete Funeral (except outlays).....	\$ 317.00
Casket.....	
Burial Vault or Box <u>Edna Council</u> (State Kind).....	105.00
Embalming Body..... (Name of Embalmer)	
Barber, \$..... Hair Dressing, \$..... Underwear, \$.....	
Dressing Body, \$..... Suit or Dress <u>blue pin stripe</u> (State Kind and Color).....	17.00
Slippers, \$..... Hose, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Spray, \$..... Gloves, \$.....	
Funeral Car, \$..... Ambulance, \$.....	
Limousines to Cemetery @ \$.....	
Extra Limousines @ \$.....	
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, \$.....	
Gross Total for Sales Tax.....	\$ 439.00
Outlay for Lot.....	
Cremation.....	
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 } .....	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Personal Service.....	
..... line Death Notices in..... Papers.....	
(Names of Newspapers)	
Sales Tax.....	\$ 4.39
Total Footing of Bill.....	\$ 443.39
Less <u>5.16 by Dec 26th</u> <u>paid Dec 16/47</u> Balance <u>438.23</u>	\$ 421.23
Entered into Ledger, page..... or below.	

Lot No. ....  
 Grave No. ....  
 Section No. ....  
 Block 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..... (Firm Name of Funeral Directors)  
 maturity at the rate of..... % per annum..... days from date. Interest to accrue from.....  
 Signed.....  
 Witness..... Address.....  
 Compiled by F. J. FEINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 2170 Yearly No. 1 Date of Entry Jan 11 1948  
 Name of Deceased Bertha Martin (Which Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Rural near Lamm Husband  Wife  Widow  of Geo. Martin  
 Charge to: George Martin Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by Mr. Harrington (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation housewife none Security Number \_\_\_\_\_  
 Employer and Address own home  
 Date of Death Jan 7 1948 11:30 PM  
 (Date) (Hour)  
 Date of Birth May 2 1878  
 Age 69 (Months) 8 (Days) 5 (Days)  
 Date of Funeral 1/11/48 Thu 2 P M.  
 (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman: \_\_\_\_\_ (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Kewanee, Ill  
 Resided in the State 60 yrs (Months)  
 Place of Death Rural near Lamm  
 Cause of Death Cerebral Hemorrhage  
 Contributory Causes 2 hypertension  
 Certifying Physician E. C. Slaut (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Robert Garland  
 His Birthplace England  
 Maiden Name of Mother Mahala D. Ward  
 Her Birthplace Kewanee, Ill  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket Superior - rose tan (State Color and Number)  
 Manufactured by \_\_\_\_\_  
 Cemetery } Rose Hill

Complete Funeral (except outlays) .....	\$ 298.00
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 .....	@ \$ .....
Extra Limousines .....	@ \$ .....
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, \$ .....
Gross Total for Sales Tax .....	\$ 298.00
Outlay for Lot: .....	
Cremation .....	
Flowers, \$ .....	Palms, \$ .....
Rental of Tent, \$ .....	Matting, \$ .....
Opening of Grave or Tomb .....	_____ 14.00
Lining Grave, \$ .....	Lowering Device, \$ .....
Outlay for Shipping Charges .....	
Clergyman, \$ .....	Singers, \$ .....
Railroad Tickets, \$ .....	Aero-service, \$ .....
Telegr., Phone, Cable or Radio Charges .....	
Cash Advanced .....	
Out of town Undertaker's Charges .....	
Personal Service .....	
_____ line Death Notices in .....	Papers .....
_____ (Names of Newspapers)	
Sales Tax .....	2.98
Total Footing of Bill .....	\$ .....
Less <u>check 15.05 by Jan 21st</u> .....	\$ .....
<u>Balance due in full Jan 21st</u> .....	\$ .....
Entered into Ledger, page .....	or below.

Diagram of Lot or Vault \_\_\_\_\_  
 Lot No. 791  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_

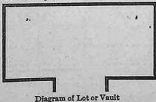
# RECORD OF FUNERAL

Total No. 4171 Yearly No. 2 Date of Entry January 18, 1948

Name of Deceased Robert H. Ballantyne (What Race)  
 Married  Single  Widowed  Divorced  
Residence: rural, near Lamoni  Husband  Wife  Widow  of Ray Ballantyne (Age of Husband or Wife if living) 52 Years

Charge to: \_\_\_\_\_  
Address: \_\_\_\_\_  
Order given by: Dean Ballantyne (or informant)  
How Secured: \_\_\_\_\_  
If Veteran, State War no  
Occupation: Farming (Social Security Number) None  
Employer and Address: \_\_\_\_\_  
Date of Death: Jan. 16, 1948 (Date) 1:30 P.M. (Hour)  
Date of Birth: Oct. 4, 1870 (Date)  
Age: 77 (Years) 3 (Months) 12 (Days)  
Date of Funeral: Jan 18/48 (Date) Jan (Day of Week) 2:30 P.M. (Hour)  
Services at: Coliseum  
Clergyman: E. J. Blazer  
Religion of the Deceased: L.D. (Address)  
Birthplace: Soldier, Ia  
Resided in the State: Mo (or U.S. or City or County) (Years) (Months)  
Place of Death: rural, near Lamoni  
Cause of Death: Coronary Occlusion  
Contributory Causes: Atherosclerosis

Certifying Physician: D. E. E. Ganet (or Coroner)  
His Address: Lamoni  
Name of Father: James Ballantyne  
His Birthplace: Scotland  
Maiden Name of Mother: Emeline Andrews  
Her Birthplace: Illinois  
Motor } Remains to: 43 Hat  
Ship }  
Size of Casket: Tray - mole  
Manufactured by: Rose Hill  
Cemetery }  
Crematory }



Lot No. 1488  
Grave No. 2  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner: \_\_\_\_\_

Complete Funeral (except outlays)	\$ 352 00
Casket	130 00
Burial Vault or Box	
Embalming Body	
Barber, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
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, \$	
Gross Total for Sales Tax	\$ 482 00
Outlay for Lot	
Cremation	
Flowers, \$	
Rental of Tent, \$	
Opening of Grave or Tomb	16 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	
Personal Service	
line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax	482
Total Footing of Bill	\$ 502 82
Less <u>520.48682</u>	\$ 82 34
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 \_\_\_\_\_ (Name of Funeral Director.)  
maturity at the rate of \_\_\_\_\_ % per annum, \_\_\_\_\_ days from date. Interest to accrue from \_\_\_\_\_  
Signed \_\_\_\_\_  
Witness \_\_\_\_\_ Address \_\_\_\_\_  
Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2172 Yearly No. 3 Date of Entry Feb 18 1948  
 Name of Deceased Jeanette Rene Beldin  
 Married  Single  Widowed  Divorced (What Race)  
 Residence Bloomington, Tennes  
 Charge to Mrs. Beldin  
 Address Lamoni  
 Order given by Alan Beldin (or informant)  
 How Secured : :  
 If Veteran, State War  
 Occupation  
 Employer and Address  
 Date of Death Feb 18 1948  
 Date of Birth Sept 29 1907  
 Age 40 (Years) 19 (Months) 19 (Days)  
 Date of Funeral Feb 19 1948 (Date) Thurs (Day of Week) 2:00 (Hour) P.M.  
 Services at : : Chapel  
 Clergyman : Rev. Lane (Address)  
 Religion of the Deceased  
 Birthplace Lean  
 Resided in the State  
 Place of Death Bloomington, Tennes (or U. S. or City or County) (Year) (Month)  
 Cause of Death  
 Contributory Causes

Certifying Physician Shamet (or Coroner)  
 His Address  
 Name of Father Alan Beldin  
 His Birthplace Tex  
 Maiden Name of Mother Kay Norman  
 Her Birthplace Messour  
 Motor Ship } Remains to  
 Size of Casket 7/6 Ivory (State Color and Number)  
 Manufactured by Ret. Ross Hill  
 Cemetery Crematory }  
 Lot No. 1097  
 Grave No. head of 4  
 Section No.  
 Block No.  
 Owner

Complete Funeral (except outlays)	\$	
Casket		30 00
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	@ \$	
Extra Limousines	@ \$	
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, \$	
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb	<u>to Marshall</u>	
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor Tickets, \$	Aero-planes Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service	<u>7.00 of Chapel</u>	10 00
line Death Notices in	Papers	
(Names of Newspapers)		
Sales Tax		60
Total Footing of Bill	<u>41.00</u>	\$ 51 00
Less	<u>by cash</u>	
	<u>paid in full</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 Companies

Insurance \$ Lodges  
 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. 2173      Yearly No. 5      Date of Entry Feb 29 1948  
 Name of Deceased Johnston, John Percy       Married     Single     Widowed     Divorced  
 Residence: Lamoni       Husband     Wife     Widow     What Reg'd  
 Charge to: A. A. B.      or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by Velma Harrison (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation Farming      none (Social Security Number)  
 Employer and Address own farm  
 Date of Death Feb 27 1948 (Date)      6:30 AM (Hour)  
 Date of Birth July 10 1897 (Date)      \_\_\_\_\_ (Hour)  
 Age 50 (Years)      7 (Months)      7 (Days)  
 Date of Funeral 7/27/48 (Date)      Sun (Day of Week)      2:30 P. M. (Hour)  
 Services at: Chapel  
 Clergyman: Sgt. Barrows (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Canada  
 Resided in the State \_\_\_\_\_ (or U. S. or City/County)      3 yrs (Years)      \_\_\_\_\_ (Months)  
 Place of Death Decatur Co Hosp  
 Cause of Death Broncho pneumonia  
 Contributory Causes Cerebral Hemorrhage  
 Certifying Physician Dr. E. E. Gant (or Coroner)  
 His Address Lamoni  
 Name of Father John Johnston  
 His Birthplace Canada  
 Maiden Name of Mother May Ann Bennett  
 Her Birthplace Canada  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 93 Hugs cop (State Color and Number)  
 Manufactured by R. O. T.  
 Cemetery } Rose Hill  
 Crematory }  
 Diagram of Lot or Vault  
 Lot No. 621  
 Grave No. 2  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays) .....	\$	150	00
Casket .....			
Burial Vault or Box .....			
Embalming Body .....			
Barber, \$ .....			
Hair Dressing, \$ .....			
Dressing Body, \$ .....			
Suit or Dress .....			
Slippers, \$ .....			
Hose, \$ .....			
Folding Chairs, \$ .....			
Tarpsulin, \$ .....			
Candelabrum, \$ .....			
Candles, \$ .....			
Door Spray, \$ .....			
Gloves, \$ .....			
Funeral Car, \$ .....			
Ambulance, \$ .....			
Limousines to Cemetery .....			
Extra Limousines .....			
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, \$ .....			
Gross Total for Sales Tax .....			
Outlay for Lot .....			
Cremation .....			
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 .....			
Personal Service .....			
Line Death Notices in _____ Papers .....			
Sales Tax <u>700 Tax</u>			
Total Footing of Bill .....			
Less <u>Johnston</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 Companies \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_  
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to \_\_\_\_\_  
 I hereby authorize the above Funeral, and I hereby covenant and agree to pay the same within \_\_\_\_\_ days from date. Interest to accrue from  
 for the payment of aforesaid sum, and I hereby covenant and agree to 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. 2174 Yearly No. 6 Date of Entry March 7, 1948  
 Name of Deceased Alexander Watt (Sandy) (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Lamar, Ia  Husband  Wife  Widow  Orphan (Age of Unmarried Wife (if living)) 63 Years

Charge to: Mrs. Margaret Watt  
 Address: Lamar  
 Order given by: above (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War: U.S.  
 Occupation: Farming & Teamster 484-10-8593 (Social Security Number)  
 Employer and Address: Farmers Loan & Trust Co.  
 Date of Death: March 4, 1948 7 A.M. (Date) (Hour)  
 Date of Birth: Dec. 7, 1882 (Date) (Day) (Month) (Year)  
 Age: 65 2 27 (Years) (Months) (Days)  
 Date of Funeral: 3/7/48 4:30 2:30 P.M. (Date) (Day of Week) (Hour)

Services at: Cathedral  
 Clergyman: Charles Harpe (Address)  
 Religion of the Deceased: \_\_\_\_\_  
 Birthplace: Nebraska  
 Resided in the State: 21 yrs (or U. S. or City or County) (Years) (Months)  
 Place of Death: Lamar, Ia  
 Cause of Death: Stroke  
 Contributory Causes: \_\_\_\_\_

Certifying Physician: H. M. Hills (or Coroner)  
 His Address: \_\_\_\_\_  
 Name of Father: Wm. Watt  
 His Birthplace: Illinois  
 Maiden Name of Mother: Phoebe Conners  
 Her Birthplace: Nebraska  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket: 43 1/2 Couch Gray (State Color and Number)  
 Manufactured by: Amptman  
 Cemetery } Rose Hill  
 Crematory } \_\_\_\_\_

Lot No. 1454  
 Grave No. 1  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Diagram of Lot or Vault

Complete Funeral (except outlays) .....	\$ <u>327</u> <u>00</u>
Casket .....	_____
Burial Vault or Box <u>Alpha Conners</u> (State Kind) .....	106 <u>00</u>
Embalming Body (Name of Embalmer) .....	_____
Barber, \$ .....	_____
Hair Dressing, \$ .....	_____
Dressing Body, \$ .....	_____
Underwear, \$ .....	_____
Suit or Dress <u>Gray A.R.K. Suit</u> (State Kind and Color) .....	19 <u>50</u>
Slippers, \$ .....	_____
Hose, \$ .....	_____
Folding Chairs, \$ .....	_____
Tarpaulin, \$ .....	_____
Candelabrum, \$ .....	_____
Candles, \$ .....	_____
Door Spray, \$ .....	_____
Gloves, \$ .....	_____
Funeral Car, \$ .....	_____
Ambulance, \$ .....	_____
Limousines to Cemetery .....	@ \$ _____
Extra Limousines .....	@ \$ _____
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, \$ _____
Gross Total for Sales Tax .....	\$ <u>451</u> <u>50</u>
Outlay for Lot .....	_____
Cremation .....	_____
Flowers, \$ .....	Palms, \$ .....
Matting, \$ .....	_____
Rental of Tent, \$ .....	of Temporary Vault, \$ .....
Opening of Grave or Tomb <u>F.A. Marshall</u> .....	16 <u>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 .....	_____
Personal Service .....	_____
_____ line Death Notices in _____ Papers (Names of Newspapers) .....	_____
Sales Tax .....	451
Total Footing of Bill .....	472 <u>01</u>
Less <u>50</u> <u>456.01</u> <u>22.80</u> .....	\$ _____
<u>Balance</u> <u>3/8/48</u> .....	\$ <u>449</u> <u>21</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 .....	\$ _____	\$ _____
" " .....	\$ _____	\$ _____	" " .....	\$ _____	\$ _____
" " .....	\$ _____	\$ _____	" " .....	\$ _____	\$ _____
" " .....	\$ _____	\$ _____	" " .....	\$ _____	\$ _____
" " .....	\$ _____	\$ _____	" " .....	\$ _____	\$ _____
" " .....	\$ _____	\$ _____	" " .....	\$ _____	\$ _____
" " .....	\$ _____	\$ _____	" " .....	\$ _____	\$ _____
" " .....	\$ _____	\$ _____	" " .....	\$ _____	\$ _____
" " .....	\$ _____	\$ _____	" " .....	\$ _____	\$ _____

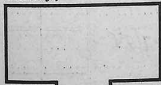
Insurance \$ \_\_\_\_\_ Names of Lodges \_\_\_\_\_ Insurance Companies \_\_\_\_\_  
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to \_\_\_\_\_ (Firm Name of Funeral Directors) \_\_\_\_\_  
 for the payment of aforesaid sum, and I hereby 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. 2175 Yearly No. 7 Date of Entry March 26 1948  
 Name of Deceased Zella Melvina Flowers  
 Married  Single  Widowed  Divorced  
 Residence near Lamoni Ia  
 Charge to Richard Flowers  Husband  Wife  Widow  of Richard Flowers  
 Address Lamoni Age of Husband or Wife (if living) 52 Years

Order given by \_\_\_\_\_  
 How Secured \_\_\_\_\_ (or informant)  
 If Veteran, State War \_\_\_\_\_  
 Occupation Housewife  
 Employer and Address at home (Social Security Number)  
 Date of Death March 23 1948 1245 AM  
 Date of Birth Feb 8 1903 (Hour)  
 Age 45 (Years) 1 (Months) 15 (Days)  
 Date of Funeral 3/26/48 Monday 2 P M.  
 Services at: Chapel (Date) (Day of Week) (Hour)  
 Clergyman: \_\_\_\_\_ (Address)  
 Religion of the Deceased L.D.S.  
 Birthplace South Dakota  
 Resided in the State 6 yrs (or U.S. or City or County) (Years) (Months)  
 Place of Death Lamoni  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Yarnet (or Coroner)  
 His Address Lamoni  
 Name of Father Leonard Willoughby  
 His Birthplace not known  
 Maiden Name of Mother Hattie Smith  
 Her Birthplace not known  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket 6/0 custom state  
 Manufactured by Amphion (State Color and Number)  
 Cemetery } Rose Hill  
 Crematory }



Lot No. 1414  
 Grave No. 2  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	312	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	@ \$		
Extra Limousines	@ \$		
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, \$			
Use of Chapel, \$			
Gross Total for Sales Tax	\$	312	00
Outlay for Lot			
Cremation			
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			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
line Death Notices in			
Papers			
Sales Tax			
Total Footing of Bill	\$	315	12
Less <u>11.90</u> <u>31.51</u> <u>Balance paid</u>	\$	283	61
Balance	\$	283	61
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 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. 2176 Yearly No. 8 Date of Entry March 26 1948

Name of Deceased Melissa P Lovell

Residence Lanoni  Married  Single  Widowed  Divorced  Husband  Wife  Widow W. P. Lovell, deceased (Joint Race) W of W. P. Lovell (if living) 10 Years

Charge to P. A. P.

Address Space Lovell (or informant)

How Secured

If Veteran, State War Occupation Housewife none (Social Security Number)

Employer and Address

Date of Death March 24 1948 11:30 AM (Date) (Hour)

Date of Birth June 28 1855 (Date) (Day of Week) (Hour)

Age 92 8 26 (Years) (Months) (Days)

Date of Funeral 7-26 10:00 P. P. (Date) (Day of Week) (Hour) M.

Services at Chapel (Address)

Clergyman Louis Landberg (Address)

Religion of the Deceased L.D.S. (Address)

Birthplace Veveves Ind

Resided in the State 40 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Lean Hosp

Cause of Death

Contributory Causes

Certifying Physician E. E. Dand (or Coroner)

His Address Lanoni

Name of Father Geo Parrish

His Birthplace Canada

Maiden Name of Mother Hot known

Her Birthplace Indiana

Motor Ship } Remains to

Size of Casket 4/3 Hinge Cap (State Color and Number)

Manufactured by R. P. T.

Cemetery } Rose Hill

Lot No. 1482

Grave No. 3

Section No.

Block No.

Owner

Diagram of Lot or Vault

Insurance \$

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

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

maturity at the rate of % per annum.

Witness

Signed

Address

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

Complete Funeral (except outlays)	\$ 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	@ \$	
Extra Limousines	@ \$	
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, \$		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
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		
Personal Service		
line Death Notices in	Papers	
Sales Tax	<u>No Tax</u>	
Total Footing of Bill	\$	150 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 \$

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

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

maturity at the rate of % per annum.

Witness

Signed

Address

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

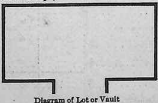


# RECORD OF FUNERAL

Total No. 217B Yearly No. 2 Date of Entry March 31, 1948  
 Name of Deceased Harmon Lewis Sawley  
 Married  Single  Widowed  Divorced (What Race)  
 Residence Lamar  Husband  Wife  Widow  Orphan (State Kind and Color)  
 Charge to A.A.P. Age of Husband or Wife (if living) Reba Sawley Years

Address \_\_\_\_\_  
 Order given by Lewis Landberg (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War   
 Occupation Minister none  
 Employer and Address Reorganized A. O. S. Ch. (Social Security Number)  
 Date of Death March 29, 1948 10:30 PM  
 Date of Birth Nov 8, 1863  
 Age 84 4 21  
 (Years) (Months) (Days)  
 Date of Funeral 3/31/48 Wed 2 P.M.  
 (Date) (Day of Week) (Hour)  
 Services at: at Home  
 Clergyman: Chas. Hark  
 Religion of the Deceased L.D.S. (Address)  
 Birthplace Genesee, Wis  
 Resided in the State 20 yrs  
 (or U. S. of City or County) (Years) (Months)  
 Place of Death at Home  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Starnet  
 (or Coroner)  
 His Address Lamar  
 Name of Father Harmon Sawley  
 His Birthplace New York  
 Maiden Name of Mother Sarah B. Pelton  
 Her Birthplace New York  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket A.A.P. High cap  
 (State Color and Number)  
 Manufactured by Rose Hill  
 Cemetery } Rose Hill  
 Crematory }



Lot No. 1249  
 Grave No. 2  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays).....	\$	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.....			
@ \$.....			
Extra Limousines.....			
@ \$.....			
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. ....			
(PState Number and District)			
Pall Bearer Service, \$.....			
Use of Chapel, \$.....			
Gross Total for Sales Tax.....			
Outlay for Lot.....			
Cremation.....			
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, \$.....			
or Motor } Aero- plane Service, \$.....			
Telegr., Phone, Cable or Radio Charges.....			
Cash Advanced.....			
Out of town Undertaker's Charges.....			
Personal Service.....			
line Death Notices in.....			
Papers.....			
(Name of Newspapers)			
Sales Tax.....			
<u>No. Tax</u>			
Total Footing of Bill.....			
Less.....			
<u>Pd. 7/2/48</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.....  
 Compiled by F. J. FEINEMAN St. Louis, Mo.

# RECORD OF FUNERAL

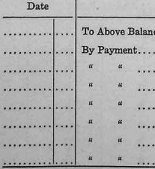
Total No. 2178 Yearly No. 10 Date of Entry April 11 1948  
 Name of Deceased George Martin (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Lamoni  Husband  Wife  Widow Bertha Martin - deceased  
 Charge to: Helin Harrington of \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address: Lamoni Ia  
 Order given by: above (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War: no  
 Occupation: farmer (Social Security Number) none  
 Employer and Address: own farm  
 Date of Death: March 10 1948 2 AM (Date) (Hour)  
 Date of Birth: Sept 7 1866 (Date) (Hour)  
 Age: 81 7 3 (Years) (Months) (Days)  
 Date of Funeral: 4/11/48 Sun. 2:30 P.M. (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman: Art Lane (Address)  
 Religion of the Deceased: \_\_\_\_\_  
 Birthplace: Newnan, Ga  
 Resided in the State: \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death: Leam Hosp.  
 Cause of Death: \_\_\_\_\_  
 Contributory Causes: \_\_\_\_\_

Certifying Physician: E. E. Ganet (or Coroner)  
 His Address: Lamoni  
 Name of Father: Wm Martin  
 His Birthplace: England  
 Maiden Name of Mother: Martha Tucker  
 Her Birthplace: England  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket: 6 3/4 - 1/2 each - gray  
 Manufactured by: Rose Hill (State, Color and Number)  
 Cemetery } Rose Hill  
 Crematory }

Lot No. 791  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner: \_\_\_\_\_

Diagram of Lot or Vault



Complete Funeral (except outlays)	\$ 286.00
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 @ \$	
Extra Limousines @ \$	
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, \$	
Gross Total for Sales Tax	
Outlay for Lot	
Cremation	
Flowers, \$ Palms, \$ Matting, \$	
Rental of Tent, \$ of Temporary Vault, \$	
Opening of Grave or Tomb <u>SA. 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	
Personal Service	
_____ line Death Notices in _____ Papers (Names of Newspapers)	
Sales Tax	2.46
Total Footing of Bill	302.86
Less: <u>5% by April 21 1948</u>	14.44
<u>Pal Balance</u>	288.42
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

Total No. 4179 Yearly No. 11 Date of Entry April 11 1948

Name of Deceased Edward Leonard Schabel

Residence: Pella Ia  Married  Single  Widowed  Divorced  Husband  Wife  Widow  or \_\_\_\_\_ of \_\_\_\_\_ (What Race) W  
Clis Schabel Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Vay D. Sch Funeral Home

Address: Pella Ia

Order given by: Mrs Verrips (or informant)

How Secured: paid cash

If Veteran, State War \_\_\_\_\_ Occupation: Carpenter (Social Security Number) \_\_\_\_\_

Employer and Address: self employed

Date of Death: Apr 11 1948 2:15 P.M. (Date) (Hour)

Date of Birth: Oct 11 1886 (Date) (Month) (Day) (Year) (Month) (Day)

Age: 61 (Year) (Month) (Day)

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) (Year) (Month)

Place of Death \_\_\_\_\_ Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_ Certifying Physician: H. M. Hill (or Coroner)

His Address: Laurion

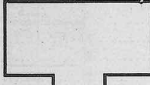
Name of Father: John Schabel

His Birthplace: Holland

Maiden Name of Mother \_\_\_\_\_ Her Birthplace \_\_\_\_\_

Motor Ship } Remains to Pella Ia  
Size of Casket: via water route (State Color and Number)

Manufactured by \_\_\_\_\_ Cemetery } Crematory }



Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	
Casket		
Burial Vault or Box		
Embalming Body	\$	75.00
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	@ \$	
Extra Limousines	@ \$	
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, \$		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
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		
Personal Service		
line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	\$	35.00
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. 2180 Yearly No. 12 Date of Entry April 25 1948

Name of Deceased Flora L Scott

Residence St. Louis, Missouri (What Race) Columbian Scott  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Bishop Landberg  
Address \_\_\_\_\_

Order given by above (or informant)

How Secured \_\_\_\_\_  
If Veteran, State War no

Occupation housewife (Social Security Number) none

Employer and Address \_\_\_\_\_  
Date of Death April 23 1948 1-AM (Date) (Hour)

Date of Birth June 26 1855 (Date) (Day of Week) (Hour)

Age 92 (Years) 9 (Months) 25 (Days)

Date of Funeral 4/25/48 Sun 2:30 P.M. (Date) (Day of Week) (Hour)

Services at Chapel  
Clergyman Rev. Chivill-Chas Harke (Address)

Religion of the Deceased T. D. S.  
Birthplace Lawrence, Mich.

Resided in the State 40 yrs (For U. S. or City or County) (Years) (Months)

Place of Death Lamoni  
Cause of Death Cerebral Hemorrhage

Contributory Causes \_\_\_\_\_  
Certifying Physician E. E. Gamet (or Coroner)

His Address Lamoni  
Name of Father Ed O Bass

His Birthplace New York  
Maiden Name of Mother Laura Powers

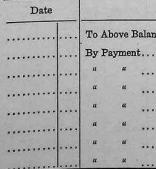
Her Birthplace New York  
Motor } Remains to \_\_\_\_\_  
Ship } \_\_\_\_\_

Size of Casket 4/3 Hug cap (S.A.R.) (State Color and Number)

Manufactured by Reo  
Cemetery } \_\_\_\_\_  
Crematory } \_\_\_\_\_

Lot No. 416  
Grave No. 1  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Diagram of Lot or Vault



Complete Funeral (except outlays).....	\$	150	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.....	@	\$	
Extra Limousines.....	@	\$	
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, \$.....			
Gross Total for Sales Tax.....	\$	150	00
Outlay for Lot.....			
Cremation.....			
Flowers, \$.....			
Palms, \$.....			
Matting, \$.....			
Rental of Tent, \$.....			
Opening of Grave or Tomb.....			
Lining Grave, \$.....			
Lowering Device, \$.....			
Outlay for Shipping Charges.....			
Clergyman, \$.....			
Singers, \$.....			
Organist, \$.....			
Railroad } Tickets, \$.....			
or Motor } Aero Service, \$.....			
Telegr., Phone, Cable or Radio Charges.....			
Cash Advanced.....			
Out of town Undertaker's Charges.....			
Personal Service.....			
..... line Death Notices in.....			
..... Papers.....			
Sales Tax.....			
Total Footing of Bill.....	\$	151	50
Less.....	\$		
Balance.....	\$		
Entered into Ledger, page.....			
..... or below.....			

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.....  
Address.....

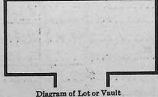
# RECORD OF FUNERAL

Total No. 2181 Yearly No. 13 Date of Entry April 27, 1948  
 Name of Deceased Henry Kaestner  
 Married  Single  Widowed  Divorced  
 Residence: Lamoni Ia (What Race)  
 Husband  Wife  Widow  Martha Kaestner  
 Charge to: Martha Kaestner Age of Husband or Wife (if living) 66 Years

Address: Lamoni Ia  
 Order given by: \_\_\_\_\_  
 How Secured: \_\_\_\_\_ (or informant)  
 If Veteran, State War No  
 Occupation Farmer (Social Security Number)  
 Employer and Address my farm  
 Date of Death: April 25, 1948 5 A.M.  
 Date of Birth: Aug 21, 1872  
 Age: 75 8 4  
 (Years) (Months) (Days)  
 Date of Funeral: 4/27/48 9 2 P  
 (Date) (Day of Week) (Hour) M.  
 Services at: Chapel  
 Clergyman: Rev. Frankham - 417 Lane (Address)  
 Religion of the Deceased: A. D. S.  
 Birthplace Burlington Ia  
 Resided in the State Ia 42 yrs  
 (or U.S. or City or County) (Years) (Months)  
 Place of Death Lamoni Ia  
 Cause of Death Myocardic Leukemia  
 Contributory Causes: \_\_\_\_\_

Certifying Physician E. E. Gaudet (or Coroner)  
 His Address: Lamoni  
 Name of Father: Henry Kaestner Sr.  
 His Birthplace: Germany  
 Maiden Name of Mother: Augusta Weller  
 Her Birthplace: Germany  
 Motor } Remains to 43  
 Ship }  
 Size of Casket: 43 State - Rose Hill  
 (State Color and Number)  
 Manufactured by: Emil B. Carl  
 Cemetery } Rose Hill  
 Crematory }

Complete Funeral (except outlays) .....	\$ 368 00
Casket .....	
Burial Vault or Box .....	
Embalming Body .....	
(Name of Embalmer)	
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 .....	@ \$ .....
Extra Limousines .....	@ \$ .....
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 Certificate No. ....	
(State Physician's or Coroner's)	
Pall Bearer Service, \$ .....	Use of Chapel, \$ .....
Gross Total for Sales Tax .....	\$ 368 00
Outlay for Lot: .....	
Cremation .....	
Flowers, \$ .....	Palms, \$ .....
Matting, \$ .....	
Rental of Tent, \$ .....	of Temporary Vault, \$ .....
Opening of Grave or Tomb .....	to A. Marshall 14 00
Lining Grave, \$ .....	Lowering Device, \$ .....
Outlay for Shipping Charges .....	
Clergyman, \$ .....	Singers, \$ .....
Organist, \$ .....	
Railroad } Tickets, \$ .....	Aero-Service, \$ .....
or Motor } .....	plane .....
Telegr., Phone, Cable or Radio Charges .....	
Cash Advanced .....	
Out of town Undertaker's Charges .....	
Personal Service .....	
line Death Notices in .....	Papers .....
(Name of Newspaper)	
Sales Tax .....	
Total Footing of Bill .....	\$ 385 68
Less <u>570.00 on 371.68</u> .....	Pol. in full 18.58
Balance <u>4/27/48</u> .....	\$ 367 10
Entered into Ledger, page .....	or below.



Lot No. 1509  
 Grave No. 7  
 Section No. \_\_\_\_\_  
 Block 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: \_\_\_\_\_  
 Witness: \_\_\_\_\_ Address: \_\_\_\_\_  
 Compiled by F. J. FEINEMAN St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 2192 Yearly No. 14 Date of Entry May 7 1948

Name of Deceased Nancy E. Good (What Race) \_\_\_\_\_  
 Married  Single  Widowed  Divorced

Residence Lammie, Ia  If husband  If wife  If widow  If other of Charles Good deceased  
 Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to Myrtil Gaults  
 Address Lammie

Order given by above  
 (or informant)

How Secured: \_\_\_\_\_  
 If Veteran, State War no

Occupation Housewife (Social Security Number) none

Employer and Address \_\_\_\_\_

Date of Death May 5, 1948 4 P.M.  
 (Date) (Hour)

Date of Birth Jan. 6, 1869  
 (Date) (Day of Week) (Hour)

Age 79 3 29  
 (Years) (Months) (Days)

Date of Funeral 5/7/48 Friday 7 P.M.  
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Robt. Farinham (Address) \_\_\_\_\_

Religion of the Deceased L. P. S.

Birthplace Tabor, Ia

Resided in the State 40 yrs  
 (or U. S. or City or County) (Years) (Months)

Place of Death Linn Hospital

Cause of Death Carcinoma of Lung

Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Gamet (or Coroner)

His Address Lammie

Name of Father R. G. Roth

His Birthplace Texas

Maiden Name of Mother Anna Jane Beach

Her Birthplace Texas

Motor Ship } Remains to \_\_\_\_\_

Size of Casket 4/3 slab - gray  
 (Size, Color and Number)

Manufactured by E. W. Case Co.

Cemetery } Rose Hill  
 Crematory }

Lot No. 708

Grave No. 2-3

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays)		\$
Casket		352 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, \$	
Limousines to Cemetery	@ \$	
Extra Limousines	@ \$	
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)	
Fall Bearer Service, \$	Use of Chapel, \$	
Gross Total for Sales Tax		352 00
Outlay for Lot		
Cremation		
Flowers, \$	Palms, \$	
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb to <u>R. M. Marshall</u>		14 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		
Personal Service		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax		3 52
Total Footing of Bill		369 52
Less <u>590.00</u> <u>355.52</u>		17 72
Balance		351 75
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 \_\_\_\_\_ (Firm Name of Funeral Directors.)  
 maturity at the rate of \_\_\_\_\_ % per annum. \_\_\_\_\_ days from date. Interest to accrue from \_\_\_\_\_

Witness \_\_\_\_\_ Signed \_\_\_\_\_ Address \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2193 Yearly No. 15 Date of Entry May 20 1948  
 Name of Deceased Benjamin Franklin Graham  
 Married  Single  Widowed  Divorced (What Rate)  
 Residence: Lanham of Husband  Wife  Widow  Orphan (What Rate)  
 Charge to: Edna Brown of \_\_\_\_\_ of \_\_\_\_\_ (Age of Husband or Wife (If Living) \_\_\_\_\_ Years)  
 Address: Lanham

Order given by \_\_\_\_\_ (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War no  
 Occupation farmer (Social Security Number) none  
 Employer and Address \_\_\_\_\_  
 Date of Death May 18 1948 7:30 PM  
 Date of Birth Aug 11 1856  
 Age 91 (Years) 9 (Months) 7 (Days)  
 Date of Funeral 5/20/48 Thurs 2 P M.  
 Services at: church  
 Clergyman: Vincent Gray (Address)  
 Religion of the Deceased M.E  
 Birthplace for Davie County, Del.  
 Resided in the State 80 yrs  
 Place of Death Lanham (or U. S. or City or County) (Years) (Months)  
 Cause of Death Broncho Pneumonia  
 Contributory Causes Senility  
 Certifying Physician E. E. Ganet (or Coroner)  
 His Address Lanham  
 Name of Father Theodore Graham  
 His Birthplace not known  
 Maiden Name of Mother Retha Tucker  
 Her Birthplace not known  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket Perf. Shell (State Color and Number)  
 Manufactured by R. P. Hill  
 Cemetery } Road Hill

Complete Funeral (except outlays)	\$ 256.00
Casket	
Burial Vault or Box	100.00
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	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 361.00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	to A. Marshall 16.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Aero-Service, \$
or Motor } _____	plans
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
_____ line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax	361
Total Footing of Bill	\$ 380.61
Less <u>5/10</u> <u>Palms full</u>	
Balance	\$ 362.61
Entered into Ledger, page _____ or below.	

Diagram of Lot or Vault  
 Lot No. 771  
 Grave No. 7  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

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

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.  
 Signed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Witness \_\_\_\_\_  
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

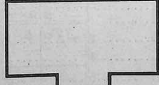
Total No. 2184 Yearly No. 16 Date of Entry May 21<sup>st</sup> 1948  
 Name of Deceased Mary Elizabeth Hodrey (Name of Embalmer)  
 Married  Single  Widowed  Divorced  
 Residence: John Hodrey, deceased (Wife) (Name of Husband or Wife (If Living))  
 or \_\_\_\_\_ of \_\_\_\_\_ (Ann of Husband or Wife (If Living)) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by: Mrs Day (daughter) (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation \_\_\_\_\_ (Social Security Number)

Employer and Address \_\_\_\_\_  
 Date of Death: May 14, 1948 (Date) (Hour)  
 Date of Birth: \_\_\_\_\_ (Year) (Month) (Days)  
 Age: 67  
 Date of Funeral: 5/14/48 (Date) (Day of Week) (Hour) 10 A.M.  
 Services at: Chapel  
 Clergyman: Lewis Sandberg (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace \_\_\_\_\_  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Year) (Months)

Place of Death: Ellensburg, Wash.  
 Cause of Death: Broncho Pneumonia  
 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: Roe Hill  
 Cemetery }  
 Crematory }



Lot No. 1568  
 Grave No. 2  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$
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, \$
Limousine to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	<u>Depot</u> 5.00
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	<u>A. de Hice</u> 1.00
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, \$
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave by Tomb	<u>Fort Meador</u> 14.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	7.50
Clergyman, \$	Singers, \$
Organist, \$	4.00
Railroad or Motor Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service of <u>funeral director &amp; helper</u>	
<u>etc. etc. head, chapel etc</u>	25.00
_____ line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	\$ 56.50
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 \_\_\_\_\_  
 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. 218-#5 Yearly No. 17 Date of Entry June 28 1948

Name of Deceased William Alva (ab.) Lasley (Name of Embalmer) W

Residence: Lamoni  Married  Single  Widowed  Divorced (What Race) W

Charge to: Mrs. W. A. Lasley  Husband  Wife  Widow  or..... of \$ W Age of Husband or Wife (if living)..... Years

Address: Lamoni

Order given by..... (or informant)

How Secured.....

If Veteran, State War no

Occupation farmer none (Social Security Number)

Employer and Address.....

Date of Death June 26 1948 8:11 AM (Date) (Hour)

Date of Birth Sept 24 1859 (Date) (Hour)

Age 88 8 27 (Years) (Months) (Days)

Date of Funeral Sept 2/48 Mon 2:30 P. M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Chas. Harpe (Address)

Religion of the Deceased.....

Birthplace Louis C. Ia

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

Place of Death Lamoni

Cause of Death.....

Contributory Causes.....

Certifying Physician E. E. Shuret (or Coroner)

His Address.....

Name of Father Andrew Lasley

His Birthplace Ohio

Maiden Name of Mother Julia Pottrum

Her Birthplace Iowa

Motor Ship } Remains to 6/2 - 1/2 coach. Nucle

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

Manufactured by: Reinhardt

Cemetery Crematory } R. W. Hill

Lot No. 349

Grave No. 1

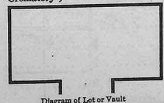
Section No.....

Block No.....

Owner.....

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

Complete Funeral (except outlays).....	\$ <u>298</u>	00
Casket.....		
Burial Vault or Box..... (State Kind)		
Embalming Body..... (State Kind)		
Barber, \$..... Hair Dressing, \$.....		
Dressing Body, \$..... Underwear, \$.....		
Suit or Dress..... (State Kind)		
Slippers, \$..... Hose, \$.....		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Spray, \$..... Gloves, \$.....		
Funeral Car, \$..... Ambulance, \$.....		
Limousine to Cemetery..... @ \$.....		
Extra Limousines..... @ \$.....		
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, \$.....		
Gross Total for Sales Tax.....		
Outlay for Lot.....		
Cremation.....		
Flowers, \$..... Palms, \$..... Matting, \$.....		
Rental of Tent, \$..... of Temporary Vault, \$.....		
Opening of Grave or Tomb <u>To D. 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.....		
Personal Service.....		
..... line Death Notices in..... Papers..... (Names of Newspapers)		
Sales Tax.....		2 98
Total Footing of Bill.....		314 98
Less <u>5% by July 9th</u> ..... <u>PA 6/27/48</u>		15 05
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.

Signed..... Address.....

Witness.....

# RECORD OF FUNERAL

Total No. 2196 Yearly No. 18 Date of Entry July 28 1948  
 Name of Deceased Leroy Maxim Koupasch (What Race) W  
 Married  Single  Widowed  Divorced  Husband  Wife  Widow } of \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Residence Laurum  
 Charge to Roy Koupasch  
 Address Laurum  
 Order given by \_\_\_\_\_ (or informant) \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 If Veteran, State War   
 Occupation \_\_\_\_\_ (Social Security Number) \_\_\_\_\_  
 Employer and Address \_\_\_\_\_  
 Date of Death July 28 1948 8 P.M. (Date) (Hour)  
 Date of Birth July 28 1946 (Date) (Hour)  
 Age 2 (Years) 0 (Months) 0 (Days)  
 Date of Funeral 7/31/48 Sat M. (Date) (Day of Week) (Hour)  
 Services at Chapel (Address) \_\_\_\_\_  
 Clergyman Rev Farham  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Lear  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Des Moines  
 Cause of Death Polio  
 Contributory Causes \_\_\_\_\_

Certifying Physician Dr. Davis (of Coroner)  
 His Address Des Moines  
 Name of Father Roy Koupasch  
 His Birthplace Charwater, Neb.  
 Maiden Name of Mother Kina Allen  
 Her Birthplace Laurum, Ia.  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 3/4  
 Manufactured by \_\_\_\_\_ (State Color and Number) \_\_\_\_\_  
 Cemetery } Rose Hill



Lot No. 1101  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays).....	\$	
Casket.....		65 00
Burial Vault or Box..... (State Kind)		25 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..... @ \$.....		
Extra Limousines..... @ \$.....		
Autos to R. R. Station.....		
Getting Remains from..... <u>P. A. Morris</u>		15 00
Taking Remains to.....		
Trip to Coroner's Inquest..... <u>per of Friend</u>		
Delivering Box to..... <u>Friend's expense</u>		
Deliver Flowers to..... <u>for funeral</u>		25 00
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, \$.....		
Gross Total for Sales Tax.....	\$	13 00 00
Outlay for Lot..... <u>lot 1101</u>		20 00 00
Cremation.....		
Flowers, \$..... Palms, \$..... Matting, \$.....		
Rental of Tent, \$..... of Temporary Vault, \$.....		
Opening of Grave or Tomb..... <u>to A. Marshall</u>		7 50
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.....		
Personal Service.....		
..... line Death Notices in..... Papers.....		
(Names of Newspapers)		
Sales Tax..... <u>not by West Hill 65 00</u>		1 30
Total Footing of Bill..... <u>P. A. Morris 73 80</u>		158 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.....  
 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.....



# RECORD OF FUNERAL

Total No. 2187 Yearly No. 19 Date of Entry Aug 21 1948  
 Name of Deceased William Perry (What Race) (4)  
 Married  Single  Widowed  Divorced  
 Residence: Lanoni (What Race)  
 Charge to: Cash of (Husband) [ ] Wife [ ] Widow [ ] Age of Husband or Wife (if living) 28 years

Address .....  
 Order given by sons (or informant) .....  
 How Secured .....  
 If Veteran, State War 642 .....  
 Occupation retired (farming) none (Social Security Number) .....  
 Employer and Address .....  
 Date of Death Aug 19 1948 7:30 AM (Date) (Hour) .....  
 Date of Birth Oct 11 1862 (Date) (Hour) .....  
 Age 85 10 8 (Years) (Months) (Days) .....  
 Date of Funeral 9/2/48 sun 2:30 PM (Date) (Day of Week) (Hour) .....  
 Services at: Chapel .....  
 Clergyman: Rev. Furnham (Address) .....  
 Religion of the Deceased L. D. S. .....  
 Birthplace England .....  
 Resided in the State 11. HI. (or U. S. or City & County) (Years) (Months) .....  
 Place of Death Lanoni .....  
 Cause of Death Broncho Pneumonia .....  
 Contributory Causes Cerebral Hemorrhage .....

Complete Funeral (except outlays)	\$ 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	@ \$
Extra Limousines	@ \$
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. of State Physician's or Coroner's)	
Full Bearer Service, \$	Use of Chapel, \$
Gross Total for Sales Tax	\$ 352.00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	\$ 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	
Personal Service	
Line Death Notices in	Papers
Sales Tax	\$ 9.50
Total Footing of Bill	\$ 368.50
Less	\$ 17.78
Balance	\$ 350.72
Entered into Ledger, page	or below.

Certifying Physician E. E. Ganet (for Coroner) .....  
 His Address Lanoni .....  
 Name of Father Wm Perry .....  
 His Birthplace England .....  
 Maiden Name of Mother Sara Boswell .....  
 Her Birthplace England .....  
 Motor Ship } Remains to .....  
 Size of Casket 1/2 coach state Gray Mill (State Color and Number) .....  
 Manufactured by R. O. S. .....  
 Cemetery } Rose Hill .....  
 Crematory }  
 Lot No. 566 .....  
 Grave No. 2 .....  
 Section No. ....  
 Block 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 .....

# RECORD OF FUNERAL

Total No. 2188 Yearly No. 29 Date of Entry Aug 26 1948

Name of Deceased George F York  
 Married  Single  Widowed  Divorced

Residence rural near Eagleville (What Race) York  
 Husband  Wife  Widow  Sarah Sumner  widower of York Ann of Husband or Wife (living) \_\_\_\_\_ Years

Charge to Clara Redburn  
Address Hatfield, Mo

Order given by Mr Clara Redburn  
(or informant)

How Secured \_\_\_\_\_  
If Veteran, State War \_\_\_\_\_

Occupation retired farmer (Social Security Number) \_\_\_\_\_

Employer and Address \_\_\_\_\_

Date of Death Aug 22 1948 7:45 PM  
(Date) (Hour)

Date of Birth June 11 1860  
(Date) (Day) (Month) (Year)

Age 88 (Years) 2 (Months) 11 (Days)

Date of Funeral 8-24-48 2 P. M.  
(Date) (Day) (Month) (Year) (Hour)

Services at Lucy Roth  
(Address)

Clergyman Rev Law  
(Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Illinois

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

Place of Death near Eagleville, Mo

Cause of Death arterio sclerotic heart

Contributory Causes \_\_\_\_\_

Certifying Physician Dr Hyer (Coroner)

His Address Eagleville

Name of Father Reuben York

His Birthplace Germany

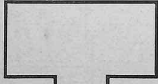
Maiden Name of Mother Nancy Mulkey

Her Birthplace not known

Motor Ship } Remains to \_\_\_\_\_  
Size of Casket 4 3/4 inch gray plaid  
(State Color and Number)

Manufactured by Stimpson

Cemetery } \_\_\_\_\_  
Crematory } \_\_\_\_\_



Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 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 @ \$		
Extra Limousines @ \$		
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, \$	
Gross Total for Sales Tax	\$ 317.00	
Outlay for Lot		
Cremation		
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		
Personal Service		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax	\$ 3.17	
Total Footing of Bill	\$ 320.17	
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	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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.

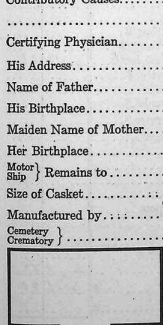
Witness \_\_\_\_\_ Signed \_\_\_\_\_

Address \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2189..... Yearly No. 21..... Date of Entry Sept 2 1948  
 Name of Deceased Lena J. Graham  
 Married  Single  Widowed  Divorced  
 Residence Independence, Mo. (What Race)  
 Charge to Chas. J. Graham  
 or  Husband  Wife  Widow  Orphan  
 Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address.....  
 Order given by.....  
 How Secured..... (or informant)  
 If Veteran, State War.....  
 Occupation..... (Social Security Number)  
 Employer and Address.....  
 Date of Death Aug 31, 1948  
 (Date) (Hour)  
 Date of Birth.....  
 Age 69 (Years) (Months) (Days)  
 Date of Funeral Sept 2, 1948 3 P.M.  
 (Date) (Day of Week) (Hour)  
 Services at.....  
 Clergyman Chivill  
 Religion of the Deceased S. D. S. (Address)  
 Birthplace.....  
 Resided in the State..... (or U. S. or City or County) (Years) (Months)  
 Place of Death.....  
 Cause of Death Acute Coronary Failure  
 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.....



Lot No. 832  
 Grave No. 3  
 Section No.....  
 Block No.....  
 Owner.....

Complete Funeral (except outlays).....	\$
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..... @ \$.....	
Extra Limousines..... @ \$.....	
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 Certificate No..... (State Physician's or Coroner's)	
Fall Bearer Service, \$..... Use of Chapel, \$.....	
Gross Total for Sales Tax.....	\$
Outlay for Lot.....	
Cremation.....	
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.....	
Personal Service.....	
..... line Death Notices in..... Papers.....	
Sales Tax <u>Ship In</u> <u>40.00</u>	\$
Total Footing of Bill.....	\$
Less <u>Post by Hays Stahl</u> <u>40.00</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.....	\$	\$
" ".....	\$	\$	" ".....	\$	\$
" ".....	\$	\$	" ".....	\$	\$
" ".....	\$	\$	" ".....	\$	\$
" ".....	\$	\$	" ".....	\$	\$
" ".....	\$	\$	" ".....	\$	\$
" ".....	\$	\$	" ".....	\$	\$

Names of Insurance Companies.....  
 Lodges.....  
 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. 2190 Yearly No. 25 Date of Entry September 3, 1948  
 Name of Deceased Wayne Donald Barrett (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Lanman  (Husband)  (Wife)  (Widow)  (Son of)  (Daughter of) Fred Barrett (Age of Husband or Wife (if living)) Years

Charge to: Fred Barrett  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War: W  
 Occupation: student (Social Security Number) NONE  
 Employer and Address: \_\_\_\_\_  
 Date of Death: Sept. 1, 1948 (Date) 11 P.M. (Hour)  
 Date of Birth: May 15, 1930 (Date) (Year) 18 (Months) 3 (Days) 16 (Days)  
 Age: \_\_\_\_\_  
 Date of Funeral: 9/14/48 (Date) Fri (Day of Week) 4 P.M. (Hour)  
 Services at: Chapel  
 Clergyman: Robt Farnham (Address) \_\_\_\_\_

Religion of the Deceased: \_\_\_\_\_  
 Birthplace: Centerville Ia  
 Resided in the State: \_\_\_\_\_ (or N. S. or City or County) (Years) (Months)  
 Place of Death: Blank Memorial Hosp. Des M  
 Cause of Death: Bulbar Polio

Contributory Causes: \_\_\_\_\_  
 Certifying Physician: \_\_\_\_\_ (or Coroner)  
 His Address: \_\_\_\_\_  
 Name of Father: A. W. Barrett (Fred)  
 His Birthplace: Myrtle Ia  
 Maiden Name of Mother: Mayoni Taylor  
 Her Birthplace: Centerville Ia

Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket: 1/3 medium state Whitens  
 Manufactured by: R. H. Rose Hill (State Color and Number)  
 Cemetery } \_\_\_\_\_  
 Crematory } \_\_\_\_\_

Lot No. 1373 1393  
 Grave No. 1  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner: \_\_\_\_\_

Diagram of Lot or Vault

Complete Funeral (except outlays)	\$	435.00
Casket		
Burial Vault or Box <u>alva Vault</u>		115.00
(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, \$
Limousine to Cemetery	@ \$	
Extra Limousines	@ \$	
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, \$
Gross Total for Sales Tax	\$	54.00
Outlay for Lot		
Cremation		
Flowers, \$		Palms, \$
Matting, \$		
Rental of Tent, \$		of Temporary Vault, \$
Opening of Grave or Tomb <u>F.A. Marshall</u>		16.00
Lining Grave, \$		Lowering Device, \$
Outlay for Shipping Charges		
Clergyman, \$		Singers, \$
Organist, \$		
Railroad } Tickets, \$		Aero- } Service, \$
or Motor } _____		plane } _____
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
<u>Funeral Home, Trip to Des M.</u>		15.00
Sales Tax		54.00
Total Footing of Bill	\$	576.40
Less <u>5% on 545.00</u>	\$	27.21
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	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

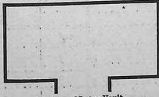
Insurance \$ \_\_\_\_\_ Names of Lodges \_\_\_\_\_ Insurance Companies \_\_\_\_\_  
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to \_\_\_\_\_ (Firm Name of Funeral Directors.)  
 for the payment of aforesaid sum, and I hereby covenant 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. 2191 Yearly No. 23 Date of Entry Sept 9 1948  
 Name of Deceased Aral Albert Sandage  
 Married  Single  Widowed  Divorced  
 Residence: usual near Eagleville  Husband  Wife (if living) Gene Sandage  
 Charge to: Mrs. Sandage or \_\_\_\_\_ of \_\_\_\_\_ (Age of Husband or Wife (if living)) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_  
 How Secured \_\_\_\_\_ (or informant) \_\_\_\_\_  
 If Veteran, State War World War 1  
 Occupation farming none  
 Employer and Address \_\_\_\_\_  
 Date of Death Sept 6 1948 between 7 & 9 P.M.  
 Date of Birth June 9 1895  
 Age 53 3 28  
 (Years) (Months) (Days)  
 Date of Funeral Sept 9/48 Thurs 2 P M.  
 (Date) (Day of Week) (Hour)  
 Services at: Love R. Rock Church  
 Clergyman: Rev. Robt. Farham  
 (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Ringold County, Ia  
 Resided in the State of Missouri 4 (Years) (Months)  
 Place of Death usual near Eagleville  
 Cause of Death strangulation by hanging  
 Contributory Causes suicide  
 Certifying Physician Joe Wheeln Carner  
 (or Coroner)  
 His Address Bethany, Mo  
 Name of Father Abraham Sandage  
 His Birthplace Indiana  
 Maiden Name of Mother Adella Leike  
 Her Birthplace not known  
 Motor } Remains to  
 Ship } \_\_\_\_\_  
 Size of Casket 6 1/2 state Cedar  
 (State Order and Number)  
 Manufactured by Emb. Day, Inc  
 Cemetery } Payne (Lawrick)  
 Crematory } \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays).....	\$ <u>368</u> <u>00</u>
Casket.....	
Burial Vault or Box <u>Cement</u> (State Kind)	<u>115</u> <u>00</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..... @ \$.....	
Extra Limousines..... @ \$.....	
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 Certificate No..... (State Physician's or Coroner's)	
Full Bearer Service, \$..... Use of Chapel, \$.....	
Gross Total for Sales Tax.....	\$ <u>483</u> <u>00</u>
Outlay for Lot.....	
Cremation.....	
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.....	
Personal Service.....	
..... line Death Notices in..... Papers (Names of Newspapers)	
Sales Tax.....	<u>483</u>
Total Footing of Bill.....	<u>487</u> <u>83</u>
Less <u>5%</u> <u>Balance Fall</u> <u>Paye</u>	<u>24</u> <u>39</u>
Entered into Ledger, page..... or below.	<u>463</u> <u>49</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.....  
 (Print Name of Funeral Director.)  
 Compiled by F. J. FEINEMAN St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 3197 Yearly No. 24 Date of Entry September 26 1948  
 Name of Deceased John Nelson Bradley (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: near Hawaii  Husband  Wife  Widow  of Para Bradley (What Race) W  
 Charge to: Para Bradley Age of Husband or Wife (if living) 72 Years  
 Address: Hawaii

Order given by above (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation farmer 483-22-5201 (Social Security Number)  
 Employer and Address none  
 Date of Death Sept. 29 1948 5 P.M. (Date) (Hour)  
 Date of Birth July 28 1877 (Date) (Hour)  
 Age 71 (Years) 1 (Months) 26 (Days)  
 Date of Funeral 10/4/48 10:30 P.M. (Date) (Day of Week) (Hour)  
 Services at: Chapel (Address)  
 Clergyman: Art Lane  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Jones County Ia  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death near Hawaii  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Lanet (or Coroner)  
 His Address Lanai Ia  
 Name of Father John R. Bradley  
 His Birthplace England  
 Maiden Name of Mother Catherine Woodworth  
 Her Birthplace Indiana  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 46 1/2 x 34 1/2 x 24 1/2 (State of \_\_\_\_\_)  
 Manufactured by Am. Case  
 Cemetery } Rose Hill  
 Crematory }  
 Lot No. 1423  
 Grave No. 7  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Diagram of Lot or Vault

Complete Funeral (except outlays)		\$	352	00
Casket				
Burial Vault or Box	<u>2 1/2</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	@ \$			
Extra Limousines	@ \$			
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, \$			
Gross Total for Sales Tax				
Outlay for Lot				
Cremation				
Flowers, \$	Palms, \$			
Rental of Tent, \$	of Temporary Vault, \$			
Opening of Grave or Tomb	<u>to R. Maudslai</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				
Personal Service				
line Death Notices in	Papers			
Sales Tax				
Total Footing of Bill				
Less <u>570</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 \$ \_\_\_\_\_ 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) \_\_\_\_\_ 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. 2193 Yearly No. 25 Date of Entry Sept 29 1948

Name of Deceased Edward R. Boucher  
 Married  Single  Widowed  Divorced (What Race)

Residence: Skirt Home Lamon  
 Husband  Wife  Widow }  
 or \_\_\_\_\_ of \_\_\_\_\_ } Age of Husband or Wife (if living) \_\_\_\_\_ Year

Charge to: C. A. P.

Address: \_\_\_\_\_

Order given by: Bishop Landsberg  
 (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation \_\_\_\_\_  
 (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Sept 27 1948 8:08 P.M.  
 (Date) (Hour)

Date of Birth May 19 1864  
 (Date) (Hour)

Age 84 4 8  
 (Years) (Months) (Days)

Date of Funeral Sept 29 1948 Wed. 3:30 P.M.  
 (Date) (Day of Week) (Hour)

Services at: Skirt Home

Clergyman: \_\_\_\_\_  
 (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Canada Michigan

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

Place of Death Lamon

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician Garnet  
 (or Coroner)

His Address Lamon Ia

Name of Father Welson Boucher

His Birthplace Canada

Maiden Name of Mother Flora Rollin

Her Birthplace Canada

Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket Large Cap.  
 (State Color and Number)

Manufactured by: \_\_\_\_\_

Cemetery } \_\_\_\_\_  
 Crematory }

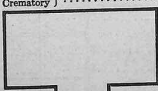


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays).....	\$ 150 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, \$.....	Tarpsaulin, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Spray, \$.....	Gloves, \$.....	
Funeral Car, \$.....	Ambulance, \$.....	
Limousines to Cemetery @ \$.....		
Extra Limousines @ \$.....		
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, \$.....	
Gross Total for Sales Tax.....		
Outlay for Lot.....		
Cremation.....		
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 Service, \$.....	
or Motor } plane		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Personal Service.....		
line Death Notices in.....	Papers.....	
(Name of Newspapers)		
Sales Tax <u>No Tax</u>		150 00
Total Footing of Bill.....		
Less <u>PD 1279.48</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..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed..... Address.....

# RECORD OF FUNERAL

Total No. 1194 Yearly No. 26 Date of Entry Sept 29 1948  
 Name of Deceased Merris B. Nicholson (Wife Race)  
 Married  Single  Widowed  Divorced  
 Residence Des Moines  Husband  Wife  Widowed H. B. Nicholson (Age of Husband or Wife (if living) \_\_\_\_\_ Years)  
 Charge to: God Nicholson  
 Address Des Moines

Order given by \_\_\_\_\_ (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation \_\_\_\_\_ (Social Security Number)  
 Employer and Address \_\_\_\_\_

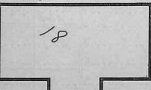
Date of Death \_\_\_\_\_ (Date) \_\_\_\_\_ (Hour)  
 Date of Birth Aug 1 1885 (Date) \_\_\_\_\_ (Hour)  
 Age 93 (Years) 1 (Months) 26 (Days)  
 Date of Funeral 7:45 Wed (Date) (Day of Week) 2 P.M. (Hour)

Services at Chapel  
 Clergyman Roy Chiville, J. Bar (Address)  
 Religion of the Deceased W.P.S.  
 Birthplace East Paw Paw Ill  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Des Moines

Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ (or Coroner)  
 His Address \_\_\_\_\_

Name of Father W. W. Blain  
 His Birthplace unknown  
 Maiden Name of Mother Elizabeth Blain  
 Her Birthplace unknown  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket \_\_\_\_\_ (State Color and Number)

Manufactured by Rose Hill  
 Cemetery }  
 Crematory }  
 Lot No. 429  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_



Complete Funeral (except outlays).....	\$	
Casket.....		
Burial Vault or Box <u>Concrete Vault</u>	115 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.....	@ \$	
Extra Limousines.....	@ \$	
Autos to R. R. Station.....	@ \$	
Getting Remains from <u>Des Moines</u>	20 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, \$	
Gross Total for Sales Tax.....	\$	
Outlay for Lot _____		
Cremation _____		
Flowers, \$.....	Palms, \$.....	Matting, \$
Rental of Tent, \$.....	K. of Temporary Vault, \$	
Opening of Grave or Tomb <u>St. Paul's</u>	16 00	
Lining Grave, \$.....	K. Lowering Device, \$	10 00
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.....		
Personal Service of <u>Funeral Directors &amp; Undertakers, use of hearse, chapel etc</u>	35 00	
line Death Notices in _____ Papers		
(Names of Newspapers) _____		
Sales Tax <u>in vault</u>	2 30	
Total Footing of Bill.....	204 30	
Less <u>paid in full</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.  
 Signed.....  
 Witness..... Address.....  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2195 Yearly No. 27 Date of Entry Sept 30 1948  
 Name of Deceased Grace Adeline Irvie  
 Married  Single  Widowed  Divorced  
 Residence Davis City  Husband  Wife  Widow } L.E. Irvie (What Race)  
 Charge to L.E. Irvie or ..... of } 27 Years  
 Address Davis City

Order given by .....  
 How Secured .....  
 If Veteran, State War   
 Occupation Housewife none (Social Security Number)  
 Employer and Address .....  
 Date of Death Sept 26 1948 9 A.M. (Date) (Hour)  
 Date of Birth Sept 26 1883  
 Age 65 (Years) 0 (Months) 7 (Days)  
 Date of Funeral Sept 28 1948 2 P.M. (Day of Week) (Hour)  
 Services at St. Church - Davis City  
 Clergyman John Lane (Address)  
 Religion of the Deceased L. D. S.  
 Birthplace Savannah, Del.  
 Resided in the State .....  
 Place of Death Davis City, Ia. (or U. S. or City or County) (Year) (Month)  
 Cause of Death .....  
 Contributory Causes .....

Complete Funeral (except outlays) .....	\$ 415 00
Casket .....	
Burial Vault or Box <u>Caskets</u> .....	115 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 @ \$.....	
Extra Limousines @ \$.....	
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, \$.....	
Gross Total for Sales Tax .....	\$ 530 00
Outlay for Lot <u>21463</u> .....	20 00
Cremation .....	
Flowers, \$..... Palms, \$..... Matting, \$.....	
Rental of Tent, \$..... of Temporary Vault, \$.....	
Opening of Grave or Tomb <u>A. Marshall</u> .....	16 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 .....	
Personal Service .....	
_____ line Death Notices in _____ Papers .....	
(Names of Newspapers)	
Sales Tax .....	5 30
Total Footing of Bill .....	\$ 571 30
Less <u>5 70</u> <u>John Lane</u> <u>Sept 28 1948</u> .....	26 76
Balance <u>544 54</u> .....	\$ 544 54
Entered into Ledger, page ..... or below.	

Certifying Physician E. E. Gamet (or Coroner)  
 His Address Lauran  
 Name of Father John W. Crawford  
 His Birthplace New York  
 Maiden Name of Mother Grace McDonald  
 Her Birthplace Canada  
 Motor } Remains to road  
 Ship }  
 Size of Casket incl. and stat. Broadway (State Color and Number)  
 Manufactured by Road  
 Cemetery } Rose Hill  
 Crematory }

Diagram of Lot or Vault

Lot No. 1463  
 Grave No. 1  
 Section No. 1  
 Block No. 1  
 Owner .....

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

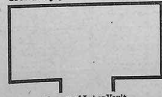
Insurance \$..... Names of Lodges..... Insurance Companies.....  
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....  
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from  
 maturity at the rate of ..... % per annum. Signed.....  
 Witness..... Address.....  
 Compiled by F. J. FEINEMAN - St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2196 Yearly No. 28 Date of Entry Oct 22 1948  
 Name of Deceased Budget Dorothy Wickie  
 Married  Single  Widowed  Divorced  
 Residence Lamoni Ia  Husband  Wife  Widow } e. A. Wickie (What Race)  
 or ..... of Age of Husband or Wife (if living) ..... Years

Charge to: P.A.P.  
 Address .....  
 Order given by Lellan Shuld (or informant)  
 How Secured: .....  
 If Veteran, State War .....  
 Occupation housewife (Social Security Number) none  
 Employer and Address .....  
 Date of Death Oct 20 1948 6 A.M. (Date) (Hour)  
 Date of Birth Feb 7 1859 (Date) (Year) (Month) (Day)  
 Age 89 (Years) 8 (Months) (Days)  
 Date of Funeral 10/22/48 2 P.M. (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman Rev Father Harker, Sean (Address)  
 Religion of the Deceased Catholic  
 Birthplace McClintock Wis  
 Resided in the State 16 yrs (For U.S. or City or Country) (Years) (Months)  
 Place of Death Lamoni Ia  
 Cause of Death heart attack  
 Contributory Causes old age

Certifying Physician J. W. Hill (or Coroner)  
 His Address Lamoni  
 Name of Father James Mauey  
 His Birthplace Ireland  
 Maiden Name of Mother Budget Shue  
 Her Birthplace Ireland  
 Motor } Remains to  
 Ship }  
 Size of Casket P.A.P. King cal (State Color and Number)  
 Manufactured by R.V.A.  
 Cemetery }  
 Crematory }



Lot No. 223  
 Grave No. 1  
 Section No. ....  
 Block No. ....  
 Owner .....

Complete Funeral (except outlays) .....	\$	150	00
Casket .....			
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 .....	@ \$		
Extra Limousines .....	@ \$		
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, \$ .....			
Gross Total for Sales Tax .....	\$		
Outlay for Lot .....			
Cremation .....			
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, \$ .....			
or Motor } Aero-plane Service, \$			
Telegr., Phone, Cable or Radio Charges .....			
Cash Advanced .....			
Out of town Undertaker's Charges .....			
Personal Service .....			
..... line Death Notices in ..... Papers (Names of Newspapers)			
Sales Tax <u>no tax</u>			
Total Footing of Bill .....	\$	150	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 ..... (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

67

Total No. 1197 Yearly No. 29 Date of Entry Nov 2 1948

Name of Deceased Ellen Joyce Ashburn

Married  Single  Widowed  Divorced

(What Race)

Residence: Lacombe La

Husband  Wife  Widow }  
or ..... of } Age of Husband or Wife (if living)..... Years

Charge to: Maurice Ashburn

Address: Lacombe La

Order given by: (or informant)

If Veteran, State War

Occupation: (Social Security Number)

Employer and Address

Date of Death Oct 31 1948

Date of Birth July 12 1948

Age 36 (Years) 3 (Months) 19 (Days)

Date of Funeral 11/9/48 Tues 10 A.M.

Services at: Chapel (Day of Week) (Hour)

Clergyman: Rev Winham (Address)

Religion of the Deceased

Birthplace Near La Aspf.

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

Place of Death Lacombe La

Cause of Death

Contributory Causes

Certifying Physician: Dr. E. E. Garnet (or Coroner)

His Address: Lacombe La

Name of Father: Maurice Ashburn

His Birthplace: Decatur Co. La

Maiden Name of Mother: Velia Elston

Her Birthplace: Paris City La

Motor Ship } Remains to

Size of Casket 2 1/6 sizes of Rose

Manufactured by: Heppner (State Color and Number)

Cemetery Crematory } Rose Hill

Lot No. 1383  
Grave No. 4  
Section No.  
Block No.  
Owner

Complete Funeral (except outlays)	\$	
Casket	147	00
Burial Vault or Box	5x unshelved	
Embalming Body		10 00
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	@ \$.	
Extra Limousines	@ \$.	
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 Certificate	No. (State Physician's or Coroner's)	
Pall Bearer Service, \$.	Use of Chapel, \$.	
Gross Total for Sales Tax		52 00
Outlay for Lot. #1383		
Cremation		
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		
Personal Service	7.44 of Chapel,	
line Death Notices in	Papers	20 00
(Names of Newspapers)		
Sales Tax	170	
Total Footing of Bill		76 52
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	76 52
	By Payment	\$.		By Payment	42 00
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.

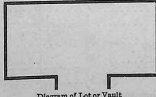
Insurance \$..... Names of Lodges..... Insurance Companies.....  
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to.....  
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from  
maturity at the rate of..... % per annum. Signed..... Address.....  
Witness..... (Print Name of Funeral Director)  
Compiled by F. J. FEINEMAN St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2198 Yearly No. 30 Date of Entry Nov 19 1948  
 Name of Deceased Emery Austin Wilson (What Race)  
 Married  Single  Widowed  Divorced W  
 Residence: Harris City, Ia of Husband Wife Widow or Age of Husband or Wife (if living) Years  
W. A. Wilson

Charge to: Harvey D. Wilson  
 Address: 1511 E. 9th St. Des Moines, Ia  
 Order given by: Harvey D. Wilson (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation: Mechanic 485-05-5327 (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death: Nov 17, 1948 about 11 A.M. (Date) (Hour)  
 Date of Birth: June 12, 1884 (Date) (Year) (Month) (Days)  
 Age: 60 (Years) 5 (Months) 5 (Days)  
 Date of Funeral: 11/17/48 Five 2:30 P.M. (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman: Ray W. C. Donald Des Moines, Ia (Address)  
 Religion of the Deceased: \_\_\_\_\_  
 Birthplace: Harrison County, Mo.  
 Resided in the State: \_\_\_\_\_ (or U.S. or City or County) (Years) (Months)  
 Place of Death: Country road 3 1/2 mi. S. of St. Louis  
 Cause of Death: \_\_\_\_\_  
 Contributory Causes: \_\_\_\_\_

Certifying Physician: Joe W. Keeble Corcoran (or Coroner)  
 His Address: Pathway, Mo.  
 Name of Father: John Wilson  
 His Birthplace: Ohio  
 Maiden Name of Mother: not known  
 Her Birthplace: not known  
 Motor } Remains to \_\_\_\_\_  
 Ship } \_\_\_\_\_  
 Size of Casket: port shrine gray  
 Manufactured by: E. B. Case (State, Year and Number)  
 Cemetery } Rose Hill  
 Crematory } \_\_\_\_\_



Lot No. 398  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner: \_\_\_\_\_

Complete Funeral (except outlays)	\$ 256	06
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Funeral Car, \$		
Limousines to Cemetery	@ \$	
Extra Limousines	@ \$	
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, \$		
Gross Total for Sales Tax	\$ 256	00
Outlay for Lot		
Cremation		
Flowers, \$		
Rental of Tent, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Railroad or Motor } Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in		
Sales Tax		256
Total Footing of Bill	\$ 258	56
Less	\$ 12	93
Balance	\$ 245	63
Entered into Ledger, page		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment Nov 19/48	\$ 100 00	\$
"	\$	\$	" " Nov 25/48	\$ 145 63	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

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 \_\_\_\_\_  
 Prepared by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2199 Yearly No. 31 Date of Entry Nov 23 1948

Name of Deceased Inez Mae Ballantyne (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Lanham, Ia (Name of Embalmer)  
 Charge to: Carl Ballantyne (Age of Husband or Wife (if living)) 6 Years  
 Address: Lanham

Order given by .....  
 How Secured: ..... (or Informant)  
 If Veteran, State War .....  
 Occupation: Housewife None (Social Security Number)  
 Employer and Address .....

Date of Death: Nov 21, 1948 9AM  
 Date of Birth: Oct 4, 1887  
 Age: 61 (Years) 1 (Months) 17 (Days)  
 Date of Funeral: 11/23/48 10:30 P.M.  
 Services at: Cathedral

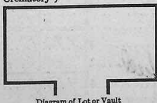
Clergyman: Ray Chevill, Art Lane (Address)  
 Religion of the Deceased: A.D.S.  
 Birthplace: Morehead, Ia  
 Resided in the State: ..... (or U. S. or City or County) (Years) (Months)  
 Place of Death: Lanham, Ia

Cause of Death: Coronary Occlusion  
 Contributory Causes: Coronary Insufficiency, Diabetes Mellitus  
 Certifying Physician: E. E. Lawet (or Coroner)  
 His Address: Lanham

Name of Father: Alpha Adams  
 His Birthplace: Morehead, Ia  
 Maiden Name of Mother: Jane Gilbert  
 Her Birthplace: Iowa  
 Motor Ship } Remains to .....  
 Size of Casket: 4 1/2 Oct Cedar (Style, Color and Number)  
 Manufactured by: E. W. Kane  
 Cemetery Crematory: Rose Hill

Lot No. 1375  
 Grave No. 1  
 Section No. ....  
 Block No. ....  
 Owner .....

Complete Funeral (except outlays).....	\$ <u>327.00</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..... @ \$.....	
Extra Limousines..... @ \$.....	
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, \$.....	
Gross Total for Sales Tax.....	\$ <u>327.00</u>
Outlay for Lot.....	
Cremation.....	
Flowers, \$..... Palms, \$..... Matting, \$.....	
Rental of Tent, \$..... of Temporary Vault, \$.....	
Opening of Grave or Tomb. <u>L.A. Marshall</u> .....	<u>19.00</u>
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.....	
Personal Service.....	
..... line Death Notices in..... Papers..... (Names of Newspapers)	
Sales Tax.....	<u>327</u>
Total Footing of Bill.....	\$ <u>344.27</u>
Less <u>5% on 330.33 by Dec 3/48</u> .....	\$ <u>16.51</u>
<u>PA Balance</u> .....	\$ <u>327.76</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.....	\$.....
	" " " ".....	\$.....		" " " ".....	\$.....
	" " " ".....	\$.....		" " " ".....	\$.....
	" " " ".....	\$.....		" " " ".....	\$.....
	" " " ".....	\$.....		" " " ".....	\$.....
	" " " ".....	\$.....		" " " ".....	\$.....
	" " " ".....	\$.....		" " " ".....	\$.....

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. 220 Yearly No. 37 Date of Entry Nov 27 1948

Name of Deceased James L Black  
 Married  Single  Widowed  Divorced (What Race) \_\_\_\_\_  
Residence west of Lammou  Husband  Wife  Widow  of \_\_\_\_\_ of \_\_\_\_\_ (Name of Husband and Color) \_\_\_\_\_ Years \_\_\_\_\_  
Charge to: Mrs. Alta Hays, daughter  
Address: Lammou

Order given by \_\_\_\_\_ (or informant) \_\_\_\_\_  
How Secured: \_\_\_\_\_  
If Veteran, State War \_\_\_\_\_  
Occupation: farmer (Social Security Number) \_\_\_\_\_  
Employer and Address \_\_\_\_\_

Date of Death: Nov 22, 1948 (Date) Midnight (Hour)  
Date of Birth: March 4, 1862  
Age: 86 (Years) 8 (Months) 19 (Days)  
Date of Funeral: 11-27-48 (Date) Sat (Day of Week) 7:0 P. M. (Hour)

Services at: Chapel  
Clergyman: R. W. Butler (Address) \_\_\_\_\_  
Religion of the Deceased: M. E.  
Birthplace: Illinois  
Resided in the State: 31 yrs (Years) (Months) \_\_\_\_\_

Place of Death: west of Lammou  
Cause of Death: Pneumonia  
Contributory Causes: Hypertension  
Certifying Physician: E. E. Lauret (or Coroner)

His Address: Lammou  
Name of Father: John Black  
His Birthplace: Ireland  
Maiden Name of Mother: Janie Beer  
Her Birthplace: Penn.

Motor Ship } Remains to \_\_\_\_\_  
Size of Casket: Chicago State (State Color and Number) \_\_\_\_\_  
Manufactured by: E. W. Case  
Cemetery } Rose Hill

Lot No. 1326 1326  
Grave No. 4  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner: \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_  
Entered into Ledger, page \_\_\_\_\_ or below.

Complete Funeral (except outlays)		\$ 358 00
Casket	<u>Albia Everett</u>	115 00
Burial Vault or Box	(Name of Embalmer)	
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	@ \$	
Extra Limousines	@ \$	
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, \$	
Gross Total for Sales Tax		\$ 473 00
Outlay for Lot		
Cremation		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb	<u>to R. Marshall</u>	16 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		
Personal Service		
line Death Notices in	Papers	
(Names of Newspapers)		
Sales Tax		4 73
Total Footing of Bill		\$ 473 73
Less <u>5% on 477.73</u>		\$ 23 89
Balance		\$ 449 84

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. 2281 Yearly No. 33 Date of Entry Dec 8 1948

Name of Deceased Infant of Bill Barrett (Cynthiana)  
 Married  Single  Widowed  Divorced (What Race)

Residence:  Husband  Wife  Widow  
of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to .....

Address .....

Order given by ..... (or informant)

How Secured: .....

If Veteran, State War Occupation ..... (Social Security Number)

Employer and Address .....

Date of Death ..... (Date) (Hour)

Date of Birth Dec 7 1948 (Date) (Hour)

Age Full born (Years) (Months) (Days)

Date of Funeral ..... (Date) (Day of Week) (Hour) M.

Services at: Home (Address)

Clergyman: Chas. Hoyle (Address)

Religion of the Deceased .....

Birthplace Lean Hoyle

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

Place of Death Lean Hoyle

Cause of Death Full born

Contributory Causes .....

Certifying Physician E. E. Samet (or Coroner)

His Address .....

Name of Father .....

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

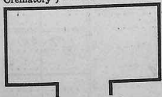
Motor } Remains to .....  
Ship }

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

Manufactured by .....

Cemetery }  
Crematory }

Lot No. 1403  
Grave No. 4  
Section No. ....  
Block No. ....  
Owner .....



Complete Funeral (except outlays).....	\$	
Casket.....	\$	<u>2.00</u>
Burial Vault or Box.....		
Embalming Body.....		
Barber, \$.....		
Dressing Body, \$.....		
Suit or Dress.....		
Slippers, \$.....		
Folding Chairs, \$.....		
Candelabrum, \$.....		
Door Spray, \$.....		
Funeral Car, \$.....		
Limousines to Cemetery.....	@ \$	
Extra Limousines.....	@ \$	
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, \$.....		
Gross Total for Sales Tax.....	\$	
Outlay for Lot: <u>1403</u> P. 1 - <u>2.00</u>		
Cremation.....		
Flowers, \$.....		
Rental of Tent, \$.....		
Opening of Grave or Tomb <u>S. A. Marshall</u>		<u>5.00</u>
Lining Grave, \$.....		
Outlay for Shipping Charges.....		
Clergyman, \$.....		
Railroad } Tickets, \$.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Personal Service, <u>embalming, etc.</u>		<u>10.00</u>
_____ line Death Notices in.....		
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 .....  
 Address .....



# RECORD OF FUNERAL

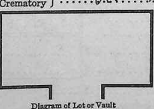
Total No. 2222 Yearly No. 34 Date of Entry Dec. 9 1948  
 Name of Deceased Miss Elizabeth Crivine  
 Married  Single  Widowed  Divorced (What Regs.)  
 Residence: Amal, near Lavoie  Husband  Wife  Widow  of Arthur Crivine (What Regs.)  
 Charge to: P. A. P. Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by P. A. P. (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation Housewife (Social Security Number) \_\_\_\_\_  
 Employer and Address \_\_\_\_\_  
 Date of Death Dec 6, 1948 6:10 P.M.  
 Date of Birth March 17, 1880  
 Age 68 8 19  
 Date of Funeral 17/48 9 hrs 2 P. M.  
 Services at Chapel (Date) (Day of Week) (Hour)  
 Clergyman Wm Shakespeare (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace \_\_\_\_\_  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Parkdale Sanatorium  
 Cause of Death Pulmonary T. B.

Complete Funeral (except outlays)	\$ 150	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, \$	Tarpsaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Extra Limousines @ \$		
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, \$	
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
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		
Personal Service		
_____ line Death Notices in _____ Papers (Names of Newspapers)		

Contributory Causes \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Robert Garland  
 His Birthplace Eng.  
 Maiden Name of Mother Mahala Garland  
 Her Birthplace Ill.  
 Motor } Remains to Lavoie  
 Ship }  
 Size of Casket P. A. P. (State Color and Number)  
 Manufactured by \_\_\_\_\_  
 Cemetery } Rose Hill  
 Crematory }

Lot No. <u>1527</u>	
Grave No. <u>1</u>	
Section No. _____	
Block No. _____	
Owner _____	
Sales Tax <u>No Tax</u>	
Total Footing of Bill	\$ 150 00
Less <u>cash paid Dec 9 48</u>	\$
Balance <u>Dec 14 48</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 \_\_\_\_\_ (Five Name of Funeral Directors.)  
 maturity at the rate of \_\_\_\_\_ % per annum. \_\_\_\_\_ days from date. Interest to accrue from \_\_\_\_\_  
 Witness \_\_\_\_\_ Signed \_\_\_\_\_ Address \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 22,03 Yearly No. 35 Date of Entry Dec 13 1948

Name of Deceased Grace M. Deal  
 Married  Single  Widowed  Divorced  
 Residence Tulsa, Okla. (What Race)  
 or  Husband  Wife  Widow  or  Age of Husband or Wife (if living) 60 1.2 Years

Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation \_\_\_\_\_ (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Dec 10 1948 (Date) (Hour)  
 Date of Birth Aug 4 1875 (Date) (Hour)  
 Age 73 (Years) 4 (Months) 6 (Days)  
 Date of Funeral 12/13/48 Mon 10 A. M. (Date) (Day of Week) (Hour)  
 Services at: Graveside  
 Clergyman: Robt Farham (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace \_\_\_\_\_  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Tulsa, Okla.  
 Cause of Death Lymphosarcoma  
 Contributory Causes \_\_\_\_\_

Certifying Physician Paul Strong (or Coroner)  
 His Address Tulsa, Okla.  
 Name of Father W. M. Albarral  
 His Birthplace Indiana  
 Maiden Name of Mother Loyton  
 Her Birthplace not known  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket \_\_\_\_\_ (State Color and Number)  
 Manufactured by \_\_\_\_\_  
 Cemetery } \_\_\_\_\_  
 Crematory } \_\_\_\_\_  
 Lot No. 797  
 Grave No. 1  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays) <u>1</u>	\$	
Casket <u>Maple</u>		
Burial Vault or Box _____ (State Kind)		
Embalming Body _____		
Barber, \$ _____ Hair Dressing, \$ _____		
Dressing Body, \$ _____ Underwear, \$ _____		
Suit or Dress _____ (State Kind)		
Slippers, \$ _____ Hose, \$ _____		
Folding Chairs, \$ _____ Tarpaulin, \$ _____		
Candelabrum, \$ _____ Candles, \$ _____		
Door Spray, \$ _____ Gloves, \$ _____		
Funeral Car, \$ _____ Ambulance, \$ _____		
Limousines to Cemetery @ \$ _____		
Extra Limousines @ \$ _____		
Autos to R. R. Station _____		
Getting Remains from <u>H. Faith, Okla</u>		22 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. _____ (State Physician and Coroner's)		
Pall Bearer Service, \$ _____ Use of Chapel, \$ _____		
Gross Total for Sales Tax _____	\$	
Outlay for Lot: _____		
Cremation _____		
Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____		
Rental of Tent, \$ _____ of Temporary Vault, \$ _____		
Opening of Grave or Tomb <u>T. A. Marshall</u>		16 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 _____		
Personal Service <u>usr. of house etc.</u>		15 00
_____ line Death Notices in _____ Papers _____ (Names of Newspapers)		
Sales Tax _____		
Total Footing of Bill <u>Del. in full</u>	\$	53 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	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ \_\_\_\_\_ Names of Lodges \_\_\_\_\_ Insurance Companies \_\_\_\_\_  
 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. 2204 Yearly No. 36 Date of Entry Dec. 19 1944

Name of Deceased Poland D Bergman (Name of Embalmers) J. H. S. A. F. W. (What Race)

Residence: was near Andover, Mo.  Husband  Wife  Single  Widowed  Divorced } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War World War I

Occupation Seit # 372 10579 (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death \_\_\_\_\_ (Date) \_\_\_\_\_ (Hour)

Date of Birth \_\_\_\_\_ (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days)

Age \_\_\_\_\_

Date of Funeral 12/19/44 \_\_\_\_\_ (Date) \_\_\_\_\_ (Day of Week) \_\_\_\_\_ (Hour) \_\_\_\_\_ M.

Services at Chapel

Clergyman Ray Church (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace near Andover Mo.

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

Place of Death World War I

Cause of Death Casualty

Contributory Causes \_\_\_\_\_

Certifying Physician \_\_\_\_\_ (or Coroner)

His Address \_\_\_\_\_

Name of Father John Bergman

His Birthplace \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

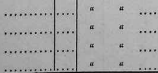
Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket \_\_\_\_\_ (State Color and Number)

Manufactured by: \_\_\_\_\_

Cemetery } \_\_\_\_\_  
Crematory } \_\_\_\_\_



Lot No. 1406

Grave No. 3

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays).....	\$	
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, \$.....		5.00
Limousines to Cemetery..... @ \$.....		
Extra Limousines..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Getting Remains from <u>W. H. S. A. F. W.</u>		5.00
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, \$.....		
Gross Total for Sales Tax.....	\$	
Outlay for Lot.....		
Cremation.....		
Flowers, \$..... Palms, \$..... Matting, \$.....		
Rental of Tent, \$..... of Temporary Vault, \$.....		
Opening of Grave or Tomb <u>4 A Month</u>		16.00
Lining Grave, \$..... Lowering Device, \$.....		10.00
Outlay for Shipping Charges.....		
Clergyman, \$..... Singers, \$..... Organist, \$.....		6.00
Railroad } Tickets, \$..... Aero- or Motor } plane Service, \$.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Personal Service, <u>see of Chapel for</u>		
<u>service, number 1001</u>		75.00
..... line Death Notices in..... Papers..... (Names of Newspapers)		
Sales Tax.....		
Total Footing of Bill <u>Polmer full</u>	\$	72.00
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)..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Signed..... Address.....

# RECORD OF FUNERAL

Total No. 22.05 Yearly No. 1 Date of Entry Feb 5 1949

Name of Deceased Dwight Howard Mc Lain w  
 Married  Single  Widowed  Divorced

Residence: Rural, Near Eagleville (What Race)  
Eva M. Lain  
 Husband  Wife  Widow  Orphan  
 or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to \_\_\_\_\_  
 Address Eagleville, Mo.

Order given by \_\_\_\_\_  
 (or informant)

How Secured \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_

Occupation Farming  
 Employer and Address \_\_\_\_\_  
 (Social Security Number)

Date of Death Feb 2 1949 11:40 PM  
 (Date) (Hour)

Date of Birth Dec 17 1971  
 (Month) (Days)

Age 77  
 (Years) (Months) (Days)

Date of Funeral Feb 7 2 P. M.  
 (Day of Week) (Hour)

Services at: Christian Church, Eagleville  
 Clergyman: Rev. A. Collins  
 (Address)

Religion of the Deceased \_\_\_\_\_  
 Birthplace Harrison County, Mo.

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

Place of Death Rural, near Eagleville  
 Cause of Death Carcinoma of Face

Contributory Causes \_\_\_\_\_

Certifying Physician D. O. Neyer  
 (or Dispenser)

His Address By the Dale, Mo.

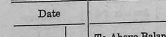
Name of Father Dwight Finley Mc Lain  
 His Birthplace Ohio

Maiden Name of Mother Mamie Sylvester  
 Her Birthplace Ohio

Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 4 1/2 Red End St. Gray & C  
 (State Color and Number)

Manufactured by R. P. C.  
 Cemetery Crematory } Eagleville

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_



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

Insurance \$ \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 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 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.

Complete Funeral (except outlays)	\$ 41.50
Casket	
Burial Vault or Box <u>Alta Vault</u>	11.50
Embalming Body	
Barber, \$ _____	(Name of Embalmer)
Dressing Body, \$ _____	Hair Dressing, \$
Suit or Dress _____	Underwear, \$
Slippers, \$ _____	(State Kind and Color)
Folding Chairs, \$ _____	Hose, \$
Candelabrum, \$ _____	Tarpaulin, \$
Door Spray, \$ _____	Candles, \$
Funeral Car, \$ _____	Gloves, \$
Limousines to Cemetery _____	Ambulance, \$
Extra Limousines _____	@ \$
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 _____	(State Number and District)
_____ (State Physician's or Coroner's)	
Full Bearer Service, \$ _____	Use of Chapel, \$
Gross Total for Sales Tax _____	\$ 5.30
Outlay for Lot _____	
Cremation _____	
Flowers, \$ _____	Palms, \$ _____
Rental of Tent, \$ _____	Matting, \$ _____
Opening of Grave or Tomb _____	
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 _____	
Personal Service _____	
_____ line Death Notices in _____ Papers	
Sales Tax _____	\$ 30
Total Footing of Bill _____	\$ 53.50
Less <u>5% by Feb 15</u> _____	\$ 2.62
<u>Balance Feb 11 49</u> _____	\$ 50.88
Entered into Ledger, page _____ or below.	

Insurance Companies \_\_\_\_\_  
 Signed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Witness \_\_\_\_\_  
 Compiled by F. J. FEINEMAN St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2206 Yearly No. 2 Date of Entry Feb. 22 1949

Name of Deceased Remmie H. Hinderks  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: Lamoni, Ia  Husband  Wife  Widow  of Ellie Hinderks  
 Charge to: Mawm Hinderks Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address: Des Moines  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War 1-0 484-16-4745  
 Occupation Cabinet maker, Nelson Hutchcraft (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Feb. 20 1949 4:30 PM  
 (Date) (Hour)  
 Date of Birth Nov. 16 1877  
 (Date) (Year) (Month) (Days)  
 Age 76 3 14  
 (Years) (Months) (Days)  
 Date of Funeral Feb 22/49 10:00 2 P. M.  
 (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman R. H. Farnham (Address)  
 Religion of the Deceased L. D. S.  
 Birthplace near Burlington, Ia  
 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 E. E. Garnot (or Coroner)  
 His Address Lamoni, Ia  
 Name of Father Henry Hinderks  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Mary Piepgrader  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket 4/3 - 1/2 emb - gray w/ole  
 Manufactured by P. B. Huff (State, County & Number)  
 Cemetery } Rose Hill  
 Crematory }

Complete Funeral (except outlays)		\$	284	00
Casket				
Burial Vault or Box	<u>Pine Box</u> (State Kind)			
Embalming Body				
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	@ \$			
Extra Limousines	@ \$			
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, \$	<u>Use of Chapel, \$</u>			
Gross Total for Sales Tax		\$	284	00
Outlay for Lot				
Cremation				
Flowers, \$	<u>Palms, \$</u>			
Rental of Tent, \$	<u>of Temporary Vault, \$</u>			
Opening of Grave or Tomb	<u>to G. M. Hall</u>			14 00
Lining Grave, \$	<u>Lowering Device, \$</u>			
Outlay for Shipping Charges				
Clergyman, \$	<u>Singers, \$</u>			
Railroad } Tickets, \$	<u>Aero-</u>			
or Motor } plane Service, \$				
Telegr., Phone, Cable or Radio Charges				
Cash Advanced				
Out of town Undertaker's Charges				
Personal Service				
_____ line Death Notices in _____ Papers				
(Names of Newspapers)				
Sales Tax				284
Total Footing of Bill		\$	300	84
Less <u>5/10 on 286.84 - 1/21</u>		\$	14	34
Balance		\$	286	50
Entered into Ledger, page _____ or below.				

Lot No. 1496  
 Grave No. 1  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_ (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

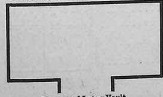
Total No. 2207 Yearly No. 3 Date of Entry Feb. 25 1948  
 Name of Deceased Mrs. Elizabeth Robins  
 Married  Single  Widowed  Divorced (What Race) W  
 Residence: W. Los Angeles Calif.  Husband  Wife  Widow  Years

Charge to: Mrs. Octavia Arnold  
 Address: 1611 Cotner, W. Los Angeles Calif.  
 Order given by: State, Kingsly, State  
 How Secured: Funeral Home  
 If Veteran, State War  
 Occupation: housewife  
 Employer and Address

Date of Death: Feb. 19, 1948 9:30 P.M.  
 Date of Birth: Apr. 25, 1868  
 Age: 79 (Years) 9 (Months) 24 (Days)  
 Date of Funeral: Feb. 25, 1948 Fri. 11:4 A.M.  
 Services at: Grave Side  
 Clergyman: Levin Landbery  
 Religion of the Deceased

Birthplace: Almy, Ia.  
 Resided in the State (or U.S. or City or County) (Years) (Months)  
 Place of Death: W. Los Angeles Calif.  
 Cause of Death: Carcinoma Cervix  
 Contributory Causes

Certifying Physician: E. J. Mortimer (or Coroner)  
 His Address: Santa Monica Calif.  
 Name of Father: W. H. Spurrin  
 His Birthplace  
 Maiden Name of Mother  
 Her Birthplace  
 Motor Ship } Remains to  
 Size of Casket (State Color and Number)  
 Manufactured by  
 Cemetery  
 Crematory



Lot No. 77 D  
 Grave No. 1  
 Section No.  
 Block No.  
 Owner

Complete Funeral (except on lot) \$		
Casket		
Burial Vault or Box <u>2207 Vault</u>	(State Kind and Color)	115.00
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, \$	10.00
Limousines to Cemetery @ \$		
Extra Limousines @ \$		
Autos to R. R. Station @ \$		5.00
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, \$	
Gross Total for Sales Tax		\$
Outlay for Lot:		
Cremation		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb <u>to Marshall</u>		16.00
Lining Grave, \$	Lowering Device, \$	5.00
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor Tickets, \$	Aero-Service, \$	planes
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		5.00
Line Death Notices in	Papers	
(Names of Newspapers)		
Sales Tax <u>on Vault</u>		2.30
Total Footing of Bill		\$ 158.30
Less <u>Less Vault</u>		\$ 157.15
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. 208 Yearly No. 4 Date of Entry March 4 1948  
 Name of Deceased William E. A. Scott (Edd) (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Rural, No. 11 of Lamon  Husband  Wife  Widow } Age of Husband or Wife (if living) \_\_\_\_\_ Years  
 Charge to: Mrs. E. B. Scott

Address \_\_\_\_\_  
 Order given by Rothenum Scott (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War no  
 Occupation farming (Social Security Number) none  
 Employer and Address own farm  
 Date of Death March 2, 1948 4 17 A. M. (Date) (Hour)  
 Date of Birth Nov. 4, 1870  
 Age 78 (Years) (Months) (Days)  
 Date of Funeral 3/4/48 Fri 9 P. M. (Date) (Day of Week) (Hour)  
 Services at Kelberton Christian Ch.  
 Clergyman W. H. Hicken (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Ringgold Co., Ia  
 Resided in the State all life (or U. S. or City or County) (Years) (Months)  
 Place of Death Rural home near Lamon  
 Cause of Death Hypertatic Arteriosclerosis  
 Contributory Causes Paralysis, Asthma (Chronic)  
 Certifying Physician E. E. Garret (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father John Scott  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Russ Jackson  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 4/6 Metal (Orange pin) (State Color) (Number)  
 Manufactured by Abernethy  
 Cemetery Crematory } Kelberton

Complete Funeral (except outlays)	\$	88.50
Casket		
Burial Vault or Box <u>Alpha Concrete</u>		11.50
(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	@ \$	
Extra Limousines	@ \$	
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, \$		
Gross Total for Sales Tax	\$	7.10
Outlay for Lot		
Cremation		
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		
Personal Service		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax		7.10
Total Footing of Bill	\$	71.71
Less <u>5.72.00</u>	\$	25.85
Balance	\$	68.12
Entered into Ledger, page _____ or below		

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_ (Firm Name of Funeral Directors.)  
 maturity at the rate of \_\_\_\_\_ % per annum. \_\_\_\_\_ days from date. Interest to accrue from  
 Signed \_\_\_\_\_ Address \_\_\_\_\_  
 Witness \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2209 Yearly No. 5 Date of Entry March 8 1949  
 Name of Deceased Zella Lydia Butts  
 Married  Single  Widowed  Divorced  
 Residence Lamoni  HUSBAND  WIFE  WIDOW  ORPHAN (What Name?)  
 Charge to J. Orin Butts (Name of Emballer)  
 Address Lamoni Age of Husband or Wife (if living) \_\_\_\_\_ Years

Order given by \_\_\_\_\_  
 How Secured: \_\_\_\_\_ (or informant)  
 If Veteran, State War no  
 Occupation Housewife 479-30-1481 (Social Security Number)  
 Employer and Address Donnelly-Lamoni School  
 Date of Death March 5 1949 5:30 P.M. (Date) (Hour)  
 Date of Birth Jan 20 1901  
 Age 47 (Years) (Months) (Days)  
 Date of Funeral 3/5/49 Tues 2:30 P.M. (Date) (Day of Week) (Hour)  
 Services at: Polissem  
 Clergyman: Rev. F. Vanham (Address)  
 Religion of the Deceased R.O.S.  
 Birthplace Nebraska  
 Resided in the State 13 yrs. (or U. S. or City or Country) (Years) (Months)  
 Place of Death Lamoni  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Sawit (or Coroner)  
 His Address Lamoni  
 Name of Father J. A. Clarence Lewis  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Lydella Russell  
 Her Birthplace \_\_\_\_\_  
 Motor Ship Remains to \_\_\_\_\_  
 Size of Casket 6/6 med med state size (Size Color and Number) P.C.  
 Manufactured by R. Van  
 Cemetery R. Van Hill  
 Crematory \_\_\_\_\_

Complete Funeral (except outlays)	\$ 425.00
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 @ \$	
Extra Limousines @ \$	
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 or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Gross Total for Sales Tax	\$ 425.00
Outlay for Lot:	
Cremation	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb <u>E. 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	
Personal Service	
line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax	4.25
Total Footing of Bill	\$ 429.25
Less <u>5/100 429.25 by Mon. 15th</u>	\$ 21.46
Balance	\$ 407.79
Entered into Ledger, page _____ or below.	

Diagram of Lot or Vault

Lot No. 1385  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment <u>March 15</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. 7219 Yearly No. 6 Date of Entry March 31 1949

Name of Deceased Jessie Leigh White (What Race) W

Residence: Ladson  Married  Single  Widowed  Divorced  
 of Howard White (Husband)  (Wife)  (Widow)  (Divorced) of } Age of Husband or Wife (if living)        Years

Charge to: Ronald White & Brothers  
 Complete Funeral (except outlays) \$ 422.00

Address: above  
 Order given by above (or informant)  
 How Secured: above

If Veteran, State War         
 Occupation Housewife none (Social Security Number)  
 Employer and Address       

Date of Death March 29 1949 5 PM (Date) (Hour)  
 Date of Birth Sept 30 1878 (Date) (Hour)

Age 70 5 29 (Years) (Months) (Days)  
 Date of Funeral 3/31/49 Thurs 2:30 P.M. (Date) (Day of Week) (Hour)

Services at Cathedral  
 Clergyman Robt Farham (Address)  
 Religion of the Deceased R.D.S.

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

Place of Death Ladson Hopfield  
 Cause of Death Pneumonia

Contributory Causes         
 Certifying Physician Dr. Doss (or Coroner)  
 His Address Ladson

Name of Father Alex J. Hunt  
 His Birthplace         
 Maiden Name of Mother Margaret J. Keifer

Her Birthplace         
 Motor } Remains to         
 Ship }       

Size of Casket 6-7 State - No Cedar (State Code and Number)  
 Manufactured by S. B. Case

Cemetery } Rice Hill  
 Crematory }       

Lot No. 1727  
 Grave No. 3  
 Section No.         
 Block No.         
 Owner       

Entered into Ledger, page 41 or below.

Complete Funeral (except outlays)	\$ 422.00
Casket	
Burial Vault or Box <u>Office Vault</u>	118.00
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 @ \$	
Extra Limousines @ \$	
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, \$
Gross Total for Sales Tax	\$ 589.00
Outlay for Lot	\$ 589.00
Cremation	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb <u>Per H. H. H. H.</u>	16.00
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	
Personal Service	
line Death Notices in	Papers
(Names of Newspapers)	
Sales Tax	5.38
Total Footing of Bill	\$ 559.38
Less <u>2 1/2 on 589</u>	\$ 27.12
Balance	\$ 532.26



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. 2211 Yearly No. 7 Date of Entry April 7, 1949

Name of Deceased Minnie Angelina Norman

Residence: Laurion  Husband  Wife  Widow  Divorced Lincoln Norman (Wife's Name)  
or ..... of ..... (Age of Husband or Wife (if living)) ..... Years

Charge to: .....

Address: .....

Order given by: Mrs. Geo. Blake (or informant)

How Secured: .....

If Veteran, State War .....

Occupation: none (Social Security Number)

Employer and Address: .....

Date of Death: Apr 4, 1949 1 AM (Date) (Hour)

Date of Birth: Nov 28, 1867 (Date) (Year) (Month) (Day)

Age: 77 4 4 (Years) (Months) (Days)

Date of Funeral: 4/7/49 Thurs 2:30 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Art Lane (Address)

Religion of the Deceased: M.E.

Birthplace: Cisco, Del.

Resided in the State: .....

Place of Death: near Laurion (or U.S. or City or County) (Year) (Month)

Cause of Death: Hypertension, Carotic

Contributory Causes: Vascular disease

Certifying Physician: E. E. Lamit (or Coroner)

His Address: Laurion

Name of Father: Peter A. Boyer

His Birthplace: .....

Maiden Name of Mother: Mary E. Hartell

Her Birthplace: .....

Motor Ship } Remains to: Perf Shine

Size of Casket: 14 0 0 (Size Color and Number)

Manufactured by: Rose Hill

Cemetery } Rose Hill

Diagram of Lot or Vault

Lot No. 1735  
Grave No. 4  
Section No. ....  
Block No. ....  
Owner .....

Complete Funeral (except outlays)	\$	254	00
Casket			
Burial Vault or Box			
Embalming Body			
Barber, \$			
Dressing Body, \$			
Suit or Dress			12 50
Slippers, \$			
Folding Chairs, \$			
Candelabrum, \$			
Door Spray, \$			
Funeral Car, \$			
Limousines to Cemetery	@ \$		
Extra Limousines	@ \$		
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, \$			
Gross Total for Sales Tax	\$	266	50
Outlay for Lot			
Cremation			
Flowers, \$			
Rental of Tent, \$			
Opening of Grave or Tomb			14 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			
Personal Service			
line Death Notices in			
Sales Tax			25 00
Total Footing of Bill	\$	282	03
Less .. <u>dust</u> .. <u>19:20</u>	\$	13	32
Balance	\$	269	71
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. 1218 Yearly No. 8 Date of Entry April 10 1949

Name of Deceased Sara E. Anderson (What Race)

Residence: Lamoni  Husband  Wife  Widow  Divorced John Anderson (Age of Husband or Wife (if living) Years)

Charge to: Complete Funeral (except outlays) \$ 489 00

Address: Casket, Burial Vault or Box (State Kind)

How Secured: Embalming Body (Name of Embalmer)

If Veteran, State War Barber, \$ Hair Dressing, \$ Dressing Body, \$ Underwear, \$ Suit or Dress (State Kind and Color)

Occupation housewife (Social Security Number) none

Employer and Address Slippers, \$ Hose, \$

Date of Death April 6, 1949 6:30 P.M. (Date) (Hour)

Date of Birth Nov 7, 1870 (Date) (Hour)

Age 78 (Years) (Months) (Days)

Date of Funeral 4/10/49 sun 2:30 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman Robt Faruham (Address)

Religion of the Deceased

Birthplace Ellston, Ia

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

Place of Death Lamoni, Ia (State Number and District)

Cause of Death Coronary Occlusion (State Physician's or Coroner's)

Contributory Causes

Certifying Physician E. E. Hamet (or Coroner)

His Address Lamoni

Name of Father John L. Cooper

His Birthplace

Maiden Name of Mother Cassandra Arnold

Her Birthplace

Motor } Remains to } Size of Casket 4 1/2 Gray Bird's Nest (State Color and Number)

Manufactured by: Port

Cemetery } Rose Hill

Diagram of Lot or Vault

Lot No. 17.11

Grave No. ?

Section No.

Block No.

Owner

Complete Funeral (except outlays)	\$	489	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 @ \$			
Extra Limousines @ \$			
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, \$			
Gross Total for Sales Tax	\$	489	00
Outlay for Lot			
Cremation			
Flowers, \$			
Palms, \$			
Matting, \$			
Rental of Tent, \$			
of Temporary Vault, \$			
Opening of Grave or Tomb to <u>Admission hall</u>			14 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			
Personal Service			
line Death Notices in Papers			
(Names of Newspapers)			
Sales Tax			4 89
Total Footing of Bill	\$	507 89	
Less <u>7.00 by Apr 20</u> <u>2 489</u>	\$	24 89	
<u>Amount by</u>	\$	483 00	
Balance	\$	483 00	
Entered into Ledger, page <u>April 16 1949</u> of below			

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

Insurance \$, Names of Lodges, Insurances 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 \_\_\_\_\_

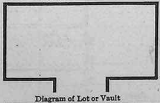
Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 271 Yearly No. 9 Date of Entry April 18 1947  
 Name of Deceased Charles Curtis Crassart  
 Married  Single  Widowed  Divorced (What Race) W  
 Residence: Veteran Body returned from Europe  
 Charge to: Mary Pickett Age of Husband or Wife (if living) \_\_\_\_\_ Years  
 Address: Laurel

Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War World War II  
 Occupation \_\_\_\_\_ (Social Security Number) \_\_\_\_\_  
 Employer and 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 Europe  
 Cause of Death Killed in Battle  
 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 \_\_\_\_\_  
 Cemetery }  
 Crematory }

Complete Funeral (except outlays)	\$	
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, \$	10.00
Limousines to Cemetery	@ \$	5.00
Extra Limousines	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>deposit</u>	5.00
Taking Remains to		
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 Certificate No.	(State Physician's or Coroner's)	
Use of Chapel, \$		
Pall Bearer Service, \$		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$		of Temporary Vault, \$
Opening of Grave or Tomb	<u>to F. Marshall</u>	18.00
Lining Grave, \$	Lowering Device, \$	5.00
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		
Personal Service, <u>use of chapel &amp; equipment</u>		25.00
Line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax	<u>2.00 tax</u>	
Total Footing of Bill		72.00
Less <u>paid 5/24/47</u>		
Balance		
Entered into Ledger, page _____ or below		



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

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

Names of Insurance 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. 2215 Yearly No. 11 Date of Entry May 27 1949  
 Name of Deceased Bernice Dennis  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: Lamoni  Husband  Wife  Widow  of E.A. Dennis  
 Charge to: C.A.O. or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation housewife none (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death May 25 1949 3 A.M. (Date) (Hour)  
 Date of Birth July 1 1876 (Date) (Hour)  
 Age 72 10 14 (Years) (Months) (Days)  
 Date of Funeral 7/2/49 Friday 2 P.M. (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman: Rott (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Michigan  
 Resided in the State Mo. (or U. S. or City or County) (Years) (Months)  
 Place of Death Lamoni  
 Cause of Death Coronary Occlusion  
 Contributory Causes \_\_\_\_\_

Certifying Physician E.E. Samet (or Coroner)  
 His Address Lamoni, Mo.  
 Name of Father Riley B. Sand  
 His Birthplace Francis Parley  
 Maiden Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket C.A.O. (State Color and Number)  
 Manufactured by Rose Hill  
 Cemetery Crematory } Rose Hill

Lot No. 1384  
 Grave No. 1  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_



Complete Funeral (except outlays)	\$ 150.00
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 @ \$	
Extra Limousines @ \$	
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, \$
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
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	
Personal Service	
_____ line Death Notices in _____ Papers (Names of Newspapers)	
Sales Tax <u>no tax</u>	
Total Footing of Bill	\$ 150.00
Less <u>paid July 24/49</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. 2216 Yearly No. 17 Date of Entry May 30 1949

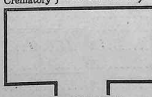
Name of Deceased Frank Watt (What Race)  
 Married  Single  Widowed  Divorced  
 Residence: Killed in Europe  Husband  Wife  Widow  
 or of \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: M. S. Spitt  
 Address \_\_\_\_\_  
 Order given by saw (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War World War II  
 Occupation U. S. Air Force (Social Security Number) \_\_\_\_\_  
 Employer and Address \_\_\_\_\_

Date of Death \_\_\_\_\_ (Date) \_\_\_\_\_ (Hour)  
 Date of Birth \_\_\_\_\_ (Date) \_\_\_\_\_ (Hour)  
 Age \_\_\_\_\_ (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days)  
 Date of Funeral 7/30/49 Mon 2:30 P. M.  
 (Date) (Day of Week) (Hour)  
 Services at Laurel  
 Clergyman U. F. W. - 4 Am. Legion (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace \_\_\_\_\_

Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Europe  
 Cause of Death Shot down during air raid  
 Contributory Causes \_\_\_\_\_

Certifying Physician \_\_\_\_\_ (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Sandy Watt  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Margaret Watt  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket \_\_\_\_\_ (State Color and Number)  
 Manufactured by \_\_\_\_\_  
 Cemetery } Rose Hill  
 Crematory }



Lot No. 1457  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	
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, \$	10.00
Limousines to Cemetery @ \$		
Extra Limousines @ \$		
Autos to R. R. Station @ \$		
Getting Remains from <u>Report</u>		5.00
Taking Remains to _____		
Trip to Coroner's Inquest		
Delivering Box to <u>Rose Hill</u>		2.00
Deliver Flowers to _____		
Removal Charges _____		
Procurring Burial Permit _____		
_____ Cert. Copies of Death Certificates No. _____ (State Physician's or Coroner's)		
Pall Bearer Service, \$	Use of Chapel, \$	
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	5.00
Opening of Grave or Tomb <u>St. Marshall</u>		14.00
Lining Grave, \$	Lowering Device, \$	5.00
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		
Personal Service, <u>use of Chapel</u>		
<u>equipment</u>		25.00
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	\$	68.00
Less <u>Police fee</u> <u>June 29/49</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 \_\_\_\_\_ (First Name of Funeral Director.)  
 maturity at the rate of \_\_\_\_\_ % per annum. \_\_\_\_\_ days from date. Interest to accrue from \_\_\_\_\_  
 Witness \_\_\_\_\_ Signed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 2217 Yearly No. 13 Date of Entry June 3 1949  
 Name of Deceased Sarah Elizabeth Brooks  
 Married  Single  Widowed  Divorced  
 Residence 1321 N. Laramie (What Race)  
 Charge to: Isaac Blanton (Husband)  (Wife)  (Widow)  (Age of Husband or Wife if living) Levi Brooks Deceased Years

Address .....  
 Order given by ..... (or informant)  
 How Secured .....  
 If Veteran, State War no  
 Occupation housewife none (Social Security Number)  
 Employer and Address .....  
 Date of Death June 1 1949 7:30 PM (Date) (Hour)  
 Date of Birth .....  
 Age 83 (Years) (Months) (Days)  
 Date of Funeral 6/3/49 Fri 3 P.M. (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman: Dave Blanton, J. Barr (Address)  
 Religion of the Deceased .....  
 Birthplace Iowa  
 Resided in the State ..... (Years) (Months)  
 Place of Death 1321 N. Laramie  
 Cause of Death .....  
 Contributory Causes .....  
 Certifying Physician E. E. Blunt (or Coroner)  
 His Address Laramie  
 Name of Father John Jones  
 His Birthplace .....  
 Maiden Name of Mother Smith  
 Her Birthplace .....  
 Motor Ship } Remains to  
 Size of Casket State French Rose Maplewood (State Color and Number)  
 Manufactured by Gumpson  
 Cemetery Crematory } R. vs. Hill

Complete Funeral (except outlays)	\$ 495 00
Casket	
Burial Vault or Box <u>not included</u>	
Embalming Body (Name of Embalmer)	
Barber, \$ Hair Dressing, \$	
Dressing Body, \$ Underwear, \$	
Suit or Dress <u>gray suit dress</u>	16 00
Slippers, \$ Hose, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Spray, \$ Gloves, \$	
Funeral Car, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
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. (State Physician's or Coroner's)	
Pall Bearer Service, \$ Use of Chapel, \$	
Gross Total for Sales Tax	\$ 511 00
Outlay for Lot	
Cremation	
Flowers, \$ Palms, \$ Matting, \$	
Rental of Tent, \$ of Temporary Vault, \$	
Opening of Grave or Tomb <u>F. A. Marshall</u>	15 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	
Personal Service	
_____ line Death Notices in _____ Papers	
Sales Tax	511
Total Footing of Bill	\$ 526 00
Less <u>5% of June 13</u>	\$ 26 30
Balance <u>by 13</u>	\$ 500 70
Entered into Ledger, page _____ or below.	

Lot No. 1473  
 Grave No. 3  
 Section No. ....  
 Block 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	\$ .
	" "	\$ .		" "	\$ .
	" "	\$ .		" "	\$ .
	" "	\$ .		" "	\$ .
	" "	\$ .		" "	\$ .
	" "	\$ .		" "	\$ .
	" "	\$ .		" "	\$ .

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 \_\_\_\_\_ Address \_\_\_\_\_  
 Witness \_\_\_\_\_  
 Compiled by F. J. FEINEMAN St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2218 Yearly No. 14 Date of Entry June 11 1949

Name of Deceased Sarah Lasley  
 Married  Single  Widowed  Divorced

Residence: Lamoni  
 Charge to: Andrew Lasley (What Name of Husband or Wife if (State) Years

Address: St Joseph Mo

Order given by: Al Lasley (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War no

Occupation housewife None (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death June 8 1949 9 A.M.

Date of Birth July 6 1865

Age 83

Date of Funeral July 11 1949 2 P.M.

Services at: Chapel

Clergyman Charles Harpe (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace DeCATUR County, Ga

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

Place of Death Lea Hospital

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Garnet (or Coroner)

His Address Lamoni

Name of Father Alvin Mc Neil

His Birthplace \_\_\_\_\_

Maiden Name of Mother (Vivian) Waldo

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket 4/3 half crown no pink (State Code and Number)

Manufactured by Shump

Cemetery Crematory \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Lot No. 349

Grave No. 7

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays).....	\$ 307 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, \$..... Taraulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Spray, \$..... Gloves, \$.....	
Funeral Car, \$..... Ambulance, \$.....	
Limousines to Cemetery..... @ \$.....	
Extra Limousines..... @ \$.....	
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, \$.....	
Gross Total for Sales Tax.....	\$ 307 00
Outlay for Lot.....	
Cremation.....	
Flowers, \$..... Palms, \$..... Matting, \$.....	
Rental of Tent, \$..... of Temporary Vault, \$.....	
Opening of Grave or Tomb..... P.O.	
Lining Grave, \$..... Lowering Device, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad } Tickets, \$..... Aero } Service, \$..... (or Motor) } plane }	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Personal Service.....	
..... line Death Notices in..... Papers (Names of Newspapers)	
Sales Tax.....	3 07
Total Footing of Bill.....	310 07
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..... (From 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. 2218 Yearly No. 15 Date of Entry June 18 1949  
 Name of Deceased Ellie James Watt  
 Married  Single  Widowed  Divorced  
 Residence: W. of Sandy Watt (What Part of \_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_)  
 Charge to: \_\_\_\_\_ (Age of Husband or Wife (if living) \_\_\_\_\_ Years)

Address: \_\_\_\_\_  
 Order given by: Mrs. Watt (mother) (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War No  
 Occupation none (Social Security Number \_\_\_\_\_)  
 Employer and Address \_\_\_\_\_  
 Date of Death June 17 1949 (Date) (Hour)  
 Date of Birth March 23 1909 (Date) (Hour)  
 Age 40 (Years) 25 (Months) (Days)  
 Date of Funeral June 19 1949 (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman: Chas. Hays (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Silver Creek, Neb.  
 Resided in the State 36 yrs (or U. S. or City or County) (Years) (Months)  
 Place of Death Woodward State Hosp.  
 Cause of Death \_\_\_\_\_

Complete Funeral (except outlays)	\$ <u>317.00</u>
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	<u>Suit (brown)</u> <u>16.50</u>
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from <u>Woodward</u>	<u>12.50</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)
Full Bearer Service, \$	Use of Chapel, \$
Gross Total for Sales Tax	\$ <u>356.00</u>
Outlay for Lot:	
Cremation	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb <u>at Marshall</u>	<u>14.00</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	
Personal Service	
line Death Notices in _____ Papers	
	(Names of Newspapers)
Sales Tax	<u>356</u>
Total Footing of Bill	<u>373.56</u>
Less <u>5.00</u> <u>358.56</u> <u>by Marshall</u>	<u>17.97</u>
Balance	<u>355.59</u>
Entered into Ledger, page _____ or below.	

Contributory Causes \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Alexander Watt  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Margaret Watt  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to  
 Size of Casket 4/3 11-couch grapholux (State Color and Number)  
 Manufactured by Simpson  
 Cemetery }  
 Crematory }

Diagram of Lot or Vault

Lot No. 1454  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block 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. FEINEMAN St. Louis, Mo.

# RECORD OF FUNERAL

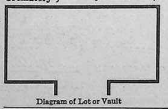
Total No. 2220 Yearly No. 16 Date of Entry July 13 1948  
 Name of Deceased Ida May Tapscott W  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: Lamoni Ia Alba Tapscott  
 or..... of Alba Tapscott Age of Husband or Wife (if living)..... Years

Charge to.....  
 Address.....  
 Order given by.....  
 How Secured..... (or informant)  
 If Veteran, State War NO  
 Occupation Housewife None (Social Security Number)  
 Employer and Address.....  
 Date of Death July 10 1948 10 P.M.  
 Date of Birth Oct 8 1873 (Hour)  
 Age 75 9 1  
 (Years) (Months) (Days)  
 Date of Funeral 7/13/48 Wed 2 P.M.  
 (Day) (Day of Week) (Hour)  
 Services at M.E. Church  
 Clergyman..... (Address)  
 Religion of the Deceased.....  
 Birthplace Decatur County, Ia  
 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.....

Complete Funeral (except outlays).....	\$ 398.00
Casket.....	
Burial Vault or Box.....	395.00
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.....	@ \$
Extra Limousines.....	@ \$
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, \$.....	
Gross Total for Sales Tax.....	\$ 79.30
Outlay for Lot.....	
Cremation.....	
Flowers, \$.....	
Palms, \$.....	
Matting, \$.....	
Rental of Tent, \$.....	
of Temporary Vault, \$.....	
Opening of Grave or Tomb.....	16.00
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.....	
Personal Service.....	
..... line Death Notices in..... Papers	
(Names of Newspapers)	
Sales Tax.....	79.30
Total Footing of Bill.....	516.93
Less.....	42.05
Balance.....	776.88
Entered into Ledger, page..... or below.	

Certifying Physician E. E. Samet  
 (or Coroner)  
 His Address Lamoni Ia  
 Name of Father Tom Charley  
 His Birthplace.....  
 Maiden Name of Mother Minnie Thorkmork  
 Her Birthplace.....  
 Motor Ship } Remains to 6 1/2 Stat - Gray  
 Size of Casket.....  
 Manufactured by Emb. Mfg. Co.  
 (State Color and Number)  
 Cemetery } Rose Hill  
 Crematory }

Lot No. 1573  
 Grave No. 1  
 Section No.....  
 Block 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.....  
 Address.....  
 Witness.....  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 1221 Yearly No. 17 Date of Entry July 22 1949

Name of Deceased Emma Alice Mc Cullough  
 Married  Single  Widowed  Divorced

Residence: Lamar  Husband  With  Without  of Chas. M. Cullough (What Days) Years

Charge to: Howard M. Cullough

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War no

Occupation Housewife none (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death July 20 1949 2 A.M. (Date) (Hour)

Date of Birth March 32 1865 (Date) (Hour)

Age 84 (Years) (Months) (Days)

Date of Funeral 7/22/49 Friday 2 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Carl Ballantyne - Rutledge (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Indiana (or U. S. or City or County) (Year) (Month)

Resided in the State \_\_\_\_\_

Place of Death Alvord County (State Number and District)

Cause of Death Myocardial Insufficiency (State Physician's or Coroner's)

Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Lawet (or Coroner)

His Address \_\_\_\_\_

Name of Father Nathaniel Peary

His Birthplace \_\_\_\_\_

Maiden Name of Mother Catherine Stawood

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket 45-1/2 Cruch gray plush (State Color and Number)

Manufactured by Sumner

Cemetery Crematory } Rose Hill

Lot No. 1421

Grave No. 3

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	327	00
Casket			
Burial Vault or Box <u>Alta Concrete</u>		115	00
Embalming Body (Name of Embalmer)			
Barber, \$			
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 @ \$			
Extra Limousines @ \$			
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, \$			
Gross Total for Sales Tax	\$	442	00
Outlay for Lot			
Cremation			
Flowers, \$			
Palms, \$			
Matting, \$			
Rental of Tent, \$			
of Temporary Vault, \$			
Opening of Grave or Tomb <u>Ed. Marshall</u>		16	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			
Personal Service			
line Death Notices in _____ Papers (Names of Newspapers)			
Sales Tax <u>Pat. 1/2%</u>		442	00
Total Footing of Bill	\$	462	42
Less <u>5% by legs - 225</u>	\$	225	00
Balance <u>paid</u>	\$	440	10
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 Insurance Companies \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Lodges \_\_\_\_\_

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. 2222 Yearly No. 18 Date of Entry July 24 1949  
 Name of Deceased Nathan Lorenzo Mortimore (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Lamoni  Husband  Wife  Widow  Divorced  
 Charge to Ray, Floyd & Maurice Mortimore Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by Floyd & Maurice (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War W  
 Occupation farming none (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death July 21 1949 8 A.M. (Date) (Hour)  
 Date of Birth Jan 18 1859  
 Age 90 (Years) (Months) (Days)  
 Date of Funeral 7/24/49 Sun 2 P M. (Day of Week) (Hour)  
 Services at Methodist Church, near Tabor  
 Clergyman \_\_\_\_\_ (Address)  
 Religion of the Deceased L.S.S.  
 Birthplace Howard County, Ia  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Year) (Month)  
 Place of Death Lamoni  
 Cause of Death Myocardial Failure  
 Contributory Causes Acute Cholecystitis  
 Certifying Physician E. E. Ganet (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Adam T. Mortimore  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Sarah Gardner  
 Her Birthplace \_\_\_\_\_  
 Motor Remains to Tabor Ia  
 Size of Casket 6/5 1/2 each gray wood (State Color and Number)  
 Manufactured by P. C. Craft  
 Cemetery \_\_\_\_\_  
 Crematory \_\_\_\_\_

Complete Funeral (except outlays)	\$ 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 @ \$	
Extra Limousines @ \$	
Autos to R. R. Station @ \$	
Getting Remains from _____	
Talking Remains to <u>M. J. _____</u>	22.00
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, \$	
Gross Total for Sales Tax	\$ 391.00
Outlay for Lot	
Cremation	
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	
Personal Service	
_____ line Death Notices in _____ Papers (Names of Newspapers)	
Sales Tax	291
Total Footing of Bill	293 91
Less <u>5/10 by 1004-1470</u>	14 73
Balance	279 21
Entered into Ledger, page _____ or below.	

Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2223 Yearly No. 19 Date of Entry August 7, 1949

Name of Deceased Sarah Diana Pitkin  
 Married  Single  Widowed  Divorced (What Place)

Residence: children  
 Charge to: children of husband  Widow  W. Pitkin (What Place)  
 Age of Husband or Wife (if living) W Years

Address: \_\_\_\_\_  
 Order given by Ms. Clara Watts (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation housewife None (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Aug 5 1949 11:45 AM  
 Date of Birth Sept 6 1859 (Hour)  
 Age 89 (Years) (Month) (Days)  
 Date of Funeral Aug 7, 1949 2:30 P.M. (Day of Week) (Hour)  
 Services at: Chapel

Complete Funeral (except outlays) .....	\$	327 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 .....		
Extra Limousines .....		
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 (State Number and District)		
_____ (State Physician's or Coroner's)		
Full Bearer Service, \$ .....		
Use of Chapel, \$ .....		

Clergyman: \_\_\_\_\_ (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace West Virginia  
 Resided in the State W. Va. (or U. S. or City or County) (Years) (Months)  
 Place of Death Lamona  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_  
 Certifying Physician E. E. Jamet (or Coroner)  
 His Address Lamona  
 Name of Father Isaac Crew  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Elizabeth Sibbons  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to 1/2 each Oct gray plush  
 Size of Casket Simpson (State Color and Number)  
 Manufactured by Rose Hill

Gross Total for Sales Tax .....	\$	327 00
Outlay for Lot: .....		
Cremation .....		
Flowers, \$ .....		
Palms, \$ .....		
Matting, \$ .....		
Rental of Tent, \$ .....		
of Temporary Vault, \$ .....		
Opening of Grave or Tomb <u>F. 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 .....		
Personal Service .....		
_____ line Death Notices in _____ Papers .....		
_____ (Names of Newspapers)		

Diagram of Lot or Vault

--	--

Lot No. 1419  
 Grave No. 2  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Sales Tax .....	\$	327
Total Footing of Bill .....		344 27
Less <u>5.92 by Am. R.</u>		16 57
Balance <u>327 70</u>		327 70

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 Companies \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 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 \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2224 Yearly No. 20 Date of Entry Aug 15 1949

Name of Deceased Silva H. Madgarden  
 Married  Single  Widowed  Divorced (What Race)

Residence: Lamoni  Husband  Wife  Widow  
or..... of } Age of Husband or Wife (if living)..... Years

Charge to: Family

Address: .....

Order given by Mr. Silva Madgarden (or informant)

How Secured: .....

If Veteran, State War .....

Occupation Retail Laborer 82-07-0272 (Social Security Number)

Employer and Address .....

Date of Death Aug 11 - 1949 4 am (Date) (Hour)

Date of Birth June 17 - 1881 (Date) (Year) (Months) (Days)

Age: .....

Date of Funeral Aug 13 2:30 M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman Chas. Ballantyne C. Huse (Address)

Religion of the Deceased .....

Birthplace Marshall, Ill

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 coronary sclerosis

Certifying Physician E. C. Samet (or Coroner)

His Address City

Name of Father Chas. H. Madgarden

His Birthplace I. A. I.

Maiden Name of Mother Mary Nelson

Her Birthplace .....

Motor } Remains to Rose Hill  
Ship }

Size of Casket Reg. State (State Color and Number)

Manufactured by: .....

Cemetery }  
Crematory }

Lot No. 1710

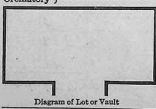
Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	\$	415.00
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, \$	
Limousine to Cemetery @ \$		
Extra Limousines @ \$		
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, \$	
Gross Total for Sales Tax	\$	415.00
Outlay for Lot		
Cremation		
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-Service, \$	
or Motor }	plane	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in (Names of Newspapers)		
Sales Tax		415
Total Footing of Bill	\$	423.15
Less	\$	419.15
Balance	\$	4.00
Entered into Ledger, page or below		398-20



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.....

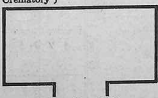
# RECORD OF FUNERAL

Total No. 2225 Yearly No. 21 Date of Entry Aug 15 1949  
 Name of Deceased Emma B. Barber  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: Tasmani  Husband  Wife  Widow or  of  Age of Husband or Wife (if living) \_\_\_\_\_ Years  
 Charge to: Children  
 Address: Tasmani

Order given by: Clarence & George (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation: housewife at home (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death: Aug 11 - 49 (Date)  
 Date of Birth: Jan 26 - 1868 (Year)  
 Age: \_\_\_\_\_ (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days)  
 Date of Funeral: Aug 14 (Date) 2:20 M. (Hour)  
 Services at: W. C. Church (Address)  
 Clergyman: R. W. Butler  
 Religion of the Deceased: Methodist  
 Birthplace: Pa. Va.  
 Resided in the State: \_\_\_\_\_ (or U. S. or City or County) (Years) \_\_\_\_\_ (Months)

Complete Funeral (except outlays) .....	\$ 3.98 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, \$ <u>4.00</u>
Limousines to Cemetery .....	@ \$ .....
Extra Limousines .....	@ \$ .....
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, \$ .....	
Gross Total for Sales Tax .....	\$ 3.98 00
Outlay for Lot: .....	
Cremation .....	
Flowers, \$ .....	Palms, \$ .....
Matting, \$ .....	
Rental of Tent, \$ .....	of Temporary Vault, \$ .....
Opening of Grave or Tomb <u>D. Marshall</u> .....	15.00
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 .....	
Personal Service .....	
<u>trip to Mt. Zion Ch. (Misses)</u>	
line Death Notices in .....	4.00
Papers .....	
(Name of Newspapers)	

Cause of Death: Coronary thrombosis  
 Contributory Causes: Hypertension  
 Certifying Physician: R. E. Barrett (or Coroner)  
 His Address: City  
 Name of Father: David Hunter  
 His Birthplace: \_\_\_\_\_  
 Maiden Name of Mother: Larson Nesman  
 Her Birthplace: U.S.A.  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket: Reg. State (State Color and Number)  
 Manufactured by: \_\_\_\_\_

Cemetery } \_\_\_\_\_  
 Crematory } \_\_\_\_\_  
 Diagram of Lot or Vault   
 Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Sales Tax .....	3.98
Total Footing of Bill <u>paid in full 5/16-49</u> .....	\$ 41.7 98
Less <u>ambulance service</u> .....	\$ 42.7 95
<u>576 Minic</u> .....	\$ 14.75
Balance .....	\$ 402.20
Entered into Ledger, page _____ or below.	

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

Names of Insurance Lodges \_\_\_\_\_ Insurance Companies \_\_\_\_\_  
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to \_\_\_\_\_ (Print 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 \_\_\_\_\_  
 Compiled by F. J. FEINEMAN St. Louis, Mo.

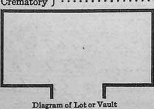
# RECORD OF FUNERAL

Total No. 2222 Yearly No. 22 Date of Entry Aug 17 1947  
 Name of Deceased Konofasch baby still born undelivered (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Ladson  Husband  Wife  Widow of ..... of ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Ray Konofasch  
 Address: Ladson  
 Order given by Ray (or informant)  
 How Secured: .....  
 If Veteran, State War .....  
 Occupation ..... (Social Security Number) .....  
 Employer and Address .....  
 Date of Death Aug 15-47 6 PM  
 (Date) (Hour)  
 Date of Birth Aug 15-47  
 Age 2 months  
 (Years) (Months) (Days)  
 Date of Funeral Aug 16-47 11 AM  
 (Date) (Day of Week) (Hour)  
 Services at Walter Allen home  
 Clergyman Parham & Shipley  
 (Address)  
 Religion of the Deceased .....  
 Birthplace Leon  
 Resided in the State ..... (or U. S. or City or County) (Years) (Months)  
 Place of Death Leon

Complete Funeral (except outlays) .....	\$ 25.00
Casket .....	00
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, \$ <u>4.00</u>
Limousines to Cemetery .....	@ \$ .....
Extra Limousines .....	@ \$ .....
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, \$ .....
Gross Total for Sales Tax .....	\$ .....
Outlay for Lot .....	
Cremation .....	
Flowers, \$ .....	Palms, \$ .....
Rental of Tent, \$ .....	of Temporary Vault, \$ .....
Opening of Grave or Tomb .....	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 .....	
Personal Service .....	
..... line Death Notices in .....	Papers .....
(Names of Newspapers)	
Sales Tax .....	25
Total Footing of Bill .....	\$ 34.25
Less <u>PA Aug 24 47</u> .....	\$ 30.00
Balance .....	\$ 4.25
Entered into Ledger, page ..... or below.	

Contributory Causes .....  
 Certifying Physician Brown  
 (or Coroner)  
 His Address Leon  
 Name of Father P. Ray Konofasch  
 His Birthplace .....  
 Maiden Name of Mother Mrs. Allen  
 Her Birthplace .....  
 Motor } Remains to .....  
 Ship }  
 Size of Casket ..... (State Color and Number)  
 Manufactured by .....  
 Cemetery }  
 Crematory }



Lot No. ....  
 Grave No. ....  
 Section No. ....  
 Block 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 .....



# RECORD OF FUNERAL

Total No. 2227 Yearly No. 22 Date of Entry September 13, 1949

Name of Deceased Emma Nicholls

Married  Single  Widowed  Divorced

Residence: Clara Nicholls (Name of Embalmers) John Nicholls, deceased (What Race) White  
 Charge to: Clara Nicholls (Name of Husband or Wife (if living)) \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_  
 (or informant)

How Secured: \_\_\_\_\_  
 If Veteran, State War NO

Occupation Housewife none (Social Security Number)

Employer and Address \_\_\_\_\_  
 Date of Death Sept. 11, 1949 5 P.M. (Date) (Hour)

Date of Birth Feb. 11, 1864 (Date) (Hour)

Age 85 (Year) (Month) (Days)

Date of Funeral 9/13/49 Tues 2:30 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Lucas Lundberg, Art Lane (Address)

Religion of the Deceased L.D.S.

Birthplace Coldville, Ia

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

Place of Death L. O. Saint Home

Cause of Death Bronchial pneumonia

Contributory Causes Rheumatoid arthritis

Certifying Physician E. C. Gault (or Coroner)

His Address Lamar

Name of Father Carl Wilhelm Kohman

His Birthplace Germany

Maiden Name of Mother Dorothea Hertzog

Her Birthplace Germany

Motor } Remains to  
 Ship } \_\_\_\_\_

Size of Casket 4 1/2 front gray plush (State Color and Number)

Manufactured by Simpson

Cemetery } Rose Hill  
 Crematory }

Lot No. 389

Grave No. 7

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 327.00
Casket	
Burial Vault or Box (State Kind)	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress <u>Wool</u>	11.00
Slippers, \$	Hose, \$ <u>slip</u> , etc.
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
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)	
Use of Chapel, \$	
Pall Bearer Service, \$	
Gross Total for Sales Tax	\$ 340.85
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb <u>to B. 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	
Personal Service	
_____ Line Death Notices in _____ Papers (Names of Newspapers)	
Sales Tax	340
Total Footing of Bill	358.85
Less <u>5/200 344.75</u>	17.35
Balance	\$ 341.00
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 \_\_\_\_\_ (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 \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2228 Yearly No. 24 Date of Entry Sept 21 1948

Name of Deceased Roy Clifford Leonard (What Race) W

Married  Single  Widowed  Divorced

Residence: several north of Lammie  Husband  Wife  Widow  or ..... of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: .....

Address: .....

Order given by: .....

How Secured: .....

If Veteran, State War no

Occupation farmer none (Social Security Number)

Employer and Address: .....

Date of Death Sept 18 1948 3 P.M. (Date) (Hour)

Date of Birth Jan 1 1888 (Date) (Year) (Month) (Day)

Age 61 (Years) (Month) (Day)

Date of Funeral Sept 19 1948 Wed 2 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman Art Law (Address)

Religion of the Deceased: .....

Birthplace Decatur County, Ga

Resided in the State Ga (or U.S. or City or County) (Year) (Month)

Place of Death Decatur Co, Ga

Cause of Death acute hemorrhagic pancreatitis

Contributory Causes: .....

Certifying Physician E. E. Hamt (or Coroner)

His Address: Lammie

Name of Father: Armed Leonard

His Birthplace: .....

Maiden Name of Mother: Lillian E. Weath

Her Birthplace: .....

Motor Ship } Remains to .....

Size of Casket 45 Stat Rose Tau (State, Color and Number)

Manufactured by: F. List

Cemetery } Lammie City

Crematory } .....

Lot No. ....

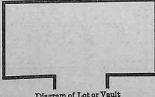
Grave No. ....

Section No. ....

Block No. ....

Owner: .....

Complete Funeral (except outlays) .....	\$ 395. <sup>00</sup>
Casket .....	
Burial Vault or Box .....	115. <sup>00</sup>
Embalming Body .....	
Barber, \$ .....	
Dressing Body, \$ .....	
Suit or Dress .....	
Slippers, \$ .....	
Folding Chairs, \$ .....	
Candelabrum, \$ .....	
Door Spray, \$ .....	
Funeral Car, \$ .....	
Limousines to Cemetery .....	
Extra Limousines .....	
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, \$ .....	
Gross Total for Sales Tax .....	570. <sup>10</sup>
Outlay for Lot .....	
Cremation .....	
Flowers, \$ .....	
Rental of Tent, \$ .....	
Opening of Grave or Tomb .....	
Lining Grave, \$ .....	
Outlay for Shipping Charges .....	
Clergyman, \$ .....	
Railroad } Tickets, \$ .....	
or Motor } .....	
Telegr., Phone, Cable or Radio Charges .....	
Cash Advanced .....	
Out of town Undertaker's Charges .....	
Personal Service .....	
..... line Death Notices in .....	
..... (Names of Newspapers) .....	
Sales Tax .....	570. <sup>10</sup>
Total Footing of Bill .....	575. <sup>10</sup>
Less .....	25
Balance <u>Sept 24 1948</u> .....	489. <sup>85</sup>
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 .....

maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

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

# RECORD OF FUNERAL

Total No. 2229 Yearly No. 25 Date of Entry Oct 20 1949

Name of Deceased Julia Ann Armstrong w  
 Married  Single  Widowed  Divorced

Residence: Coanda Chamberlain (What Race)  
 Husband  Wife  Widow  Orphan R. W. Armstrong, deceased  
or \_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_ (Age of Husband or Wife (if living)) \_\_\_\_\_ Years

Charge to: Coanda Chamberlain  
 Address: Blythedale, Mo.

Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation housewife none (Social Security Number)  
 Employer and Address \_\_\_\_\_

Date of Death Oct 17 1949  
 Date of Birth Feb 12 1857

Age 92 (Years) 8 (Months) 5 (Days)  
 Date of Funeral 10/20/49 Wed 7 P. M.  
(Date) (Day of Week) (Hour)

Services at: Blythedale  
 Clergyman: Clarence Herde (Address)

Religion of the Deceased \_\_\_\_\_  
 Birthplace Indiana  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)

Place of Death near Blythedale  
 Cause of Death Cerebral Hemorrhage  
 Contributory Causes \_\_\_\_\_

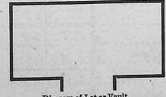
Certifying Physician D. S. Hyer (or Coroner)  
 His Address Blythedale

Name of Father John Montgomery  
 His Birthplace not known

Maiden Name of Mother Rebecca Meade  
 Her Birthplace not known

Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket 45-1/2 each gray tarito  
(State Coloring Number)  
 Manufactured by Simpson

Cemetery } Slaverport Iowa  
 Crematory }  
 Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_



Complete Funeral (except outlays).....	\$ 360 00
Casket.....	
Burial Vault or Box.....	
Embalming Body.....	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body, \$..... Underwear, \$.....	
Suit or Dress.....	17 50
Slippers, \$..... Hose, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Spray, \$..... Gloves, \$.....	
Funeral Car, \$..... Ambulance, \$.....	
Limousines to Cemetery..... @ \$.....	
Extra Limousines..... @ \$.....	
Autos to R. R. Station..... @ \$.....	
Getting Remains from.....	
Taking Remains to.....	50 00
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, \$.....	
Pall Bearer Service, \$.....	
Gross Total for Sales Tax.....	\$ 427 50
Outlay for Lot.....	
Cremation.....	
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 } Service, \$..... or Motor } planes	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Personal Service.....	
_____ line Death Notices in _____ Papers.....	
Sales Tax.....	427
Total Footing of Bill.....	431 77
Less <u>5% discount</u> .....	21 58
<u>82 Oct 21 1949</u> .....	410 18
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. 2229 Yearly No. 26 Date of Entry Oct 22 1949  
 Name of Deceased David Perry (What Race) \_\_\_\_\_  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Residence: Lamoni Ia  
 Charge to: My David Perry  
 Address: Lamoni Ia  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War 40  
 Occupation: Farm Retired 478-26-5145 (Social Security Number)

Employer and Address \_\_\_\_\_  
 Date of Death: Oct 21 1949 1:30 A.M. (Date) (Hour)  
 Date of Birth: Nov 29 1878 (Date) (Hour)  
 Age: 70 8 22 (Years) (Months) (Days)  
 Date of Funeral: 10/30/49 Sun 2:30 P.M. (Date) (Day of Week) (Hour)

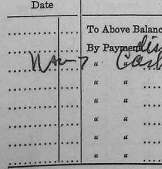
Services at: Chapel  
 Clergyman: Paul Ballantyne (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace: Kewanee, Ill  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death: Lamoni Hospital

Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_  
 Certifying Physician: Dr. Reed (or Coroner)  
 His Address: Lamoni City  
 Name of Father: Wm Perry  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother: Sarah Howell

Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to Funeral  
 Size of Casket: 6/5 1/2 cover Oct. Cedar (State Code and Number)  
 Manufactured by: Everett (State Code and Number)  
 Cemetery }  
 Crematory }

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Diagram of Lot or Vault



Complete Funeral (except outlays)	\$	347.00
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	@ \$	
Extra Limousines	@ \$	
Autos to 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 Certificate No.	(State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$	
Gross Total for Sales Tax	\$	347.00
Outlay for Lot		
Cremation		
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		
Personal Service		
line Death Notices in	Papers	
(Names of Newspapers)		
Sales Tax		3.27
Total Footing of Bill		330.27
Less	<u>7.00 paid Oct 21/49</u>	50.00
Balance		280.27
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 \_\_\_\_\_  
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within \_\_\_\_\_ (Firm Name of Funeral Director.)  
 maturity at the rate of \_\_\_\_\_ % per annum. \_\_\_\_\_ days from date. Interest to accrue from \_\_\_\_\_  
 Signed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Witness \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2230 Yearly No. 27 Date of Entry Oct 24 1949

Name of Deceased Alice L. Mickelson (What Race?) W

Married  Single  Widowed  Divorced

Husband  Wife  Widow  Orphan (What Race?) Raymond Mickelson

Residence: Lamar

Charge to: Raymond Mickelson

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War no

Occupation Homemaker none (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Oct. 23 1949 10 A.M. (Date) (Hour)

Date of Birth July 5 1914 (Date) (Hour)

Age 35 (Years) (Months) (Days)

Date of Funeral Oct 25 1949 2 P. M. (Date) (Day of Week) (Hour)

Services at: M. E. Church, Kellerton

Clergyman: J. Carr (Address)

Religion of the Deceased Methodist

Birthplace Ringold County

Resided in the State \_\_\_\_\_

Place of Death none, near Lamar (or U. S. or City or County) (Year) (Month)

Cause of Death Nephritic Nephria

Contributory Causes \_\_\_\_\_

Certifying Physician A. M. Kells (or Coroner)

His Address Lamar

Name of Father R. W. Jackson

His Birthplace \_\_\_\_\_

Maiden Name of Mother Lue Hobbs

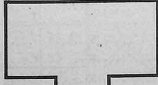
Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket 6 1/2 gray steel metal (State Color and Number)

Manufactured by F. Pitt

Cemetery Crematory } Maple Row, Kellerton



Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 590.00
Casket	
Burial Vault or Box <u>Alta Vault</u>	115.00
Embalming Body (State Kind)	
(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 @	
Extra Limousines @	
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, \$
Gross Total for Sales Tax	\$ 705.00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Rental of Tent, \$	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	
Personal Service	
_____ line Death Notices in _____ Papers	
Sales Tax	705
Total Footing of Bill	\$ 712.05
Less <u>5% by Nov 5th</u>	\$ 35.60
Balance <u>Oct 25 1949</u>	\$ 676.45
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. 2231 Yearly No. 28 Date of Entry Oct 31 1949

Name of Deceased David Alfred Truman (What Race) W

Residence: Lamoni  Married  Single  Widowed  Divorced  Husband  Wife  Widow  of \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Pat. by L.F. & L.R. H. Truman

Address: Pal. post. address

Order given by \_\_\_\_\_ (or informant)

How Secured \_\_\_\_\_

If Veteran, State War World War I

Occupation Painter 534-07-6524 (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Oct. 29 1949 5 A.M. (Date) (Hour)

Date of Birth Sept 13 1891 (Date) (Day of Week) (Hour)

Age 58 (Years) (Months) (Days)

Date of Funeral Oct 31 1949 Mon 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Carl Bellantyne (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Lamoni

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

Place of Death Lamoni

Cause of Death Heart, found dead in bed

Contributory Causes \_\_\_\_\_

Certifying Physician Dr. Fred Osawany, Coroner (or Coroner)

His Address \_\_\_\_\_

Name of Father George A. Truman

His Birthplace \_\_\_\_\_

Maiden Name of Mother Victoria A. Beckingha

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket Rose Cedar State (State, City and Number)

Manufactured by Emil Sun Case

Cemetery Crematory } Rose Hill

Lot No. 157

Grave No. 7

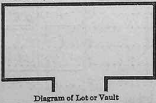
Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

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

Complete Funeral (except outlays) . . . . .	\$ 395 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 . . . . .	@ \$ . . . . .
Extra Limousines . . . . .	@ \$ . . . . .
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, \$ . . . . .
Gross Total for Sales Tax . . . . .	\$ 395 00
Outlay for Lot . . . . .	
Cremation . . . . .	
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 . . . . .	
Personal Service . . . . .	
_____ line Death Notices in _____ Papers . . . . .	(Names of Newspapers)
Sales Tax . . . . .	395
Total Footing of Bill . . . . .	\$ 298 95
Less <u>5.00</u> . . . . .	\$ 18 95
Balance <u>280.00</u> . . . . .	\$ 379 00



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance . . . . .	\$		To Balance Forward . . . . .	\$
<u>By L.F. Truman</u>	By Payment . . . . .	\$ 114 50		By Payment . . . . .	\$
<u>By L.R. H. Truman</u>	" " . . . . .	\$ 114 50		" " . . . . .	\$
<u>By Nat. Insurance</u>	" " . . . . .	\$ 150 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 \_\_\_\_\_ (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. 2232 Yearly No. 29 Date of Entry Nov 3 1949  
 Name of Deceased Hannah Kember Perry (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Kanawha Ia  Husband  Wife  Widow  of  (Age of Husband or Wife (if living)) \_\_\_\_\_ Years  
 Charge to: Chas. Hyde

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation housewife none (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Oct. 31 1949 11 P.M. (Date) (Hour)  
 Date of Birth Dec 28 1857 (Date) (Month) (Day)  
 Age 91 (Years) (Months) (Days)  
 Date of Funeral 11/3/49 Thurs > P.M. (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman: Chevell & Farnham (Address)  
 Religion of the Deceased L.D.S.  
 Birthplace Harrison County, Iowa  
 Resided in the State Iowa (or U.S. or City or County) (Years) (Months)  
 Place of Death Frost Nursing Home, Des. Ia (State Number and District)  
 Cause of Death Cerebral Hemorrhage  
 Contributory Causes Arthritis  
 Certifying Physician E. E. Samet (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father David Samet  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Haney Hutchinson  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 6/5-Oct-Blue Mallinck (State Color and Number)  
 Manufactured by R. S. A.  
 Cemetery Crematory } Rose Hill  
 Lot No. 1529  
 Grave No. 1  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays) .....	\$ <u>446</u> <sup>00</sup>
Casket .....	\$ <u>115</u> <sup>00</sup>
Burial Vault or Box <u>Alt. Vault</u> .....	\$ _____
Embalming Body .....	\$ _____
Barber, \$..... Hair Dressing, \$.....	\$ _____
Dressing Body, \$..... Underwear, \$.....	\$ _____
Suit or Dress <u>Gray Dress</u> .....	\$ <u>13</u> <sup>75</sup>
Slippers, \$..... Hose, \$.....	\$ _____
Folding Chairs, \$..... Tarpaulin, \$.....	\$ _____
Candelabrum, \$..... Candles, \$.....	\$ _____
Door Spray, \$..... Gloves, \$.....	\$ _____
Funeral Car, \$..... Ambulance, \$.....	\$ _____
Limousines to Cemetery @ \$.....	\$ _____
Extra Limousines @ \$.....	\$ _____
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 Physician's or Coroner's)	\$ _____
Pall Bearer Service, \$..... Use of Chapel, \$.....	\$ <u>574</u> <sup>75</sup>
Gross Total for Sales Tax .....	\$ _____
Outlay for Lot .....	\$ _____
Cremation .....	\$ _____
Flowers, \$..... Palms, \$..... Matting, \$.....	\$ _____
Rental of Tent, \$..... of Temporary Vault, \$.....	\$ _____
Opening of Grave or Tomb <u>to R. Marshall</u> .....	\$ <u>16</u> <sup>00</sup>
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 .....	\$ _____
Personal Service .....	\$ _____
..... line Death Notices in ..... Papers .....	\$ _____
Sales Tax .....	\$ <u>575</u>
Total Footing of Bill .....	\$ <u>596</u> <sup>50</sup>
Less <u>570 by Nov 1st</u> .....	\$ <u>29</u> <sup>00</sup>
Balance .....	\$ <u>567</u> <sup>48</sup>
Entered into _____ 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.  
 Signed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Witness \_\_\_\_\_  
 Copied by F. J. FEINEMAN St. Louis, Mo.

# RECORD OF FUNERAL

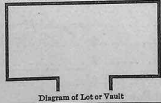
Total No. 2233 Yearly No. 30 Date of Entry Nov 17 1948  
 Name of Deceased Erwin A. Davis (What Race) W  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow or or of          of          Age of Husband or Wife (if living)          Years

Residence: Lanham Ia  
 Charge to: P.A.P.  
 Address:           
 Order given by:          (or informant)  
 How Secured:           
 If Veteran, State War W  
 Occupation grocery merchant 482-07-2821 (Social Security Number)  
 Employer and Address           
 Date of Death Nov 16 1948 12:15 P.M. (Date) (Hour)  
 Date of Birth June 23 1881 (Date)  
 Age 68 (Years) (Months) (Days)  
 Date of Funeral 11/18/48 5 P.M. (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman: Art. Lane (Address)  
 Religion of the Deceased           
 Birthplace Warrick Mills, W.Va.  
 Resided in the State Ia (or U. S. or City or County) (Years) (Months)  
 Place of Death Lanham Ia  
 Cause of Death           
 Contributory Causes         

Complete Funeral (except outlays).....	\$ 150	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..... @ \$.....		
Extra Limousines..... @ \$.....		
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, \$.....		
Gross Total for Sales Tax..... \$.....		
Outlay for Lot.....		
Cremation.....		
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.....		
Personal Service.....		
..... line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax.....		
Total Footing of Bill..... \$ 150 00		
Less..... <u>PA Jan 10 1949</u>		
Balance..... \$.....		
Entered into Ledger, page..... or below.		

Certifying Physician Dr. Reed (or Coroner)  
 His Address Davis Ia  
 Name of Father John Davis  
 His Birthplace           
 Maiden Name of Mother Elizabeth Straub  
 Her Birthplace           
 Motor Ship } Remains to           
 Size of Casket CA?  
 Manufactured by P.A.P. (State Color and Number)  
 Cemetery }  
 Crematory }

Lot No. 1384-2  
 Grave No.           
 Section No.           
 Block 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.....  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 1234 Yearly No. 31 Date of Entry Nov. 21 1948  
 Name of Deceased Lyle Keith Parkhurst  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: Clarice Parkhurst  
 Charge to: Clarice Parkhurst  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_  
 How Secured: \_\_\_\_\_ (or informant)  
 If Veteran, State War \_\_\_\_\_  
 Occupation: \_\_\_\_\_ (Social Security Number)  
 Employer and Address: \_\_\_\_\_  
 Date of Death Nov. 19, 1948 (Date) 4 PM (Hour)  
 Date of Birth July 13, 1948 (Date) \_\_\_\_\_ (Hour)  
 Age: 1 (Years) 4 (Months) 6 (Days)  
 Date of Funeral Nov 21, 1948 (Date) Mon (Day of Week) 2 P. M. (Hour)  
 Services at: Lone Rock Church  
 Clergyman: Art Law (Address)  
 Religion of the Deceased: \_\_\_\_\_  
 Birthplace: \_\_\_\_\_  
 Resided in the State: \_\_\_\_\_ (or U. S. or City or County) Hampton Co. (State)  
 Place of Death Hamilton County, Mo  
 Cause of Death: Truck Passenger's death  
 Contributory Causes: \_\_\_\_\_  
 Certifying Physician Roll R. Roggey, Corvair (or Coroner)  
 His Address: Redgeman, Mo  
 Name of Father: Clarice Parkhurst  
 His Birthplace: \_\_\_\_\_  
 Maiden Name of Mother: Doris Brown  
 Her Birthplace: \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket: 3 - D (State Copy and Number)  
 Manufactured by: Emil Ann Case  
 Cemetery } Lone Rock  
 Crematory } \_\_\_\_\_

Complete Funeral (except outlays) . . . . .	\$ 75.00
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, \$ . . . . . Tarpaullin, \$ . . . . .	
Candelabrum, \$ . . . . . Candles, \$ . . . . .	
Door Spray, \$ . . . . . Gloves, \$ . . . . .	
Funeral Car, \$ . . . . . Ambulance, \$ . . . . .	
Limousines to Cemetery . . . . . @ \$ . . . . .	
Extra Limousines . . . . . @ \$ . . . . .	
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 Certificate No. _____ (State Physician's or Coroner's)	
Pall Bearer Service, \$ . . . . . Use of Chapel, \$ . . . . .	
Gross Total for Sales Tax . . . . .	\$ 75.00
Outlay for Lot: . . . . .	
Cremation . . . . .	
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 . . . . .	
Personal Service . . . . .	
_____ line Death Notices in _____ Papers (Names of Newspapers)	
Sales Tax . . . . .	\$ 7.50
Total Footing of Bill . . . . .	\$ 75.75
Less . . . . .	
Balance . . . . .	
Entered into Ledger, page _____ or below.	

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner. \_\_\_\_\_

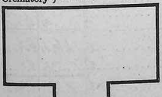


Diagram of Lot or Vault

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

Insurance Companies

Insurance \$ . . . . . Names of Lodges \_\_\_\_\_  
 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 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. 2235 Yearly No. 32 Date of Entry Dec. 19 1922

Name of Deceased Lena Charlotte Bowen (What Race) W  
 Married  Single  Widowed  Divorced

Residence: Lamoni Ia  Husband  Wife  Widow Chas. Bowen (What Race) W  
or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
Address: \_\_\_\_\_

Order given by: \_\_\_\_\_  
(or informant)

How Secured: \_\_\_\_\_  
If Veteran, State War \_\_\_\_\_

Occupation Housewife (Social Security Number) \_\_\_\_\_

Employer and Address \_\_\_\_\_  
Date of Death Dec. 17 1922 6:30 P.M. (Date) (Hour)

Date of Birth Sept. 14 1876 (Date) (Month) (Day)

Age 43 (Years) (Months) (Days)

Date of Funeral 17/19/22 Mon. 7 P. M. (Date) (Day of Week) (Hour)

Services at Lone Rock Church (State Number and District) \_\_\_\_\_

Clergyman Rev. Lane - Paul Campbell (Address) \_\_\_\_\_

Religion of the Deceased Methodist (Address) \_\_\_\_\_

Birthplace Indiana (Address) \_\_\_\_\_

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

Place of Death Rural, W. Lamoni (Address) \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Contributory Causes: \_\_\_\_\_

Certifying Physician E. E. Stewart (or Coroner)

His Address: \_\_\_\_\_

Name of Father Jacob Sandage

His Birthplace: \_\_\_\_\_

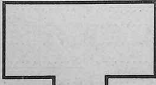
Maiden Name of Mother Harriett Crown

Her Birthplace: \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_  
Size of Casket 6/5 - Standard Steel (State Color and Number)

Manufactured by F. Lewis

Cemetery } Lone Rock (Paper)  
Crematory }



Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
OWNER \_\_\_\_\_

Complete Funeral (except outlays).....	\$	590.00
Casket.....		
Burial Vault or Box <u>Chick Standard</u>		1.50 00
(State Kind)		
Embalming Body.....		
(Name of Embalmer)		
Barber, \$.....		
Hair Dressing, \$.....		
Dressing Body, \$.....		
Underwear, \$.....		
Suit or Dress.....		13 75
(State Kind and Color)		
Slippers, \$.....		
Hose, \$.....		
Folding Chairs, \$.....		
Tarpaulin, \$.....		
Candelabrum, \$.....		
Candles, \$.....		
Door Spray, \$.....		
Gloves, \$.....		
Funeral Car, \$.....		
Ambulance.....		
Limousines to Cemetery.....	@ \$	
Extra Limousines.....	@ \$	
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, \$.....		
Gross Total for Sales Tax.....	\$	753 75
Outlay for Lot.....		
Cremation.....		
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, \$.....		
or Motor } Aero-plane Service, \$.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Personal Service.....		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax.....		7 54
Total Footing of Bill.....		761 29
Less <u>5.20 by Dec 29</u> .....		38 06
<u>pd Jan 31 1923</u> Balance.....		723 23
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 \_\_\_\_\_  
Lodges \_\_\_\_\_

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. PHINEMAN, St. Louis, Mo.

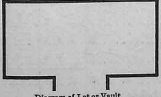


# RECORD OF FUNERAL

Total No. 2236 Yearly No. 2 Date of Entry Jan 12 1950  
 Name of Deceased Emma Bogue Thomas  
 Married  Single  Widowed  Divorced  
 Residence: Lamoni (What Race)  
 Charge to: Geo. Hiltnerbraud (Name of Embalmer)  
 Address: Lamoni (Age of Husband or Wife (if living)) \_\_\_\_\_ Years

Order given by \_\_\_\_\_  
 How Secured: \_\_\_\_\_ (or informant)  
 If Veteran, State War no  
 Occupation housewife none (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Jan 8 1950 8 A.M.  
 Date of Birth Nov 12 1859 (Hour)  
 Age 90 (Years) (Months) (Days)  
 Date of Funeral Jan 10 9 hrs 2 P.M.  
 Services at: Chapel (Day of Week) (Hour)  
 Clergyman: Art Lane (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Michigan  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Year) (Months)  
 Place of Death Lamoni  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Lanet (or Coroner)  
 His Address Lamoni  
 Name of Father Isaac Bogue  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Sarah C. Wilkes  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 6/3 Octagon Gray Melton (State Color and Number)  
 Manufactured by Emil Our Case  
 Cemetery } \_\_\_\_\_  
 Crematory } \_\_\_\_\_



Lot No. 189  
 Grave No. 1  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 360.00
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	(State Kind and Color)
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 @ \$	
Extra Limousines @ \$	
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, \$
Gross Total for Sales Tax	\$ 360.00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	<u>14.00</u>
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor } Tickets, \$	Organist, \$
	Aero-plana Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
_____ line Death Notices in _____ Papers	(Names of Newspapers)
Sales Tax	360
Total Footing of Bill	\$ 379.60
Less <u>5.00</u> <u>you &amp; c</u>	\$ 16.00
Balance <u>361.60</u>	\$ 361.60
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 \_\_\_\_\_ (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. 2237 Yearly No. 2 Date of Entry Jan 18 1952

Name of Deceased Nellis A. Strecker  
 Married  Single  Widowed  Divorced (What Race)  
Residence: John Strecker (deceased)  
of John Strecker (deceased) Age of Husband or Wife (if living)          Years

Charge to: Randell Strecker  
Address: Charcola Ia

Order given by           
(or informant)

How Secured:           
If Veteran, State War         

Occupation          (Social Security Number)

Employer and Address           
Date of Death Jan 16 1950 (Date) (Hour)

Date of Birth June 21 1885 (Date) (Hour)

Age 64 (Years) 6 (Months) 25 (Days)

Date of Funeral 1/19/52 (Date) (Day of Week) 2 P (Hour) M.

Services at: Chapel  
Clergyman Carl Ballantyne (Address)

Religion of the Deceased R.P.D. (Address)

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

Place of Death Kansas City, Mo  
Cause of Death         

Contributory Causes         

Certifying Physician          (or Coroner)

His Address         

Name of Father Walter White

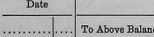
His Birthplace         

Maiden Name of Mother         

Her Birthplace         

Motor Ship } Remains to           
Size of Casket          (State Color and Number)

Manufactured by           
Cemetery } Rose Hill  
Crematory }         



Lot No. 1119-3  
Grave No.           
Section No.           
Block No.           
Owner         

Complete Funeral (except outlays)	\$ 254.00
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	@ \$
Extra Limousines	@ \$
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. <u>        </u>
Pall Bearer Service, \$	Use of Chapel, \$
Gross Total for Sales Tax	\$ 254.00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	<u>Lot Marshall</u> 16.00
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	
Personal Service	
Line Death Notices in	<u>        </u> 16.21 (Names of Newspapers)
Sales Tax	2.54
Total Footing of Bill	\$ 288.75
Less	<u>        </u> 1.27.00
Balance	\$ 276.05
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          Signed          Address

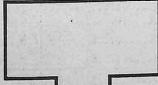
# RECORD OF FUNERAL

Total No. 2238 Yearly No. 3 Date of Entry Feb 3 1950

Name of Deceased James Crown Smith  
 Married  Single  Widowed  Divorced  
 Residence: Lanham Ia (What Place)  
 Charge to: Alper J. Smith (What Name)  
 or Alper J. Smith (Age of Husband or Wife (if living)) Years

Address: \_\_\_\_\_  
 Order given by Mrs Smith & children (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation retired oil station man (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Jan 31 1950 (Date) (Hour)  
 Date of Birth Nov 19 1890 (Date) (Hour)  
 Age 59 (Years) (Months) (Days)  
 Date of Funeral 2/3/50 (Date) (Day of Week) (Hour) P. M.  
 Services at: Caliseum  
 Clergyman: Robt Farnham (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Huntsville, Alabama  
 Resided in the State 21 yrs (or U. S. of City or County) (Years) (Months)  
 Place of Death Lanham Ia  
 Cause of Death: \_\_\_\_\_  
 Contributory Causes: \_\_\_\_\_

Certifying Physician E. E. Samet (or Coroner)  
 His Address: Lanham  
 Name of Father Andrew W. Smith  
 His Birthplace Mattie K. Crown  
 Maiden Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship } \_\_\_\_\_  
 Size of Casket 95 Gray metal (State Color and Number)  
 Manufactured by Flint  
 Cemetery } Rose Hill  
 Crematory } \_\_\_\_\_



Lot No. 1693  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays) .....	\$ 57.50
Casket .....	
Burial Vault or Box <u>Indol. Marbleum</u> .....	39.50
Embalming Body .....	
Barber, \$ .....	
Hair Dressing, \$ .....	
Dressing Body, \$ .....	
Suit or Dress .....	
Slippers, \$ .....	
Folding Chairs, \$ .....	
Candelabrum, \$ .....	
Door Spray, \$ .....	
Gloves, \$ .....	
Funeral Car, \$ .....	
Ambulance, \$ .....	
Limousines to Cemetery .....	
Extra Limousines .....	
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, \$ .....	
Gross Total for Sales Tax .....	\$ 99.00
Outlay for Lot: .....	
Cremation .....	
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, \$ .....	
or Motor } Aero-plane Service, \$ .....	
Telegr., Phone, Cable or Radio Charges .....	
Cash Advanced .....	
Out of town Undertaker's Charges .....	
Personal Service .....	
line Death Notices in _____ Papers .....	
(Name of Newspaper) .....	
Sales Tax on Casket & service <u>90</u> .....	5.95
Sales Tax <u>on vault</u> <u>7.90</u> .....	7.90
Total Footing of Bill .....	\$ 100.38.50
Less <u>5% by Feb 13</u> .....	\$ 5.01.90
<u>pd Feb 16/50</u> Balance .....	\$ 95.36.60
Entered into Ledger, page _____ or below .....	

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

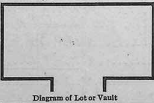
Insurance \$ \_\_\_\_\_ Names of Lodges \_\_\_\_\_ Insurance Companies \_\_\_\_\_  
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to \_\_\_\_\_ (First Name of Funeral Director)  
 for the payment of aforesaid sum, and I hereby covenant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

# RECORD OF FUNERAL

Total No. 2239 Yearly No. 4 Date of Entry Feb 5 1930  
 Name of Deceased Biddie Jane Terpin (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Lamoni  Husband  Wife  Widow of Sam Terpin #  
 Charge to: R. A. P. Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation housewife none (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Feb 2 1930 10 P.M. (Date) (Hour)  
 Date of Birth Sept 4 1864 (Date) (Hour)  
 Age 65 (Years) (Months) (Days)  
 Date of Funeral 2/5/30 Sun 7 P. M. (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman Rev Campbell Davis et al (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Harrison County, Mo.  
 Resided in the State 30 yr (or U. S. or City or County) (Years) (Months)  
 Place of Death Lamoni  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Ganett (or Coroner)  
 His Address Lamoni  
 Name of Father Pat Terpin  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Susan Doney  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket R. A. P.  
 Manufactured by Price  
 Cemetery } Hille  
 Crematory }



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	150	00
Casket			
Burial Vault or Box			
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	@ \$		
Extra Limousines	@ \$		
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, \$			
Gross Total for Sales Tax	\$	150	75
Outlay for Lot			
Cremation			
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-planes } Service, \$			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
line Death Notices in			
Papers			
Sales Tax			19
Total Footing of Bill	\$	158	94
Less	\$	8	92
Balance	\$	150	00
Entered in 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

Total No. 440 Yearly No. 5 Date of Entry Feb. 14 1950  
 Name of Deceased Rosa Elizabeth Williams  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: 48 Home Lane, La.  Husband  Wife  Widow  
 Charge to: A. A. P. or \_\_\_\_\_ of \_\_\_\_\_ Ann of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by F. Landsberg (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation \_\_\_\_\_ (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Feb. 13 1950 8 AM  
 Date of Birth \_\_\_\_\_ (Date) (Hour)  
 Age \_\_\_\_\_ (Years) (Months) (Days)  
 Date of Funeral 2/16/50 Thurs. 2 P. M.  
 Services at: Home (Date) (Day of Week) (Hour)  
 Clergyman: \_\_\_\_\_ (Address)  
 Religion of the Deceased C. D. S.  
 Birthplace Cress, La.  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Independence, La.  
 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 A. A. P. (State Color and Number)  
 Manufactured by Price \_\_\_\_\_ (State Color and Number)  
 Cemetery } \_\_\_\_\_  
 Crematory } \_\_\_\_\_

Complete Funeral (except outlays) .....	\$	1.50	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 .....			
Extra Limousines .....			
Autos to R. R. Station .....			
Getting Remains from <u>Independence</u> .....			18 75
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, \$ .....			
Gross Total for Sales Tax .....			
Outlay for Lot: .....			
Cremation .....			
Flowers, \$ .....			
Palms, \$ .....			
Matting, \$ .....			
Rental of Tent, \$ .....			
Opening of Grave or Tomb .....			
Lining Grave, \$ .....			
Lowering Device, \$ .....			
Outlay for Shipping Charges .....			
Clergyman, \$ .....			
Singers, \$ .....			
Organist, \$ .....			
Railroad or Motor } Tickets, \$ .....			
plane } Aero-Service, \$ .....			
Telegr., Phone, Cable or Radio Charges .....			
Cash Advanced .....			
Out of town Undertaker's Charges .....			
Personal Service .....			
_____ line Death Notices in _____ Papers .....			
(Names of Newspapers)			
Sales Tax <u>Ka. Tex.</u> .....			
Total Footing of Bill .....			1.68 75
Less <u>PAID BY A. A. P. 5/5/50</u> .....			1.50 00
Balance .....			1.87 75
Entered into Ledger, page _____ or below.			

Lot No. 440 - 1  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block 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 .....	\$
	" " .....	\$		" " .....	\$
	" " .....	\$		" " .....	\$
	" " .....	\$		" " .....	\$
	" " .....	\$		" " .....	\$
	" " .....	\$		" " .....	\$
	" " .....	\$		" " .....	\$

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. 241 Yearly No. 6 Date of Entry Feb 16 1950  
 Name of Deceased Nellie Grenawalt Traxler  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: Lauron, Ia  Husband  Wife  Without  of Marion, Ia (What Race)  
 Charge to: Marion Traxler Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation housewife none (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Feb 14 1950 6 PM (Date) (Hour)  
 Date of Birth Feb 14 1877 (Date) (Year) (Month) (Days)  
 Age 78 (Years) (Months) (Days)  
 Date of Funeral Feb 15 sun 2 P M (Date) (Day of Week) (Hour)  
 Services at Catholic  
 Clergyman Ray Chevells  
 Religion of the Deceased L. D. (Address)  
 Birthplace Harrison County, Mo.  
 Resided in the State 47 yr (or U. S. or City or County) (Years) (Months)  
 Place of Death Lauron, Ia  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_  
 Certifying Physician E. E. Gault (or Coroner)  
 His Address Lauron  
 Name of Father John L. Grenawalt  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Fannie Robinson  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 6/5 Octagon gray Milton (Style Color and Material)  
 Manufactured by Em. Grand Case  
 Cemetery }  
 Crematory }  
 Lot No. 1483  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 360.00
Casket	
Burial Vault or Box <u>Albia Caskets</u> (State Kind)	115.00
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, \$
Limousine to Cemetery	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 475.00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	L. A. Marshall 18.00
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	
Personal Service	
_____ line Death Notices in _____ Papers	
	(Names of Newspapers)
Sales Tax	475
Total Footing of Bill	\$ 497.75
Less <u>\$49.75</u> (or 479.25)	\$ 28.00
Balance	\$ 473.75
Entered into Ledger, page <u>10</u> of <u>7</u> full	

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 \_\_\_\_\_ (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. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 1242 Yearly No. 7 Date of Entry Feb 22 1950

Name of Deceased Ruby Broad Barker u

Residence: Lamour  Married  Single  Widowed  Divorced (What Race)

Charge to: H. Broad Barker  Husband  Wife  Widow or..... of } Age of Husband or Wife (if living)..... Years

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War no

Occupation Store owner 478-22-8529 (Social Security Number)

Employer and Address.....

Date of Death Feb 20 1950 (Date) (Hour)

Date of Birth May 2 1880 (Date) (Hour)

Age 69 (Years) (Months) (Days)

Date of Funeral 2/24/50 Week 7:30 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Chevill & Lane (Address)

Religion of the Deceased L.D.S.

Birthplace Michigan

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

Place of Death Leon Hospital (State Number and District)

Cause of Death Coronary Occlusion (State Physician's or Coroner's)

Contributory Causes.....

Certifying Physician E. E. Smet (or Coroner)

His Address Lamour

Name of Father Piley Broad

His Birthplace.....

Maiden Name of Mother Frankie Bailey

Her Birthplace.....

Motor Ship } Remains to..... Size of Casket 1/3 - 1/2 Couch Casket (State Color and Number)

Manufactured by Louis City Casket Co.

Cemetery } Rose Hill

Lot No. 104

Grave No. 3

Section No.....

Block No.....

Owner.....

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..... (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.....

Complete Funeral (except outlays).....	\$ 386 00
Casket.....	
Burial Vault or Box <u>Alfa Vault</u> .....	115 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..... @ \$.....	
Extra Limousines..... @ \$.....	
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, \$.....	
Gross Total for Sales Tax.....	\$ 501 00
Outlay for Lot.....	
Cremation.....	
Flowers, \$..... Palms, \$..... Matting, \$.....	
Rental of Tent, \$..... of Temporary Vault, \$.....	
Opening of Grave or Tomb <u>H. Marshall</u> .....	18 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.....	
Personal Service.....	
..... line Death Notices in..... Papers.....	
(Names of Newspapers).....	
Sales Tax.....	501
Total Footing of Bill.....	\$ 524 01
Less <u>500 by Mar</u> .....	\$ 24 00
Balance.....	\$ 498 71

# RECORD OF FUNERAL

Total No. 2243 Yearly No. 9 Date of Entry March 2 1950

Name of Deceased Stella Blanche Baker  
 Married  Single  Widowed  Divorced (What Race)

Residence Lamar, Ia  Husband  Wife  Widow  of James A. Baker (Age of Husband or Wife (if living) \_\_\_\_\_ Years)

Charge to Maxine Baker  
 Address Lamar, Ia

Order given by Maxine Baker (or informant)  
 How Secured \_\_\_\_\_

If Veteran, State War no  
 Occupation Housewife (Social Security Number) none

Employer and Address \_\_\_\_\_

Date of Death Feb. 28, 1950 5 P.M.  
 Date of Birth Jan 26, 1895 (Date) (Hour)

Age 65 (Years) (Months) (Days)  
 Date of Funeral 3/3/50 Fri 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel  
 Clergyman Art Lane (Address)

Religion of the Deceased \_\_\_\_\_

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

Place of Death Lamar, Ia  
 Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician Dr. E. A. Reed (or Coroner)  
 His Address Davis City

Name of Father not known  
 His Birthplace \_\_\_\_\_

Maiden Name of Mother Susan Weable  
 Her Birthplace \_\_\_\_\_

Motor } Remains to \_\_\_\_\_  
 Ship } \_\_\_\_\_

Size of Casket 43-102 1/2 Couch - Day 10 (State Office and Number)

Manufactured by Emil Olsen Case  
 Cemetery Crematory } Rock Hill

Diagram of Lot or Vault

Lot No. 686  
 Grave No. 7  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 327 00
Casket	
Burial Vault or Box <u>pine box</u>	25 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 @ \$ _____	
Extra Limousines @ \$ _____	
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, \$ _____	
Gross Total for Sales Tax	\$ 352 00
Outlay for Lot _____	
Cremation _____	
Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____	
Rental of Tent, \$ _____ of Temporary Vault, \$ _____	
Opening of Grave or Tomb <u>4 P.M. Main Hall</u>	16 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 _____	
Personal Service _____	
_____ line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax _____	352
Total Footing of Bill	\$ 371 52
Less <u>5%</u> <u>18 60</u>	\$ 18 60
Balance	\$ 353 92

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

Total No. 2244 Yearly No. 9 Date of Entry March 6, 1950  
 Name of Deceased Carolins Roberts (What Race) W  
 Married  Single  Widowed  Divorced

Residence: Chariton Ia  
 Charge to: Seralaine Roberts, Bro's Wife  
 Address: \_\_\_\_\_  
 Order given by: above (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation: housewife (Social Security Number)

Employer and Address \_\_\_\_\_  
 Date of Death: Mar 3 1950 (Date) (Hour)  
 Date of Birth: \_\_\_\_\_ (Date) (Month) (Days)  
 Age: 60 (Years) (Months) (Days)  
 Date of Funeral: 3/6/50 (Date) Mon (Day of Week) 2 P. M. (Hour)  
 Services at: Chapel  
 Clergyman: Rev. Cackler (Address)

Religion of the Deceased \_\_\_\_\_  
 Birthplace \_\_\_\_\_  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death: Chariton Ia  
 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: 6/6 and end Wine Tone Red Cloth (State Color and Number)  
 Manufactured by: Rose  
 Cemetery } Rose Hill  
 Crematory }

Complete Funeral (except outlays).....	\$ 498.00
Casket.....	
Burial Vault or Box <u>priv. box</u> .....	15.00
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.....	@ \$.....
Extra Limousines.....	@ \$.....
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, \$.....
Gross Total for Sales Tax.....	523.00
Outlay for Lot.....	
Cremation.....	
Flowers, \$.....	Palms, \$.....
Rental of Tent, \$.....	of Temporary Vault, \$.....
Opening of Grave or Tomb <u>69 Marshall</u> .....	16.00
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.....	
Personal Service.....	
_____ line Death Notices in.....	Papers.....
	523
Sales Tax.....	594.23
Total Footing of Bill.....	\$ 594.23
Less: <u>5% on 523 = 26.65</u> .....	26.65
Balance: <u>518.58</u> .....	\$ 518.58
Entered into Ledger, page.....	or below.....

Lot No. 1701  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

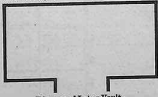


Diagram of Lot or Vault

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

Names of Lodges \_\_\_\_\_ Insurance Companies \_\_\_\_\_  
 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

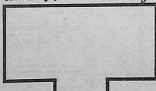
Total No. 2245 Yearly No. 10 Date of Entry March 7 1932

Name of Deceased Mary Isabell Scott  
 Married  Single  Widowed  Divorced  
Residence: Pasadena Calif  Husband  Wife  Widow  Winfield Scott (When, Race)  
of \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
Address: \_\_\_\_\_  
Order given by Errol Scott  
(or informant)  
How Secured: \_\_\_\_\_  
If Veteran, State War \_\_\_\_\_  
Occupation \_\_\_\_\_ (Social Security Number)  
Employer and Address \_\_\_\_\_  
Date of Death Oct 2 1929  
(Date) (Hour)  
Date of Birth \_\_\_\_\_  
Age 88  
(Years) (Months) (Days)  
Date of Funeral Mar 7/30 Tues 11:30 A.M.  
(Date) (Day of Week) (Hour)  
Services at St. Paul  
Clergyman Arthur Lane  
(Address)

Religion of the Deceased \_\_\_\_\_  
Birthplace \_\_\_\_\_  
Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
Place of Death Pasadena Calif  
Cause of Death Cancer  
Contributory Causes Arterio Sclerosis

Certifying Physician \_\_\_\_\_ (or Coroner)  
His Address \_\_\_\_\_ (or Coroner)  
Name of Father \_\_\_\_\_  
His Birthplace \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_  
Her Birthplace \_\_\_\_\_  
Motor } Remains to \_\_\_\_\_  
Ship }  
Size of Casket \_\_\_\_\_ (State Color and Number)  
Manufactured by \_\_\_\_\_  
Cemetery } Alhambra  
Crematory }



Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays) . . . . .	\$
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 . . . . .	@ \$
Extra Limousines . . . . .	@ \$
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, \$
Gross Total for Sales Tax . . . . .	\$
Outlay for Lot . . . . .	
Cremation . . . . .	
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 . . . . .	
Personal Service <u>Ship</u> <u>Box</u> . . . . .	\$ <u>38 00</u>
_____ line Death Notices in _____ Papers . . . . .	
(Names of Newspapers)	
Sales Tax . . . . .	<u>no tax</u>
Total Footing of Bill . . . . .	\$ <u>35 00</u>
Less . . . . .	<u>Def. in full Mar 7/30</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 Director.)  
maturity at the rate of \_\_\_\_\_ % per annum. \_\_\_\_\_ days from date. Interest to accrue from  
Signed \_\_\_\_\_  
Witness \_\_\_\_\_ Address \_\_\_\_\_  
Compiled by F. J. SKINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 2276 Yearly No. 11 Date of Entry March 15 1950  
 Name of Deceased Gertrude Hartman DeLong  
 Married  Single  Widowed  Divorced  
 Residence Des Moines  Husband  Wife  Widow  Orphan (What Race) W  
 Charge to: John R. DeLong (Age of Husband or Wife (if living)        Years)

Address Des Moines  
 Order given by        (or informant)  
 How Secured         
 If Veteran, State War         
 Occupation        (Social Security Number)  
 Employer and Address         
 Date of Death March 12 1950 (Date) (Hour)  
 Date of Birth        (Date) (Hour)  
 Age 71 (Years) (Months) (Days)  
 Date of Funeral March 15 1950 (Date) (Day of Week) (Hour) M.  
 Services at: Des Moines  
 Clergyman         
 Religion of the Deceased L. D. S. (Address)  
 Birthplace         
 Resided in the State        (or U. S. or City or County) (Years) (Months)  
 Place of Death Des Moines  
 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 Ship } Remains to         
 Size of Casket        (State Color and Number)  
 Manufactured by         
 Cemetery }  
 Crematory }  
 Lot No. 129  
 Grave No. 3  
 Section No.         
 Block No.         
 Owner       

Complete Funeral (except outlays) \$         
 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        @ \$         
 Extra Limousines        @ \$         
 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, \$         
 Gross Total for Sales Tax         
 Outlay for Lot         
 Cremation         
 Flowers, \$        Palms, \$        Matting, \$         
 Rental of Tent, \$        of Temporary Vault, \$         
 Opening of Grave or Tomb        (State Number and District)  
 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         
 Personal Service         
 Line Death Notices in Des Moines Papers 35 00  
 (Names of Newspapers)  
 Sales Tax         
 Total Footing of Bill 3157.50 \$ 53 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         
 Witness        Address         
 Compiled by F. J. FEINEMAN St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2247 Yearly No. 12 Date of Entry March 27 1950

Name of Deceased Marla Joy De Barthe (What Race) W

Residence 1001 N. Lamoni  Husband  Wife  Widow  of  or  Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: J. N. De Barthe  
Address: Lamoni Ia.

Order given by \_\_\_\_\_ (or informant)  
How Secured \_\_\_\_\_

If Veteran, State War \_\_\_\_\_  
Occupation \_\_\_\_\_ (Social Security Number) \_\_\_\_\_

Employer and Address \_\_\_\_\_  
Date of Death March 27 1950 4 AM (Date) (Hour)

Date of Birth Oct 6 1918 (Date) (Hour)

Age 1 5 21 (Years) (Months) (Days)

Date of Funeral 3/27/50 Mon 3:30 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel  
Clergyman Cliff Cole Robt Faulkner (Address)

Religion of the Deceased \_\_\_\_\_  
Birthplace Lamoni Ia.

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

Place of Death Lamoni  
Cause of Death Poison

Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Shurt (or, Coroner)  
His Address Lamoni

Name of Father J. N. De Barthe  
His Birthplace \_\_\_\_\_

Maiden Name of Mother Emil Stubbart  
Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_  
Size of Casket 3-0 White

Manufactured by Emil Stubbart (State and Number)  
Cemetery } Rose Hill

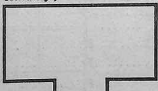
Lot No. 1152  
Grave No. 4

Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_

Owner \_\_\_\_\_

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

Complete Funeral (except outlays) .....	\$ 75.00
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 .....	@ \$ .....
Extra Limousines .....	@ \$ .....
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)	
Pal Bearer Service, \$ .....	Use of Chapel, \$ .....
Gross Total for Sales Tax .....	\$ 75.00
Outlay for Lot .....	
Cremation .....	
Flowers, \$ .....	Palms, \$ .....
Matting, \$ .....	
Rental of Tent, \$ .....	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, \$ .....
or Motor } _____	
Telegr., Phone, Cable or Radio Charges .....	
Cash Advanced .....	
Out of town Undertaker's Charges .....	
Personal Service .....	
_____ line Death Notices in _____ Papers .....	
_____ (Names of Newspapers)	
Sales Tax .....	25
Total Footing of Bill .....	85.75
Less <u>Pal by W.I.T.</u> .....	25.00
<u>Pal by J. N. De Barthe</u> .....	60.75



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 \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 248 Yearly No. 13 Date of Entry March 29 1950  
 Name of Deceased Mary Ann Haas  
 Married  Single  Widowed  Divorced  
 Residence Lamoni (What Race)  
 Charge to Mrs. C. E. Gibson or John Haas (Age of Husband or Wife if living) \_\_\_\_\_ Years  
 Address Lamoni

Order given by above (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War no  
 Occupation housewife none (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death March 26 1950 5 P.M. (Date) (Hour)  
 Date of Birth Feb 7 1870 (Date) (Month) (Day) (Year)  
 Age 80 (Years) (Months) (Days)  
 Date of Funeral 3/29/50 Wed 7 P.M. (Date) (Day of Week) (Hour)  
 Services at Chapel  
 Clergyman Roy Chevells (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Greene County Ia  
 Resided in the State \_\_\_\_\_ (Years) (Months)  
 Place of Death Lea Ia  
 Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_  
 Certifying Physician E. E. Hamit (or Coroner)  
 His Address Lamoni  
 Name of Father John Hatcher  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Margaret O'Hill  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 4 1/2 x 6 x couch Day (State Code and Number)  
 Manufactured by Emb. Bur. Case  
 Cemetery } Rose Hill

Lot No. 752  
 Grave No. 7  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays) .....	\$ 327.00
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 .....	@ \$ .....
Extra Limousines .....	@ \$ .....
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 Certificate No. _____ (State Physician's or Coroner's)	
Pall Bearer Service, \$ .....	Use of Chapel, \$ .....
Gross Total for Sales Tax .....	\$ 327.00
Outlay for Lot .....	
Cremation .....	
Flowers, \$ .....	Palms, \$ .....
Rental of Tent, \$ .....	of Temporary Vault, \$ .....
Opening of Grave or Tomb <u>C.A. Marshall</u> .....	16.00
Lining Grave, \$ .....	Lowering Device, \$ .....
Outlay for Shipping Charges .....	
Clergyman, \$ .....	Singers, \$ .....
Railroad } Tickets, \$ .....	Aero-planes Service, \$ .....
or Motor } .....	Telegr., Phone, Cable or Radio Charges .....
Cash Advanced .....	
Out of town Undertaker's Charges .....	
Personal Service .....	
..... line Death Notices in .....	Papers .....
Sales Tax .....	3.27
Total Footing of Bill .....	\$ 346.27
Less <u>57.00</u> <u>330.27</u> .....	16.50
Balance .....	\$ 329.77
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>Funeral</u> .....	\$ 329.74		" " .....	\$ .....
	<u>Marble</u> .....	\$ 89.86		" " .....	\$ .....
	" " .....	\$ 419.70	<u>Pal in full</u>	" " .....	\$ .....
	" " .....	\$ .....	<u>3,000.50</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 \_\_\_\_\_  
 Printed and Published by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2299 Yearly No. 14 Date of Entry April 2 1922

Name of Deceased Moses Sandage <sup>(What Race)</sup> W  
 Married  Single  Widowed  Divorced

Residence: Cora Sandage  
 Husband  Wife  Widow  
or, \_\_\_\_\_ of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_  
(or informant)

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation Farmer none  
(Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Mar. 30 1950 2 PM  
(Date) (Hour)

Date of Birth June 1 1867  
(Date) (Hour)

Age 82  
(Years) (Months) (Days)

Date of Funeral 4/5/50 Sun 2 P. M.  
(Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman Rev. Farnham  
(Address)

Religion of the Deceased L. D. S.

Birthplace Tell City, Ind.

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

Place of Death Leon - Hosp.

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Sarnet  
(or Coroner)

His Address Laman

Name of Father Thomas Sandage

His Birthplace \_\_\_\_\_

Maiden Name of Mother Clarence Jefferies

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket 4-5 Metal - Gray  
(State Color and Number)

Manufactured by Flint

Cemetery Crematory Rose Hill

Lot No. 768

Grave No. 7

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

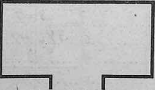


Diagram of Lot or Vault

Complete Funeral (except outlays)	\$ 595 00
Casket	
Burial Vault or Box <u>Elber Concrete</u>	115 00
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	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 710 00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb <u>To R. H. Maulak</u>	18 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	
Personal Service	
line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax	7 10
Total Footing of Bill	735 10
Less <u>573 on 717.10</u>	35 85
<u>Adm. fee 4/4/50</u>	679 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 \_\_\_\_\_  
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within \_\_\_\_\_  
maturity at the rate of \_\_\_\_\_ % per annum. (Firm Name of Funeral Directors.)  
\_\_\_\_\_ days from date. Interest to accrue from

Witness \_\_\_\_\_ Signed \_\_\_\_\_

Address \_\_\_\_\_

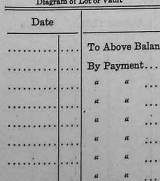
# RECORD OF FUNERAL

Total No. 2250 Yearly No. 15 Date of Entry April 6 1950  
 Name of Deceased Annabel Rossiter  
 Married  Single  Widowed  Divorced  
 Residence: Lamar St  Husband  Wife  Widow  Divorced (What Name)  
 Charge to: Miss Hache of Ann of Husband or Wife (if living) Ann Rossiter Years

Address.....  
 Order given by.....  
 How Secured: (or informant).....  
 If Veteran, State War no  
 Occupation none (Social Security Number)  
 Employer and Address.....  
 Date of Death Apr 4 1950 (Date) (Hour)  
 Date of Birth.....  
 Age 83 (Years) (Months) (Days)  
 Date of Funeral 4/6/50 (Year) (Month) (Day) Thurs (Day of Week) 2-9 (Hour) M.  
 Services at: Chapel  
 Clergyman: Art Lane (Address)  
 Religion of the Deceased.....  
 Birthplace.....  
 Resided in the State..... (or U. S. or City or County) (Years) (Months)  
 Place of Death Des. Moines Ia  
 Cause of Death.....  
 Contributory Causes.....

Complete Funeral (except outlays).....	\$ 360.00
Casket.....	
Burial Vault or Box <u>by</u> ..... (State Kind).....	25.00
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 @ \$.....	
Extra Limousines @ \$.....	
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, \$.....	
Gross Total for Sales Tax.....	\$ 385.00
Outlay for Lot: Cremation.....	
Flowers, \$..... Palms, \$..... Matting, \$.....	
Rental of Tent, \$..... of Temporary Vault, \$.....	
Opening of Grave or Tomb <u>Edith Marshall</u> .....	16.00
Lining Grave, \$..... Lowering Device, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad or Motor Tickets, \$..... Aero-plane Service, \$.....	
Teleg., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Personal Service.....	
Line Death Notices in..... Papers..... (Names of Newspapers)	
Sales Tax.....	385
Total Footing of Bill.....	404 65
Less <u>529.41</u> <u>386.65</u> .....	18.44
Balance <u>Prd on pall Apr 11/50</u> .....	385.11

Certifying Physician (or Coroner).....  
 His Address.....  
 Name of Father.....  
 His Birthplace.....  
 Maiden Name of Mother.....  
 Her Birthplace.....  
 Motor Ship } Remains to  
 Size of Casket 4/4 1/2 couch Slap Milton  
 Manufactured by Embit Case (State Code and Number)  
 Cemetery } Rose Hill  
 Crematory }  
 Lot No. 1474  
 Grave No. 7  
 Section No.....  
 Block 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 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. 2251 Yearly No. 16 Date of Entry April 7 1927

Name of Deceased Mary M. Perry

Residence: Lanham  Married  Single  Widowed  Divorced  Husband  Wife  Widow  (What Race) Slave Perry

Charge to: R.A.P.

Complete Funeral (except outlays) \$ 150.00

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)

Shippers, \$..... Hose, \$.....

Folding Chairs, \$..... Tarpaulin, \$.....

Candelabrum, \$..... Candles, \$.....

Door Spray, \$..... Gloves, \$.....

Funeral Car, \$..... Ambulance, \$.....

Limousines to Cemetery..... @ \$.....

Extra Limousines..... @ \$.....

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, \$.....

Gross Total for Sales Tax..... \$

Outlay for Lot.....

Cremation.....

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.....

Personal Service.....

..... line Death Notices in..... Papers..... (Names of Newspapers)

Sales Tax..... not tax

Total Footing of Bill..... \$ 150.00

Less..... PA July 27/27

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.....

# RECORD OF FUNERAL

Total No. 2252      Yearly No. 17      Date of Entry April 28 1950

Name of Deceased David Henry Jenkins  
 Married     Single     Widowed     Divorced      (What Race) W

Residence: Mc. South Union       Husband  Wife  Widow  
 or, ..... of .....      Age of Husband or Wife (if living) ..... Years

Charge to: children

Address: .....

Order given by: children (informant)

How Secured: .....

If Veteran, State War .....

Occupation: Farmer (Social Security Number) .....

Employer and Address .....

Date of Death: Apr 25 1950 (Date) (Hour) .....

Date of Birth: ..... (Date) (Hour) .....

Age: 70 (Years) (Months) (Days) .....

Date of Funeral: 4/28/50 Fri 2 P. M. (Date) (Day of Week) (Hour) .....

Services at: Chapel (Address) .....

Clergyman: Bit Lane (Address) .....

Religion of the Deceased .....

Birthplace: Lamoni Ia (or U. S. or City or County) (City) (State) (Months) .....

Resided in the State .....

Place of Death: Rosahontan Ia (State Physician's or Coroner's) (State) .....

Cause of Death: Coronary Thrombosis

Contributory Causes .....

Certifying Physician: Dr. Herrick (or Coroner) .....

His Address: Salmore City Ia

Name of Father: John P. Jenkins

His Birthplace .....

Maiden Name of Mother: Susan Downey

Her Birthplace .....

Motor Ship } Remains to .....

Size of Casket: 6/3 Oct. Sher Milton (State Color and Number) .....

Manufactured by: Ever Best Case

Cemetery Crematory } A. W. Hill

Lot No. 380

Grave No. 3

Section No. ....

Block No. ....

Owner: .....

Complete Funeral (except outlays).....	\$ 360.00
Casket.....	
Burial Vault or Box <u>P. M. F. Co. S.</u> (State Kind).....	25.00
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 @ \$.....	
Extra Limousines @ \$.....	
Autos to R. R. Station @ \$.....	
Getting Remains from <u>Manson Ia. 1950</u> .....	19.55
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, \$.....	
Gross Total for Sales Tax.....	404.55
Outlay for Lot: .....	
Cremation.....	
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 plans, Service, \$.....	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Personal Service.....	
..... line Death Notices in..... Papers.....	
(Names of Newspapers).....	
Sales Tax.....	4.05
Total Footing of Bill.....	408.60
Less: <u>Set off Hill 4/15</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. 2253 Yearly No. 18 Date of Entry May 4 1950

Name of Deceased William O. Hutton

Married  Single  Widowed  Divorced

(What Name)

Residence: Coxsack Township  Husband  Wife  Widow  Divorced Miss Nellie Hutton  
 or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_

Address: \_\_\_\_\_

Order given by M. J. Hutton, Catoctin, Md.  
(or informant)

How Secured: \_\_\_\_\_

If Veteran, State War no

Occupation Farmer none  
(Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death April 30 1950 11:30 PM  
(Date) (Hour)

Date of Birth Oct 14 1875  
(Date) (Month) (Day)

Age 74  
(Years) (Months) (Days)

Date of Funeral \_\_\_\_\_ M.

Services at: \_\_\_\_\_

Clergyman Roy Koff  
(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 Marcellous Hutton

His Birthplace \_\_\_\_\_

Maiden Name of Mother Ann Graham

Her Birthplace \_\_\_\_\_

Motor } Remains to  
 Ship } \_\_\_\_\_

Size of Casket 45- Gray Seat  
(State Code and Number)

Manufactured by Floyd

Cemetery } Andrew  
 Crematory } \_\_\_\_\_



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Diagram of Lot or Vault

Complete Funeral (except outlays) .....	\$ 449.00
Casket .....	
Burial Vault or Box .....	115.00
Embalming Body .....	
Barber, \$ .....	
Dressing Body, \$ .....	
Suit or Dress .....	14.50
Slippers, \$ .....	
Folding Chairs, \$ .....	
Candelabrum, \$ .....	
Door Spray, \$ .....	
Funeral Car, \$ .....	
Limousines to Cemetery .....	
Extra Limousines .....	
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, \$ .....	
Gross Total for Sales Tax .....	\$ 593.50
Outlay for Lot .....	
Cremation .....	
Flowers, \$ .....	
Rental of Tent, \$ .....	
Opening of Grave or Tomb .....	22.00
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 .....	
Personal Service .....	
_____ line Death Notices in _____ Papers .....	
Sales Tax .....	5.57
Total Footing of Bill .....	\$ 623.76
Less .....	\$ 20.84
Balance .....	\$ 593.79
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 \_\_\_\_\_  
 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. 2254 Yearly No. 19 Date of Entry June 11 1950

Name of Deceased Charles Taylor Busch  
 Married  Single  Widowed  Divorced (What Race)

Residence: Flagler Colo.  
Charge to:  Husband  Wife  Widow  Orphan (State Kind) Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address: \_\_\_\_\_

Order given by: Ralph Busch  
(or informant)

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation \_\_\_\_\_ (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death June 9 1950 (Date) (Hour)

Date of Birth June 23 1857 (Date) (Hour)

Age 22 11 16 (Years) (Months) (Days)

Date of Funeral 6/11/50 3 P (Date) (Day of Week) (Hour) M.

Services at: W. E. Church (Address)

Clergyman: \_\_\_\_\_ (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Tamoni Ia

Resided in the State \_\_\_\_\_ (or U. S. City or County) (State)

Place of Death Scotts Bluff, Neb.

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 \_\_\_\_\_

Cemetery } \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Lot No. \_\_\_\_\_

Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except caskets)	\$	
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	@ \$	
Extra Limousines	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		<u>7.00</u>
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 Physician's or Coroner's)		
Pall Bearer Service, \$		
Use of Chapel, \$		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
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		
Personal Service, <u>use of equipment</u>		
<u>an service of a casket</u>		<u>35.00</u>
Line Death Notices in _____ Papers		
Sales Tax		<u>no Tax</u>
Total Footing of Bill	\$	<u>47.00</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 \$ \_\_\_\_\_ Names of Lodges \_\_\_\_\_ Insurance Companies \_\_\_\_\_

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 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. 2255 Yearly No. 70 Date of Entry July 3 1927

Name of Deceased John Sively (What Race)

Residence: Lamar, La  Married  Single  Widowed  Divorced  Husband  Wife  Widow or  of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Maude Sively

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War no

Occupation Farming 485-26-0098-A (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death June 30 1950 11 PM (Date) (Hour)

Date of Birth Feb 2 1874 (Date) (Hour)

Age 76 (Years) (Months) (Days)

Date of Funeral 7/3/50 Mon 2:30 P M (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Robt Farham - at Law (Address)

Religion of the Deceased C. D. S.

Birthplace Ontario, Canada

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

Place of Death Leam Hospital

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Sasset (or Coroner)

His Address Lamar

Name of Father Joseph Sively

His Birthplace \_\_\_\_\_

Maiden Name of Mother Ann Martha Traylor

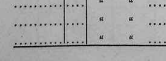
Her Birthplace \_\_\_\_\_

Motor Ship } Remains to 1/6 Copperstone Metal

Size of Casket \_\_\_\_\_ (State Number and Number)

Manufactured by F. West

Cemetery Crematory } Rose Hill



Lot No. 729

Grave No. 1

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	635.00
Casket		<u>Best</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, \$
Limousines to Cemetery	@ \$	18.50
Extra Limousines	@ \$	
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, \$
Gross Total for Sales Tax	\$	653.50
Outlay for Lot		
Cremation		
Flowers, \$		Palms, \$
Matting, \$		
Rental of Tent, \$		of Temporary Vault, \$
Opening of Grave or Tomb		<u>at Memorial 18.00</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		
Personal Service		
_____ line Death Notices in _____ Papers		
_____ (Names of Newspapers)		
Sales Tax		6.53
Total Footing of Bill	\$	660.03
Less <u>6.53</u>	\$	653.50
Balance	\$	627.00
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 \_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_

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



# RECORD OF FUNERAL

Total No. 56 Yearly No. 21 Date of Entry July 15 1950  
 Name of Deceased Clarence F. Smith  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: Des Moines  
 Charge to: P.A.P.  Husband  Wife  of  of  of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by Maudelway Canklin (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War no  
 Occupation hog buyer now (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death July 13, 1950 (Date) (Hour)  
 Date of Birth Aug 16, 1867 (Date) (Hour)  
 Age 82 (Year) (Month) (Day)  
 Date of Funeral July 15, 1950 Sat 2:30 P.M. (Date) (Day) (Hour)  
 Services at: Chapel (Place) (Day of Week)  
 Clergyman: Roy Chevill (Address)  
 Religion of the Deceased L. D.  
 Birthplace Lamoni Ia  
 Resided in the State \_\_\_\_\_ (or U. S. City or County) (Year) (Month)  
 Place of Death Des Moines  
 Cause of Death Perforated Ulcer  
 Contributory Causes \_\_\_\_\_

Complete Funeral (except outlays)	\$ 150.00
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 @ \$	
Extra Limousines @ \$	
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. (State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Gross Total for Sales Tax	\$
Outlay for Lot:	
Cremation	
Flowers, \$	Palms, \$
Rental of Tent, \$	Temporary Vault, \$
Opening of Grave or Tomb <u>at Marshall</u>	45.00
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	
Personal Service	
_____ line Death Notices in _____ Papers	
Sales Tax <u>No Tax</u>	
Total Footing of Bill	\$ 165.00
Less <u>Ad. in bill by P.A.P.</u>	16.50
<u>By Maudelway Canklin</u>	150.00
Entered into Ledger, page _____ or below.	

Certifying Physician \_\_\_\_\_ (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father J. P. Smith  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Eliza Graham  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to  
 Ship }  
 Size of Casket P.A.P.  
 Manufactured by Des Moines  
 Cemetery }  
 Crematory }  
 Lot No. 853  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block 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. FEINEMA, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2257 Yearly No. 22 Date of Entry July 16 1957

Name of Deceased Estler Adelaide P. Nash

Residence: Lamoni  Husband  Wife  Widow  Divorced John Nash (What Race)

Charge to: \_\_\_\_\_ of \_\_\_\_\_ (Age of Husband or Wife (if living)) \_\_\_\_\_ Years

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War no no (Social Security Number)

Occupation housewife none

Employer and Address \_\_\_\_\_

Date of Death July 13 1950 (Date) (Hour)

Date of Birth Aug 25 1872 (Date) (Hour)

Age 79 (Year) (Month) (Days)

Date of Funeral 7/16/50 Sun 2:30 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman \_\_\_\_\_ (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Ontario Canada

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

Place of Death Lamoni

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Jamet (or Coroner)

His Address \_\_\_\_\_

Name of Father Joseph Smith Shively

His Birthplace \_\_\_\_\_

Maiden Name of Mother Ann Martha Trasher

Her Birthplace \_\_\_\_\_

Motor } Remains to \_\_\_\_\_  
Ship }

Size of Casket Color H. Oak (State Color and Number)

Manufactured by Everett

Cemetery } Rock Hill  
Crematory }

Lot No. 1581

Grave No. 2

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays) .....	\$ <u>436.00</u>
Casket .....	
Burial Vault or Box <u>altis</u> .....	\$ <u>115.00</u>
Embalming Body .....	
Barber, \$ .....	
Dressing Body, \$ .....	
Suit or Dress <u>cracked heels</u> .....	\$ <u>14.75</u>
Slippers, \$ .....	
Folding Chairs, \$ .....	
Candelabrum, \$ .....	
Door Spray, \$ .....	
Funeral Car, \$ .....	
Limousines to Cemetery .....	
Extra Limousines .....	
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, \$ .....	
Gross Total for Sales Tax .....	\$ <u>55.80</u>
Outlay for Lot .....	
Cremation .....	
Flowers, \$ .....	
Rental of Tent, \$ .....	
Opening of Grave or Tomb <u>To A. Marshall</u> .....	\$ <u>2.00</u>
Lining Grave, \$ .....	
Outlay for Shipping Charges .....	
Clergyman, \$ .....	
Railroad } Tickets, \$ .....	
or Motor } Aero-Plane Service, \$ .....	
Telegr., Phone, Cable or Radio Charges .....	
Cash Advanced .....	
Out of town Undertaker's Charges .....	
Personal Service .....	
..... line Death Notices in .....	
..... (Names of Newspapers)	
Sales Tax <u>1%</u> .....	\$ <u>5.86</u>
Total Footing of Bill .....	\$ <u>594.41</u>
Less <u>5%</u> by July 16 <u>PA</u> .....	\$ <u>29.72</u>
Balance .....	\$ <u>564.69</u>
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 \_\_\_\_\_ (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 \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2258 Yearly No. 23 Date of Entry Aug 31 1950

Name of Deceased John W. Sutterlin

Married  Single  Widowed  Divorced

Residence: Davenport Ia (What Race) White  
Charge to: Lela Mays Sutterlin (Husband  Wife  Widow  or  of )  
Address: 414 Central Office Bldg Age of Husband or Wife (if living) \_\_\_\_\_ Years

Order given by: Wm. H. Staffor  
(or informant)

How Secured: \_\_\_\_\_  
If Veteran, State War Gen. W. W. 2  
Occupation: Mechanic (Social Security Number) \_\_\_\_\_

Employer and Address \_\_\_\_\_  
Date of Death: Aug 28 1950 (Hour) \_\_\_\_\_

Date of Birth: Apr 15 1914 (Date) \_\_\_\_\_ (Year) \_\_\_\_\_

Age: 36 (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days) \_\_\_\_\_  
Date of Funeral: Aug 31 50 (Date) \_\_\_\_\_ 2:30 P. M. (Hour)

Services at: Coliseum  
Clergyman: Robt Fankam (Address) \_\_\_\_\_

Religion of the Deceased \_\_\_\_\_  
Birthplace: Decorah County Ia

Resided in the State: \_\_\_\_\_ (or U. S. or City or Country) (Years) \_\_\_\_\_ (Months) \_\_\_\_\_

Place of Death: Davenport Ia  
Cause of Death: Burns

Contributory Causes: \_\_\_\_\_

Certifying Physician: Dr. L. G. Block

His Address: Davenport

Name of Father: Carl Sutterlin

His Birthplace: \_\_\_\_\_

Maiden Name of Mother: Blauche Hanner

Her Birthplace: \_\_\_\_\_  
Motor Ship } Remains to \_\_\_\_\_  
Size of Casket: \_\_\_\_\_ (State Color and Number) \_\_\_\_\_

Manufactured by: \_\_\_\_\_

Cemetery } \_\_\_\_\_  
Crematory } \_\_\_\_\_  
Lot No. 1095  
Grave No. 4  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner Mrs. J. S. Sutterlin

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 (except outlays)	\$	
Casket		
Burial Vault or Box		395.00
Embalming Body		7.90
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Hose, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousines to Cemetery		@ \$
Extra Limousines		@ \$
Autos to R. R. Station		@ \$
Getting Remains from		35.40
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, \$		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		20.00
Lining Grave, \$		
Lowering Device, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		3.00
Railroad Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		5.00
Out of town Undertaker's Charges		
Personal Service, use of chapel, hearse and equip.		50.00
line Death Notices in _____ Papers		
(Name of Newspapers)		
Sales Tax		
Total Footing of Bill	\$	516.30
Less	\$	27.44
Balance	\$	488.86

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 \_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2259 Yearly No. 24 Date of Entry Sept. 19 1950  
 Name of Deceased Annie Elizabeth Widgorden  
 Married  Single  Widowed  Divorced  
 Residence Lamoni Ia.  Husband  Wife  Widow  (What Race)  
John M. Widgorden  
 or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by John M. & Sidney Barrows  
 (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War No  
 Occupation housewife None  
 (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Sept. 17 1950 8:30 AM  
 (Date) (Hour)  
 Date of Birth May 18 1871  
 (Date) (Hour)  
 Age 79  
 (Years) (Months) (Days)  
 Date of Funeral Sept. 19 1950 Tues 2 P. M.  
 (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman Rev. F. Vanham, Mt. Lane  
 (Address)  
 Religion of the Deceased L. D. I.  
 Birthplace Alton - Ill.  
 Resided in the State \_\_\_\_\_  
 (or U. S. or City or County) Years (Months)  
 Place of Death Lamoni Ia.

Complete Funeral (except outlays).....	\$ 436.00
Casket.....	
Burial Vault or Box <u>None</u> (State Kind).....	25.00
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 @ \$.....	
Extra Limousines @ \$.....	
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, \$.....	
Gross Total for Sales Tax.....	\$ 461.00
Outlay for Lot.....	
Cremation.....	
Flowers, \$.....	
Palms, \$.....	
Matting, \$.....	
Rental of Tent, \$.....	
of Temporary Vault, \$.....	
Opening of Grave or Tomb to <u>A. Marshall</u> <u>(\$18.00)</u> .....	
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.....	
Personal Service.....	
..... line Death Notices in..... Papers.....	
(Names of Newspapers)	
Sales Tax.....	461
Total Footing of Bill.....	\$ 465.61
Less.....	
Balance.....	
Entered into Ledger, page..... or below.....	

Cause of Death: \_\_\_\_\_  
 Contributory Causes: \_\_\_\_\_  
 Certifying Physician E. E. Samet  
 (or Coroner)  
 His Address Lamoni  
 Name of Father James Allen  
 His Birthplace Mary Whitehead  
 Maiden Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket 6-6 Gray State  
 (State Color and Number)  
 Manufactured by E. M. Case  
 Cemetery } Rose Hill  
 Crematory }

Diagram of Lot or Vault

Lot No. 248  
 Grave No. 2  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

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 \_\_\_\_\_ (Firm Name of Funeral Directors.)  
 maturity at the rate of \_\_\_\_\_ % per annum. \_\_\_\_\_ days from date. Interest to accrue from  
 Signed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 7760 Yearly No. 75 Date of Entry Oct 2 1950

Name of Deceased Harvey Albert Taylor  
 Married  Single  Widowed  Divorced (What Race) W

Residence: Shawwood Camp, Colo.  Husband  Wife  Widow } (State Number and District)  
 or ..... of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Mrs. Harve Wilcoxson

Address: Lamar, Ia.

Order given by: Mrs. Wilcoxson

How Secured: Janitor, Former P.R. Works

If Veteran, State War 20

Occupation \_\_\_\_\_ (Social Security Number) \_\_\_\_\_

Employer and Address Deming, Ia. 20. Grand

Date of Death Sept 26/50 7 P.M.  
 (Date) (Hour)

Date of Birth July 18 1878  
 (Date) (Year) (Month) (Days)

Age 72

Date of Funeral Oct 2/50 Mon 2 P.M.  
 (Date) (Day of Week) (Hour)

Services at: Mt Pleasant Baptist Ch.

Clergyman: \_\_\_\_\_ (Address) \_\_\_\_\_

Religion of the Deceased \_\_\_\_\_

Birthplace Lamar, Ia.

Resided in the State \_\_\_\_\_ (or U. S. or City or Country) (Year) (Month)

Place of Death Wilcoxson home So. of Lamar

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician D. Swanson (or Coroner)

His Address Lamar

Name of Father Isaac Taylor

His Birthplace Ia.

Maiden Name of Mother Mary E. Coatts

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to Mt Pleasant Cmty

Size of Casket 1/3 1/2 inch gray flut

Manufactured by Crib, Pitt, Ore

Cemetery } Mt. Pleasant  
 Crematory }

Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 327.00
Casket	
Burial Vault or Box <u>None</u>	25.00
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	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 352.00
Outlay for Lot:	
Cremation	
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-planes Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
Line Death Notices in _____ Papers (Names of Newspapers)	
Sales Tax	3.52
Total Footing of Bill <u>Relief fee</u>	355.52
Less <u>to Oct 12/50 Harve Wilcoxson</u>	17.78
Balance	\$ 337.74
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Oct 7 '50	To Above Balance	\$	To Balance Forward	\$	\$
Oct 15 '50	By Payment, Cash 50.00	\$	By Payment	\$	\$
Oct 19 '50	Mrs. Wilcoxson 43.74	\$	"	\$	\$
"	" " 43.74	\$	"	\$	\$
"	" " \$	\$	"	\$	\$
"	" " \$	\$	"	\$	\$
"	" " \$	\$	"	\$	\$
"	" " \$	\$	"	\$	\$
"	" " \$	\$	"	\$	\$

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. 2261 Yearly No. 26 Date of Entry Oct 2 1950

Name of Deceased A. B. Nechakian (What Race) W  
 Married  Single  Widowed  Divorced

Residence: St. Louis  
or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
Address: \_\_\_\_\_  
Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_  
If Veteran, State War \_\_\_\_\_  
Occupation \_\_\_\_\_ (Social Security Number)

Employer and Address \_\_\_\_\_  
Date of Death \_\_\_\_\_ (Date) \_\_\_\_\_ (Hour)

Date of Birth \_\_\_\_\_ (Date) \_\_\_\_\_ (Hour)

Age \_\_\_\_\_ (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days)

Date of Funeral Oct 7 50 (Date) \_\_\_\_\_ (Day of Week) \_\_\_\_\_ (Hour) M.

Services at Leave Club - Rose Hill  
Clergyman J.W. Dan (Address)

Religion of the Deceased \_\_\_\_\_  
Birthplace \_\_\_\_\_

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

Place of Death St. Louis  
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)

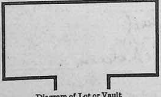
Manufactured by \_\_\_\_\_  
Cemetery }  
Crematory }

Lot No. 427  
Grave No. 2

Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_

Owner \_\_\_\_\_  
Entered into Ledger, page \_\_\_\_\_ or below.

Complete Funeral (except outlays) \$		
Casket _____		
Burial Vault or Box <u>Albia Corio</u> 11.50.00	(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 _____ @ \$ _____		
Extra Limousines _____ @ \$ _____		
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, \$ _____	
Gross Total for Sales Tax _____ \$		
Outlay for Lot _____		
Cremation _____		
Flowers, \$ _____	Palms, \$ _____	Matting, \$ _____
Rental of Tent, \$ _____	of Temporary Vault, \$ _____	
Opening of Grave or Tomb <u>John Marshall</u> 20.00.00		
Lining Grave, \$ _____	Lowering Device, \$ _____	5.00.00
Outlay for Shipping Charges _____		
Clergyman, \$ _____	Singers, \$ _____	Organist, \$ _____
Railroad } Tickets, \$ _____	Aero- } plane Service, \$ _____	
or Motor }		
Teleg., Phone, Cable or Radio Charges _____		
Cash Advanced _____		
Out of town Undertaker's Charges _____		
Personal Service _____		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax <u>Ad. Six full</u>		
Total Footing of Bill _____ \$		140.00
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 \_\_\_\_\_  
 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. FRINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 7-267 Yearly No. 37 Date of Entry Oct 12 1950

Name of Deceased John V. Parish  
 Married  Single  Widowed  Divorced (What Race) W

Residence:  Husband  Wife  Widow  Orphan (State Number and District) W  
Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Daughter

Address: \_\_\_\_\_

Order given by: Daughter (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War no

Occupation: farming (Social Security Number) none

Employer and Address: \_\_\_\_\_

Date of Death: Oct 9 1950 11:45 A.M.  
(Date) (Hour)

Date of Birth: \_\_\_\_\_

Age: 25  
(Years) (Months) (Days)

Date of Funeral: Oct 17 1950 Thurs 2:30 P.M.  
(Date) (Day of Week) (Hour)

Services at: Chapel

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: Leam La Hospital

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: Peruashill (State Color and Number)

Manufactured by: R.O.P.

Cemetery } \_\_\_\_\_

Crematory } \_\_\_\_\_

Diagram of Lot or Vault

Lot No. 1581-3  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 740 00
Casket	
Burial Vault or Box (State Kind)	115 00
Embalming Body (Name of Embalmer)	
Barber, \$ Hair Dressing, \$	
Dressing Body, \$ Underwear, \$	
Suit or Dress (State Kind and Color)	14 75
Slippers, \$ Hose, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Spray, \$	
Funeral Car, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
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)	
Use of Chapel, \$ (State Physician's or Coroner's)	
Pall Bearer Service, \$	
Gross Total for Sales Tax	\$ 869 75
Outlay for Lot	
Cremation	
Flowers, \$ Palms, \$ Matting, \$	
Rental of Tent, \$ Temporary Vault, \$	
Opening of Grave or Tomb <u>W. A. Marshall</u>	25 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	
Personal Service	
line Death Notices in _____ Papers (Names of Newspapers)	
Sales Tax	869
Total Footing of Bill	\$ 903 74
Less <u>570 86</u>	43 88
Balance	\$ 859 96
Entered into Ledger Page <u>10</u> of Book <u>10</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 \_\_\_\_\_ Signed \_\_\_\_\_

Address \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2263 Yearly No. 28 Date of Entry Oct 13 1950

Name of Deceased James Nathan Smith (What Race) W

Residence W. R. Dyer  Married  Single  Widowed  Divorced  Husband  Wife  Widow  or of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to R. A. P.

Address \_\_\_\_\_

Order given by \_\_\_\_\_ (or informant)

How Secured \_\_\_\_\_

If Veteran, State War 210

Occupation \_\_\_\_\_ (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Oct 11, 1950 11 A.M. (Date) (Hour)

Date of Birth \_\_\_\_\_

Age 76 (Years) (Months) (Days)

Date of Funeral Oct 13, 50 Fri 7:30 M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Deo Laub (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace \_\_\_\_\_

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

Place of Death W. R. Dyer

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician Edwin A. Barnett (or Chap)

His Address \_\_\_\_\_

Name of Father Geo W. Smith

His Birthplace \_\_\_\_\_

Maiden Name of Mother Abigail Whitten

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket \_\_\_\_\_ (State Color and Number)

Manufactured by \_\_\_\_\_

Cemetery } \_\_\_\_\_

Crematory } \_\_\_\_\_

Diagram of Lot or Vault

Lot No. 1384

Grave No. 3

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 150.00	
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	@ \$	
Extra Limousines	@ \$	
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, \$	
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
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		
Personal Service		
_____ line Death Notices in _____ Papers	(Names of Newspapers)	
Sales Tax	<u>no tax</u>	
Total Footing of Bill	\$ 150.00	
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 \_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2763 Yearly No. 29 Date of Entry Nov 3 1950

Name of Deceased Eliza Jane Lane  
 Married  Single  Widowed  Divorced

Residence Lamoni  Husband  Wife  Widow  Orphan  of Ed Lane (State Race) W  
or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Ed Lane  
Address: Lamoni

Order given by \_\_\_\_\_ (or Informant)  
How Secured: \_\_\_\_\_  
If Veteran, State War No

Occupation Housewife None (Social Security Number)  
Employer and Address \_\_\_\_\_

Date of Death Nov 1 1950 1:00 P.M. (Date) (Hour)  
Date of Birth Apr 21 1875

Age 75 (Years) (Months) (Days)  
Date of Funeral Nov 3 Friday 2:00 P.M. (Date) (Day of Week) (Hour)

Services at: 11/3/50 Friday 2:00 P.M. (Date) (Day of Week) (Hour)  
Clergyman: Robt. Farham (Address)

Religion of the Deceased \_\_\_\_\_  
Birthplace Canada

Resided in the State Mo. (or U.S. or City or County) (Years) (Months)  
Place of Death Lamoni

Cause of Death \_\_\_\_\_  
Contributory Causes \_\_\_\_\_

Certifying Physician Dr. Anderson (or Coroner)  
His Address Lamoni

Name of Father George Brown  
His Birthplace \_\_\_\_\_

Maiden Name of Mother Mary Ann Gray  
Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_  
Size of Casket 6/3 Octagon Gray Hill (State Code and Number)

Manufactured by Em. B. Case Co.  
Cemetery } Rose Hill

Lot No. 215  
Grave No. 2  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_

Owner \_\_\_\_\_  
Entered into Ledger, page \_\_\_\_\_ or below.

Complete Funeral (except outlays) \$ 360.00  
Casket \_\_\_\_\_  
Burial Vault or Box Pine Oak \$ 25.00 (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 @ \$ \_\_\_\_\_  
Extra Limousines @ \$ \_\_\_\_\_  
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)  
Fall Bearer Service, \$ \_\_\_\_\_ Use of Chapel, \$ \_\_\_\_\_  
Gross Total for Sales Tax \$ 385.00

Outlay for Lot \_\_\_\_\_  
Cremation \_\_\_\_\_  
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 \_\_\_\_\_  
Personal Service \_\_\_\_\_

\_\_\_\_\_ line Death Notices in \_\_\_\_\_ Papers \_\_\_\_\_ (Names of Newspapers)

Sales Tax \_\_\_\_\_ \$ 385  
Total Footing of Bill \$ 388.85  
Less 3% Nov 13d \$ 19.44  
Balance \$ 369.41

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 \_\_\_\_\_ (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. FEINSMAN St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2265 Yearly No. 30 Date of Entry Nov 21 1950

Name of Deceased Michel Wagner  
 Married  Single  Widowed  Divorced  
(What Race)

Residence: L. D. 3. Home Laverne  
 Husband  Wife  Widow }  
or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: P.A. P.  
 Address \_\_\_\_\_

Order given by Earl Hegden  
(or informant)

How Secured: \_\_\_\_\_  
 If Veteran, State War no

Occupation Labour none  
(Social Security Number)

Employer and Address \_\_\_\_\_  
 Date of Death Nov 18 1950

Date of Birth Oct 8 1859  
(Date) (Hour)

Age 91  
(Years) (Months) (Days)

Date of Funeral \_\_\_\_\_ M.  
(Date) (Day of Week) (Hour)

Services at: Nov 21 1950

Clergyman \_\_\_\_\_  
(Address)

Religion of the Deceased \_\_\_\_\_  
 Birthplace Germany

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

Place of Death Laverne Ia

Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Grant  
(or Coroner)

His Address \_\_\_\_\_  
 Name of Father John Wagner

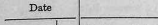
His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Louise Lubs

Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }

Size of Casket \_\_\_\_\_  
 Manufactured by Price & Kelly

Cemetery } P. A. P.  
 Crematory } P. A. P.

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_



Complete Funeral (except outlays) .....	\$ 150.00
Casket .....	
Burial Vault or Box .....	
Embalming Body .....	
Barber, \$ .....	
Dressing Body, \$ .....	
Suit or Dress .....	
Slippers, \$ .....	
Folding Chairs, \$ .....	
Candelabrum, \$ .....	
Door Spray, \$ .....	
Funeral Car, \$ .....	
Limousines to Cemetery .....	
Extra Limousines .....	
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, \$ .....	
Gross Total for Sales Tax .....	
Outlay for Lot .....	
Cremation .....	
Flowers, \$ .....	
Rental of Tent, \$ .....	
Opening of Grave or Tomb .....	
Lining Grave, \$ .....	
Outlay for Shipping Charges .....	
Clergyman, \$ .....	
Railroad } Tickets, \$ .....	
or Motor } Aero-plane Service, \$ .....	
Telegr., Phone, Cable or Radio Charges .....	
Cash Advanced .....	
Out of town Undertaker's Charges .....	
Personal Service .....	
..... line Death Notices in .....	
..... (Names of Newspapers)	
Sales Tax .....	
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 \_\_\_\_\_  
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within \_\_\_\_\_  
(First Name of Funeral Director.)  
 maturity at the rate of \_\_\_\_\_ % per annum. Interest to accrue from \_\_\_\_\_ days from date.

Signed \_\_\_\_\_  
 Address \_\_\_\_\_

Witness \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 7-266 Yearly No. 31 Date of Entry Dec. 4 1950

Name of Deceased William Ethel Collins  
 Married  Single  Widowed  Divorced (What Race) W

Residence: \_\_\_\_\_  
of \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Mrs. W. E. Collins

Address: Lamar

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_  
If Veteran, State War no

Occupation: Teacher 567-28-3763  
(Social Security Number)

Employer and Address: Reading School

Date of Death: Dec 3 1950 1 A.M.  
(Date) (Hour)

Date of Birth: Aug 30 1901  
(Date)

Age: 49  
(Years) (Months) (Days)

Date of Funeral: Dec 4 10 2 P.M.  
(Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Art Lane Robt. Johnson  
(Address) D.S.

Religion of the Deceased: \_\_\_\_\_

Birthplace: Flint Mich

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

Place of Death: San José

Cause of Death: \_\_\_\_\_

Contributory Causes: \_\_\_\_\_

Certifying Physician: \_\_\_\_\_ (or Coroner)

His Address: \_\_\_\_\_

Name of Father: Wm H. Collins

His Birthplace: \_\_\_\_\_

Maiden Name of Mother: Sophia Becker

Her Birthplace: \_\_\_\_\_

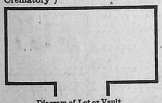
Motor Ship } Remains to: \_\_\_\_\_

Size of Casket: Perf. Shure  
(State Color and Number)

Manufactured by: \_\_\_\_\_

Cemetery Crematory: Rose Hill

Complete Funeral (except outlays)	\$	254.00
Casket		
Burial Vault or Box	<u>Blue Bay</u>	25.00
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	@ \$	
Extra Limousines	@ \$	
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, \$	
Gross Total for Sales Tax	\$	279.00
Outlay for Lot		
Cremation		
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		
Personal Service		
Line Death Notices in	Papers	
(Names of Newspapers)		
Sales Tax		2.79
Total Footing of Bill	\$	281.79
Less	<u>5.00</u>	14.00
Balance	\$	267.79
Entered into Ledger, page	or below	



Lot No. 1366  
Grave No. 4  
Section No. \_\_\_\_\_  
Block 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 \_\_\_\_\_ (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 \_\_\_\_\_

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

# RECORD OF FUNERAL

Total No. 2267 Yearly No. 32 Date of Entry Dec 10 1950

Name of Deceased Harry Clay Barnett (What Race) W

Residence: Rural near Lameri  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow (or) \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_

Order given by Mrs Harry Barnett (or informant)

How Secured: \_\_\_\_\_  
 If Veteran, State War no

Occupation farming none (Social Security Number)  
 Employer and Address \_\_\_\_\_

Date of Death Dec 18, 1950 12:30 AM (Date) (Hour)

Date of Birth Oct 27, 1886 (Date) (Month) (Day)

Age 64 (Years) (Month) (Day)  
 Date of Funeral 17/20/50 Wed 2 P.M. (Date) (Day of Week) (Hour)

Services at Catharin  
 Clergyman Robt Faulham, Carl Lane, Ross Cole (Address)

Religion of the Deceased L. D. S.  
 Birthplace Chadron, Neb.

Resided in the State \_\_\_\_\_ (or U. S. City or County) (Year) (Month) (Day)  
 Place of Death Leon, Decatur Co. Ark.

Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician \_\_\_\_\_ (or Coroner)

His Address \_\_\_\_\_ (or Coroner)

Name of Father John Barnett

His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Etta Miller

Her Birthplace \_\_\_\_\_  
 Motor } Remains to  
 Ship } \_\_\_\_\_

Size of Casket Small Lexington State (State Color and Number)

Manufactured by Flint  
 Cemetery Crematory } Rose Hill

Diagram of Lot or Vault \_\_\_\_\_  
 Lot No. 449  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ <u>456.00</u>
Casket	
Burial Vault or Box <u>Albia Vault</u>	115.00
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 @ \$	
Extra Limousines @ \$	
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, \$
Gross Total for Sales Tax	\$ <u>971.00</u>
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$ <u>25.00</u>
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 Charge	
Personal Service	
_____ line Death Notices in _____ Papers	
Sales Tax	<u>671</u>
Total Footing of Bill	\$ <u>6028.00</u>
Less <u>\$5700.77</u>	\$ <u>28.23</u>
Balance	\$ <u>5737.60</u>
Entered into Ledger, page _____ for below _____	

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

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 \_\_\_\_\_ (Firm Name of Funeral Director.)  
 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. 2268 Yearly No. 33 Date of Entry Dec 28 1950

Name of Deceased Stephen Anthony Karas  
 Married  Single  Widowed  Divorced Infant (What Race)

Residence: Elmer Hatcher  
 Husband  Wife  Widow or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to Elmer Hatcher

Address: \_\_\_\_\_  
Order given by My Elmer Hatcher (or informant)

How Secured: \_\_\_\_\_  
If Veteran, State War \_\_\_\_\_

Occupation \_\_\_\_\_ (Social Security Number)

Employer and Address \_\_\_\_\_  
Date of Death Dec 27 1950 (Date)

Date of Birth Dec 26 1950 (Date)

Age 16 yrs. (Years) (Months) (Days)

Date of Funeral 12-28-50 11:00 10 A.M. (Date) (Day of Week) (Hour)

Services at: \_\_\_\_\_ (Address)

Clergyman: \_\_\_\_\_ (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace \_\_\_\_\_

Resided in the State \_\_\_\_\_ (or U. S. or City or Country) (Years) (Months)

Place of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Contributory Causes Crematorium Birth

Certifying Physician Dr. E. E. Lanet (or Coroner)

His Address \_\_\_\_\_

Name of Father Stanley Karas

His Birthplace \_\_\_\_\_

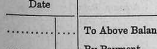
Maiden Name of Mother Bella Hatcher

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket 2-0 (State Color and Number)

Manufactured by \_\_\_\_\_  
Cemetery } Rose Hill  
Crematory }



Lot No. 76  
Grave No. 3 across front  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	
Casket		20 00
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	@ \$	
Extra Limousines	@ \$	
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)	
Use of Chapel, \$	(State Physician's or Coroner's)	
Full Bearer Service, \$	Use of Chapel, \$	
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
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		
Personal Service		5 00
line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax		2 50
Total Footing of Bill	\$	25 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 \_\_\_\_\_ (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. 2269 Yearly No. 1 Date of Entry Jan 2 1957

Name of Deceased Minnie C. Donelson

Married  Single  Widowed  Divorced

Residence: Lamoni (What Race) Chas. Donelson, deceased

Charge to: estate or, \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_

Order given by Effie Deek Stella White (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War no

Occupation housewife (Social Security Number) \_\_\_\_\_

Employer and Address \_\_\_\_\_

Date of Death Dec 31, 1950 4:30 AM (Hour)

Date of Birth Dec 16, 1869

Age 81 (Years) (Months) (Days)

Date of Funeral 1/5/57 Tues. 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Robt Farulam, Art Lane (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Harrison Co. Mo.

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

Place of Death Lamoni

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician E. C. Samet (or Coroner)

His Address Lamoni

Name of Father David Adair

His Birthplace \_\_\_\_\_

Maiden Name of Mother Margaret Young

Her Birthplace \_\_\_\_\_

Motor } Remains to Ship } \_\_\_\_\_

Size of Casket 4/6 Silver Metal (State Color and Number)

Manufactured by F. Hunt

Cemetery } Rose Hill Crematory }

Diagram of Lot or Vault

Lot No. 1417  
Grave No. 3  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays) .....	\$ 595 00
Casket .....	
Burial Vault or Box <u>Alba Vault</u> .....	125 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 .....	@ \$ .....
Extra Limousines .....	@ \$ .....
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. .....	
(State Physician's or Coroner's)	
Pal Bearer Service, \$ .....	Use of Chapel, \$ .....
Gross Total for Sales Tax .....	\$ 720 00
Outlay for Lot .....	
Cremation .....	
Flowers, \$ .....	Palms, \$ .....
Matting, \$ .....	
Rental of Tent, \$ .....	of Temporary Vault, \$ .....
Opening of Grave or Tomb <u>T. H. Marshall</u> .....	25 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 .....	
Personal Service .....	
Line Death Notices in .....	Papers .....
(Names of Newspapers)	
Sales Tax .....	7 20
Total Footing of Bill .....	752 20
Less <u>\$200.727</u> .....	36 36
Balance .....	715 84
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 \_\_\_\_\_

Witness \_\_\_\_\_

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

# RECORD OF FUNERAL

Total No. 2270 Yearly No. 7 Date of Entry Jan 3 1951

Name of Deceased Harry Schenk  
 Married  Single  Widowed  Divorced (What Race)

Residence Decatur Co. Home  
 Husband  Wife  Widow  Widower  
 or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Decatur County  
 Address: Leon

Order given by \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_  
 If Veteran, State War no

Occupation none (Social Security Number)

Employer and Address \_\_\_\_\_  
 Date of Death Dec 30 50 11 P.M.  
 (Date) (Hour)

Date of Birth \_\_\_\_\_  
 Age 65 yrs  
 (Years) (Months) (Days)

Date of Funeral \_\_\_\_\_ M.  
 (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Rev. L. D. S. (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 Decatur County Home

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician D. S. Bowman (or Coroner)  
 His Address Leon

Name of Father \_\_\_\_\_

His Birthplace \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket \_\_\_\_\_ (State Color and Number)

Manufactured by \_\_\_\_\_  
 Cemetery }  
 Crematory }



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays).....	\$ 150 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 @ \$.....	
Extra Limousines @ \$.....	
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, \$.....	
Gross Total for Sales Tax.....	\$ 150 00
Outlay for Lot.....	
Cremation.....	
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.....	
Personal Service.....	
_____ line Death Notices in _____ Papers..... (Number of Newspapers)	3 75
<u>Travel to Carson</u> .....	20 00
Sales Tax.....	163 75
Total Footing of Bill.....	\$ 174 00
Less <u>Paid by Deck F. Lowen</u> .....	\$ 13 75
Balance.....	\$ 150 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.....	\$.....	\$.....
" " ".....	\$.....	\$.....	" " ".....	\$.....	\$.....
" " ".....	\$.....	\$.....	" " ".....	\$.....	\$.....
" " ".....	\$.....	\$.....	" " ".....	\$.....	\$.....
" " ".....	\$.....	\$.....	" " ".....	\$.....	\$.....
" " ".....	\$.....	\$.....	" " ".....	\$.....	\$.....
" " ".....	\$.....	\$.....	" " ".....	\$.....	\$.....

Names of Lodges..... Insurance Companies.....  
 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.....

# RECORD OF FUNERAL

Total No. 2771 Yearly No. 3 Date of Entry Jan 7 1957

Name of Deceased Wm. Oscar Hedger

Residence:  Married  Single  Widowed  Divorced (What Range)  
Ringgold County, Riley Township  Husband  Wife  Widow  Orphan  Age of Husband or Wife (if living) Wm. & Hedger Years

Charge to: Wm. & Hedger

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War US

Occupation Farmer none (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Jan 5 1957 6 AM (Date) (Hour)

Date of Birth June 14 1875 (Date)

Age 75 (Years) (Months) (Days)

Date of Funeral Jan 7 1957 2:30 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman Wm. Shakerpear (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Illinois

Resided in the State 23 yrs (or U.S. or City or County of Years) (City)

Place of Death Riley Township, Ringgold Co. (State)

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician Dr. Swanson (or Coroner)

His Address Lamair

Name of Father Willard Hedger

His Birthplace \_\_\_\_\_

Maiden Name of Mother Mary Clark

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket Perf. Shrove (State Color and Number)

Manufactured by Ross

Cemetery } Island

Crematory } \_\_\_\_\_

Lot No. \_\_\_\_\_

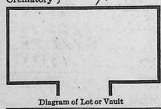
Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	254.00
Casket		
Burial Vault or Box <u>Alfa Concrete</u>		115.00
Embalming Body		
Barber, \$		
Dressing Body, \$		
Suit or Dress <u>Blue suit</u>		12.50
Slippers, \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Funeral Car, \$		
Limousines to Cemetery @ \$		
Extra Limousines @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Talking 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, \$		
Gross Total for Sales Tax	\$	388.50
Outlay for Lot		
Cremation		
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		
Personal Service		
line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	\$	388.50
Less _____		388.50
Balance	\$	
Entered into Ledger, page _____ or below.		



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$ 285.31		To Balance Forward	\$
<u>Jan 11 57</u>	By Payment	\$ 185.31		By Payment	\$
<u>May 14 57</u>	"	200		"	\$
"	"			"	\$
"	"			"	\$
"	"			"	\$
"	"			"	\$
"	"			"	\$
"	"			"	\$
"	"			"	\$

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. 2272 Yearly No. 7 Date of Entry Jan 7 1951

Name of Deceased Viola Alice Graham  
 Married  Single  Widowed  Divorced (What Race)

Residence: Lamoni Ia  Husband  Wife  Widow  Divorced (What Race)  
Charge to: Effie Parsons of Lamoni Age of Husband or Wife (if living) Ben Graham Years

Address: Lamoni  
Order given by: \_\_\_\_\_ (or informant)  
How Secured: \_\_\_\_\_  
If Veteran, State War: No  
Occupation: housewife (Social Security Number)  
Employer and Address: \_\_\_\_\_

Date of Death: June 5 1951 (Date) (Hour)  
Date of Birth: Mar 29 1856 (Date) (Hour)

Age: 94 (Years) (Months) (Days)  
Date of Funeral: 7/5/51 (Date) (Day of Week) (Hour) 1 P. M.

Services at: Methodist Church  
Clergyman: Rev Callison (Address)

Religion of the Deceased: Methodist  
Birthplace: Indiana

Resided in the State: \_\_\_\_\_ (or U. S. or City or Country) (Years) (Months)  
Place of Death: Lamoni Ia

Cause of Death: \_\_\_\_\_  
Contributory Causes: \_\_\_\_\_

Certifying Physician: Gaunt (or Coroner)

His Address: \_\_\_\_\_  
Name of Father: Salomon DePerty

His Birthplace: \_\_\_\_\_  
Maiden Name of Mother: Lucy Larance

Her Birthplace: \_\_\_\_\_  
Motor Ship } Remains to \_\_\_\_\_

Size of Casket: \_\_\_\_\_ (State Color and Number)  
Manufactured by: Rose Hill

Cemetery Crematory } \_\_\_\_\_

Lot No. 771  
Grave No. 1  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

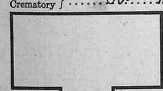


Diagram of Lot or Vault

Complete Funeral (except outlays)	\$ 154.00
Casket	
Burial Vault or Box <u>Albia Vault</u>	125.00
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Suit or Dress <u>Rosewood Dress</u>	12.50
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
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, \$	
Gross Total for Sales Tax	\$ 391.50
Outlay for Lot	
Cremation	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb <u>pd Marshall</u>	25.00
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	
Personal Service	
line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax	391
Total Footing of Bill	\$ 420.41
Less <u>5/20 m. 395.24</u>	\$ 19.77
- <u>Pol</u> Balance	\$ 400.64
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 \_\_\_\_\_ (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 \_\_\_\_\_ Address \_\_\_\_\_

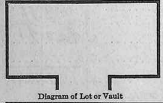
# RECORD OF FUNERAL

Total No. 2273 Yearly No. 5 Date of Entry Jan 8 1957  
 Name of Deceased Herman Vogel (What Race)  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow }  
 or of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Residence Rural, S. W. of Laramie  
 Charge to Mrs. Herman Vogel  
 Address Laramie  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War no  
 Occupation farmer none  
 (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Jan 5 1957 (Date) (Hour)  
 Date of Birth \_\_\_\_\_

Age 78 (Years) (Months) (Days)  
 Date of Funeral 1/8/57 Mon 1:30 P. M. (Date) (Day of Week) (Hour)  
 Services at Methodist Church  
 Clergyman Mr Shakespeare (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace \_\_\_\_\_  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Indianapolis, Mo.  
 Cause of Death pulmonary hemorrhage  
 Contributory Causes \_\_\_\_\_

Certifying Physician \_\_\_\_\_ (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to Shannon City  
 Size of Casket Gray, P.C. Anderson 240 (State, Color and Number)  
 Manufactured by Ross  
 Cemetery } Shannon City  
 Crematory } \_\_\_\_\_



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 532.00
Casket	
Burial Vault or Box <u>None</u>	25.00
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 @ \$ _____	
Extra Limousines @ \$ _____	
Autos to R. R. Station @ \$ _____	
Getting Remains from _____	
Taking Remains to <u>Shannon City</u>	20.00
Trip to Coroner's Inquest <u>Funeral</u>	
Delivering Box to _____	
Deliver Flowers to _____	
Removal Charges _____	
Procuring Burial Permit _____	
Certif. Copies of Death Certificates No. _____	
Pall Bearer Service, \$ _____ Use of Chapel, \$ _____	
Gross Total for Sales Tax	\$ 577.00
Outlay for Lot _____	
Cremation _____	
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 _____	
Personal Service _____	

\_\_\_\_\_ line Death Notices in \_\_\_\_\_ Papers  
 (Names of Newspapers)  
R. Ambalainic to Indianapolis 25.00  
 Sales Tax 5.77  
 Total Footing of Bill \$ 607.77  
 Less 20.00 by Jan 1st 20.00  
PD 1115 Balance \$ 578.64  
 Entered into Ledger, page \_\_\_\_\_ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$ _____		To Balance Forward	\$ _____
	By Payment	\$ _____		By Payment	\$ _____
	" " (State, Color and Number)	\$ _____		" " " "	\$ _____
	" " " "	\$ _____		" " " "	\$ _____
	" " " "	\$ _____		" " " "	\$ _____
	" " " "	\$ _____		" " " "	\$ _____
	" " " "	\$ _____		" " " "	\$ _____
	" " " "	\$ _____		" " " "	\$ _____

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



# RECORD OF FUNERAL

Total No. 277 Yearly No. 6 Date of Entry Jan 11 1957

Name of Deceased Alonso (Tuck) Barnes (What Race) w

Residence: Lamar, La  Married  Single  Widowed  Divorced  Husband  Wife  Widow } or \_\_\_\_\_ of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: P.A.P.

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War no

Occupation farmer not known (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Jan 9 1951 P. 45 AM (Date) (Hour)

Date of Birth Feb 17 1875 (Date)

Age 75 (Years) (Months) (Days)

Date of Funeral 1/15 10:30 P. M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Carl Ballantyne (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Harrison Co, Mo

Resided in the State \_\_\_\_\_ (Year) (Months)

Place of Death at ear Hoys (City or County) (Year) (Months)

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician Dr. Swanson (or Coroner)

His Address \_\_\_\_\_

Name of Father James Barnes

His Birthplace \_\_\_\_\_

Maiden Name of Mother Emma Turner

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket \_\_\_\_\_ (State Color and Number)

Manufactured by P.A.P. W. H. Hoff

Cemetery } \_\_\_\_\_

Crematory } \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	150.00
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	@ \$	
Extra Limousines	@ \$	
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, \$	
Gross Total for Sales Tax	\$	
Outlay for Lot:		
Cremation		
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		
Personal Service		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax	<u>No Tax</u>	
Total Footing of Bill	\$	150.00
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 \_\_\_\_\_

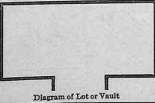
Witness \_\_\_\_\_ Address \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2275 Yearly No. 7 Date of Entry Jan 18 1957  
 Name of Deceased James A. Willey (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence Van Wert, Ind.  Husband  Wife  Widow Helen B. Willey (Age of Husband or Wife (if living))      Years

Charge to Mrs. Helen B. Willey  
 Address Van Wert - Ind.  
 Order given by      (or informant)  
 How Secured       
 If Veteran, State War Gen. World War I  
 Occupation Post Office Inspector retired  
 Employer and Address U. S. Postal Dept.  
 Date of Death Jan 15, 1957 2 PM  
 Date of Birth Nov 7, 1889  
 Age 67  
 Date of Funeral Jan 18, 1957 Thurs 2 P. M.  
 Services at Chapel  
 Clergyman Chas. Harpe Art Lane  
 Religion of the Deceased L. P. S.  
 Birthplace Henry Co. Ind.  
 Resided in the State      (or U. S. or City or County) (Years) (Months)  
 Place of Death near Van Wert  
 Cause of Death       
 Contributory Causes     

Certifying Physician Dr. Doss  
 His Address Dean  
 Name of Father Chas. E. Willey  
 His Birthplace       
 Maiden Name of Mother Ellen J. Stillman  
 Her Birthplace       
 Motor Ship } Remains to  
 Size of Casket sq. med. slab gray Hampton  
 Manufactured by F. West  
 Cemetery } Rice Hill  
 Crematory }     



Lot No. 1548  
 Grave No. 3  
 Section No.       
 Block No.       
 Owner     

Complete Funeral (except outlays)	\$ 487 00
Casket	
Burial Vault or Box <u>elba Vault</u>	125 00
Embalming Body	
Barber, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
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, \$	
Gross Total for Sales Tax	\$ 612 00
Outlay for Lot	
Cremation	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb <u>Chas. Marshall</u>	25 00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad or Motor Tickets, \$	
Aero-planes Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
line Death Notices in	Papers
(Names of Newspapers)	
Sales Tax	6 42
Total Footing of Bill	\$ 643 12
Less <u>Paid in full</u>	
<u>Balance</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      (Firm Name of Funeral Directors.)  
 maturity at the rate of      % per annum. Interest to accrue from      days from date.  
 Signed      Address       
 Witness      Address

# RECORD OF FUNERAL

Total No. 7776 Yearly No. 8 Date of Entry Jan 23 1951

Name of Deceased Stanley C. Wright  Married  Single  Widowed  Divorced (What Race) W

Residence: Baker Ore  Husband  Wife  Widow  of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Mr. Stanley Wright

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation \_\_\_\_\_ (Social Security Number) \_\_\_\_\_

Employer and Address \_\_\_\_\_

Date of Death Jan 17 1951 (Date) \_\_\_\_\_ (Hour)

Date of Birth \_\_\_\_\_ (Date) \_\_\_\_\_ (Month) \_\_\_\_\_ (Days)

Age 63 (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days)

Date of Funeral 1/23/51 Tues. 11:30 P.M. (Date) \_\_\_\_\_ (Day of Week) \_\_\_\_\_ (Hour)

Services at: Church

Clergyman: Rev. Lane (Address) \_\_\_\_\_

Religion of the Deceased P.D.S.

Birthplace \_\_\_\_\_

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

Place of Death Baker, Oregon

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician \_\_\_\_\_ (or Coroner)

His Address \_\_\_\_\_

Name of Father \_\_\_\_\_

His Birthplace \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

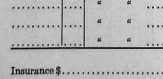
Her Birthplace \_\_\_\_\_

Motor } Remains to \_\_\_\_\_  
Ship }

Size of Casket \_\_\_\_\_ (State Color and Number)

Manufactured by: Ross Hill

Cemetery } \_\_\_\_\_  
Crematory }



Lot No. 1150

Grave No. 3

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	
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	@ \$	
Extra Limousines	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from <u>P. Sicola</u>		7.50
Taking Remains to <u>extra man</u>		7.00
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)	
Pal Bearer Service, \$	Use of Chapel, \$	
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
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		
Personal Service, <u>incl. of Chapel</u>		4.00
<u>house &amp; equipment</u>		45.00
line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax	<u>no tax, all services</u>	
Total Footing of Bill	\$	59.50
Less <u>Adv. in full</u>	\$	
Balance	\$	
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$ 47.50	To Balance Forward		\$
By Payment <u>44.00</u>	15.00	44.50	By Payment	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$
" " " "	\$	\$	" " " "	\$	\$

Insurance \$ \_\_\_\_\_ Names of \_\_\_\_\_ Insurance \_\_\_\_\_  
Lodges \_\_\_\_\_ 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. 277 Yearly No. 9 Date of Entry January 31 1957

Name of Deceased Henry Peter Revere (What Race) W

Residence: Lamar, La. St. Home or Husband  Wife  Widow  of          Age of Husband or Wife (if living)          Years         

Charge to: P.A.P. Complete Funeral (except outlays) \$ 150 00

Address          Casket         

Order given by Bishop Higdon (or informant) Burial Vault or Box          (State Kind)

How Secured          Embalming Body          (Name of Embalmer)

If Veteran, State War no Barber, \$          Hair Dressing, \$         

Occupation fruit grower (Social Security Number) Dressing Body, \$          Underwear, \$         

Employer and Address          Suit or Dress          (State Kind and Color)

Date of Death Jan 29 1957 3 P.M. Slippers, \$          Hose, \$         

Date of Birth July 11 1872 (Date) (Hour) Folding Chairs, \$          Tarpaulin, \$         

Age 78 (Years) (Months) (Days) Candelabrum, \$          Candles, \$         

Date of Funeral          M. Door Spray, \$          Gloves, \$         

Services at 1:30 P.M. Wed 2 P.M. (Date) (Day of Week) (Hour) Funeral Car, \$          Ambulance, \$         

Clergyman J. Barr Chas Harpe (Address) Limousines to Cemetery @ \$         

Religion of the Deceased L.D. Extra Limousines @ \$         

Birthplace New York State Autos to R. R. Station @ \$         

Resided in the State La. (or U. S. or City or County) (Years) (Months) Getting Remains from         

Place of Death Lamar, La (State Number and District) Trip to Coroner's Inquest         

Cause of Death          (State Physician's or Coroner's) Delivering Box to         

Contributory Causes          Deliver Flowers to         

Certifying Physician          (or Coroner) Removal Charges         

His Address          Procuring Burial Permit         

Name of Father Henry C. Revere Certif. Copies of Death Certificates No.         

His Birthplace          Pall Bearer Service, \$          Use of Chapel, \$         

Maiden Name of Mother Johanna Winters Gross Total for Sales Tax \$         

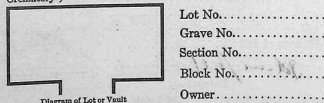
Her Birthplace          Outlay for Lot         

Motor Ship } Remains to P.A.P. (State Order and Number) Cremation         

Size of Casket          Flowers, \$          Palms, \$          Matting, \$         

Manufactured by Rose Hill Rental of Tent, \$          of Temporary Vault, \$         

Cemetery Crematory } Rose Hill Opening of Grave or Tomb         



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

Complete Funeral (except outlays)	\$	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	@ \$		
Extra Limousines	@ \$		
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, \$			
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
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			
Personal Service			
line Death Notices in			
Papers			
Sales Tax			
Total Footing of Bill	\$	150	00
Less <u>Pd in full Jan 20/57</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. 2278 Yearly No. 10 Date of Entry Feb 15 1951

Name of Deceased Curma L. Deskin  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: Lamar, Ia  Husband  Wife  Widow  Friend Deskin  
 Charge to: Verne Deskin of } Age of Husband or Wife (if living) \_\_\_\_\_ Years  
 Address: Lamar

Order given by \_\_\_\_\_  
 How Secured: \_\_\_\_\_ (or informant)  
 If Veteran, State War no  
 Occupation Housewife none (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Feb 14 1951 7 P.M. (Date) (Hour)  
 Date of Birth Mar 9 1870  
 Age 80 (Years) (Months) (Days)  
 Date of Funeral 7/14/51 Fun 10:30 AM (Date) (Day of Week) (Hour)  
 Services at: Hamilton, Des Moines

Clergyman: \_\_\_\_\_ (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Marion County, Ia  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Lamar  
 Cause of Death Coronary Heart Failure  
 Contributory Causes \_\_\_\_\_

Certifying Physician W. Swanson (or Coroner)  
 His Address: Lamar, Ia  
 Name of Father Balthazar Lentzinger  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother May E. Brown  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to Des Moines  
 Ship }  
 Size of Casket 4/3 Plush 1/2 couch (State Plate and Number)  
 Manufactured by S. P. Bank  
 Cemetery } Lamar Hill Des Moines  
 Crematory }

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	365.00
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	@ \$	
Extra Limousines	@ \$	
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 Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$	
Gross Total for Sales Tax	\$	365.00
Outlay for Lot		
Cremation		
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		
Personal Service		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax		365
Total Footing of Bill		368.65
Less <u>5% by Feb 15</u>		18.43
<u>Feb 15</u> Balance		350.22
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. 2-279 Yearly No. 11 Date of Entry March 7 1951  
 Name of Deceased Laura Emma Knott (What Race)  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow or of of Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation Housewife None (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death March 5/51 3 A.M. (Date) (Hour)  
 Date of Birth: \_\_\_\_\_  
 Age 90 (Years) (Month) (Days)  
 Date of Funeral 7/51 Wed 1 P.M. (Date) (Day of Week) (Hour)  
 Services at Chapel  
 Clergyman Rev. Shakespeare (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 Dean Hospital  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_  
 Certifying Physician Dr. Ross (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father (?) Hass  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother not known  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to Hatfield, Mo  
 Ship }  
 Size of Casket Oct. 1st class (State Color and Number)  
 Manufactured by L. W. Case  
 Cemetery } Hatfield, Mo.  
 Crematory }

Complete Funeral (except outlays)	\$ 396.00
Casket	
Burial Vault or Box <u>Alto's Vault</u>	125.00
(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 @ \$	
Extra Limousines @ \$	
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, \$	
Gross Total for Sales Tax	\$ 521.00
Outlay for Lot	
Cremation	
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	
Personal Service	
line Death Notices in _____ Papers (Names of Newspapers)	
Sales Tax	521
Total Footing of Bill	526.21
Less <u>Deposit on 3/11/51</u>	26.21
Balance	500.00
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 \_\_\_\_\_ (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. FRINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 1280 Yearly No. 18 Date of Entry March 8 1951

Name of Deceased Oscar Edward Prall

Residence: Lamar, Ia Charge to: Wilbur & Willard Prall

Address: \_\_\_\_\_ Order given by: above

How Secured: \_\_\_\_\_ If Veteran, State War \_\_\_\_\_

Occupation Farming (retired) Employer and Address \_\_\_\_\_

Date of Death Mar 6 1951 Date of Birth Nov 25 1860

Age 90 Date of Funeral 3/8/51

Services at: Chapel Clergyman: Rab't Farmham

Religion of the Deceased L.D.S. Birthplace Wesconsin

Resided in the State 57 yrs Place of Death Lamar

Cause of Death \_\_\_\_\_ Contributory Causes \_\_\_\_\_

Certifying Physician \_\_\_\_\_ His Address \_\_\_\_\_

Name of Father Edward Prall His Birthplace \_\_\_\_\_

Maiden Name of Mother Letitia Wilson Her Birthplace \_\_\_\_\_

Size of Casket \_\_\_\_\_ Manufactured by: Emb. Co. Case

Cemetery Rose Hill Lot No. 1465

Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Block No. \_\_\_\_\_ Owner \_\_\_\_\_

Complete Funeral (except outlays) \$ 365.00

Casket \_\_\_\_\_ Burial Vault or Box \$ 25.00

Embalming Body \_\_\_\_\_ Barber, \$ \_\_\_\_\_ Hair Dressing, \$ \_\_\_\_\_

Dressing Body, \$ \_\_\_\_\_ Suit or Dress \_\_\_\_\_ Slippers, \$ \_\_\_\_\_

Hose, \$ \_\_\_\_\_ Folding Chairs, \$ \_\_\_\_\_ Candelabrum, \$ \_\_\_\_\_

Door Spray, \$ \_\_\_\_\_ Gloves, \$ \_\_\_\_\_ Funeral Car, \$ \_\_\_\_\_

Ambulance, \$ \_\_\_\_\_ Limousines to Cemetery @ \$ \_\_\_\_\_

Extra Limousines @ \$ \_\_\_\_\_ 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, \$ \_\_\_\_\_

Gross Total for Sales Tax \$ 390.00

Outlay for Lot \_\_\_\_\_ Cremation \_\_\_\_\_

Flowers, \$ \_\_\_\_\_ Palms, \$ \_\_\_\_\_ Matting, \$ \_\_\_\_\_

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

Opening of Grave or Tomb To H. Marshall \$ 23.00

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 \_\_\_\_\_

Personal Service \_\_\_\_\_

Line Death Notices in \_\_\_\_\_ Papers \_\_\_\_\_

Sales Tax \_\_\_\_\_ Total Footing of Bill \$ 416.90

Less Adm. Exp. 3/8/51 \$ 18.22

Balance \$ 397.20

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 \_\_\_\_\_

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. 2281 Yearly No. 13 Date of Entry March 9 1951

Name of Deceased Elizabeth Rootman (What Race)

Residence: Lamoni, Ia  Married  Single  Widowed  Divorced  Husband  Wife  Widow Clarence Rootman (Age of Husband or Wife (if living) Years)

Charge to: Wayne Rootman

Address: Des Moines

Order given by: \_\_\_\_\_ (or Informant)

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation: Housewife none (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death: Mar 6 1951 7:30 PM (Date) (Hour)

Date of Birth: Oct 10 1871 (Date)

Age: 79 (Years) (Months) (Days)

Date of Funeral: 3/9/51 Fri 2 P M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman \_\_\_\_\_ (Address)

Religion of the Deceased: R. P. S. (Address)

Birthplace: Iowa

Resided in the State \_\_\_\_\_ (or U. S. of City or County) (Year) (Months)

Place of Death: Mary Hosp. Des Moines (State, County and District)

Cause of Death \_\_\_\_\_ (State Physician's or Coroner's)

Contributory Causes \_\_\_\_\_

Certifying Physician \_\_\_\_\_ (or Coroner)

His Address \_\_\_\_\_

Name of Father: George Brady

His Birthplace \_\_\_\_\_

Maiden Name of Mother: not known

Her Birthplace \_\_\_\_\_

Motor } Remains to Ship } \_\_\_\_\_

Size of Casket: 1/3 rose cedar stat (State, Color and Number)

Manufactured by: F. H. H.

Cemetery } Rose Hill Crematory }

Lot No. 1523

Grave No. 7

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Complete Funeral (except outlays).....	\$ 396.00
Casket.....	125.00
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..... @ \$.....	
Extra Limousines..... @ \$.....	
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, \$.....	
Gross Total for Sales Tax.....	\$ 521.00
Outlay for Lot.....	
Cremation.....	
Flowers, \$..... Palms, \$..... Matting, \$.....	
Rental of Tent, \$..... of Temporary Vault, \$.....	
Opening of Grave or Tomb to <u>A. Marshall</u> .....	15.00
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.....	
Personal Service.....	
..... line Death Notices in..... Papers..... (Names of Newspapers)	
Sales Tax.....	5.21
Total Footing of Bill.....	\$ 551.21
Less <u>570.49 Mar 19 51</u> <u>pd Mar 17 51</u> .....	\$ 21.31
Balance.....	\$ 574.20
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.....

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

# RECORD OF FUNERAL

Total No. 2282 Yearly No. 14 Date of Entry March 17, 1951

Name of Deceased Amy Elizabeth Parr  
 Married  Single  Widowed  Divorced (What Race)

Residence: Lamoni, Ia  Husband  Wife  Widow }  
Charge to: Roscoe Farnice or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_ Complete Funeral (except outlays) \$ 460.00

Order given by \_\_\_\_\_ (or informant) Casket \_\_\_\_\_

How Secured: \_\_\_\_\_ Embalming Body \_\_\_\_\_ \$ 2.50

If Veteran, State War no Barber, \$ \_\_\_\_\_ Hair Dressing, \$ \_\_\_\_\_  
Occupation Homework Wash Dressing Body, \$ \_\_\_\_\_ Underwear, \$ \_\_\_\_\_  
Employer and Address \_\_\_\_\_ (Social Security Number) Suit or Dress \_\_\_\_\_

Date of Death Mar. 14, 1951 10 M Slippers, \$ \_\_\_\_\_ Hose, \$ \_\_\_\_\_  
Date of Birth June 27, 1861 (Date) (Hour) Folding Chairs, \$ \_\_\_\_\_ Tarpaulin, \$ \_\_\_\_\_  
Age 89 (Years) (Months) (Days) Candelabrum, \$ \_\_\_\_\_ Candles, \$ \_\_\_\_\_  
Date of Funeral \_\_\_\_\_ (Date) (Day of Week) (Hour) M. Door Spray, \$ \_\_\_\_\_ Gloves, \$ \_\_\_\_\_  
Services at: 3/17/51 Sat 2 P.M Funeral Car, \$ \_\_\_\_\_ Ambulance, \$ \_\_\_\_\_  
Clergyman: Ray Churchill (Address) Limousines to Cemetery @ \$ \_\_\_\_\_  
Religion of the Deceased L.D.S. Extra Limousines @ \$ \_\_\_\_\_  
Birthplace Utah Autos to R. R. Station @ \$ \_\_\_\_\_  
Resided in the State 12 yrs (or U. S. or City or County) (Years) (Months) Getting Remains from \_\_\_\_\_  
Place of Death Lamoni Taking Remains to \_\_\_\_\_  
Cause of Death \_\_\_\_\_ Trip to Coroner's Inquest \_\_\_\_\_  
Contributory Causes \_\_\_\_\_ Delivering Box to \_\_\_\_\_  
Certifying Physician E. E. Gannet (or Coroner) Deliver Flowers to \_\_\_\_\_  
His Address \_\_\_\_\_ Removal Charges \_\_\_\_\_  
Name of Father Mark H. Forscutt Procuring Burial Permit \_\_\_\_\_  
His Birthplace Elizabeth Newcomb (State Number and District) \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_ Certif. Copies of Death Certificates No. \_\_\_\_\_  
Her Birthplace \_\_\_\_\_

Gross Total for Sales Tax \$ 48.50  
Outlay for Lot \_\_\_\_\_

Creation \_\_\_\_\_ Flowers, \$ \_\_\_\_\_ Palms, \$ \_\_\_\_\_ Matting, \$ \_\_\_\_\_  
Rental of Tent, \$ \_\_\_\_\_ of Temporary Vault, \$ \_\_\_\_\_

Opening of Grave or Tomb to A. Marshall \$ 2.50  
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 \_\_\_\_\_

Personal Service \_\_\_\_\_

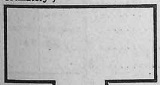
\_\_\_\_\_ line Death Notices in \_\_\_\_\_ Papers  
(Names of Newspapers)

Sales Tax \_\_\_\_\_ \$ 48.50

Total Footing of Bill \$ 514.85

Less 5% by Max 24 \$ \_\_\_\_\_

pd Mar 23 51 \$ 49.90 \$ 3.6  
Entered into Ledger, page 70 or below.



Lot No. 1713  
Grave No. 4  
Section No. \_\_\_\_\_  
Block 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

Total No. 2283 Yearly No. 15 Date of Entry April 14 1951  
 Name of Deceased Martha Laura Schope  
 Married  Single  Widowed  Divorced  
 Residence: Lamoni (What Race) W  
 Husband  Wife  Widow } Geo Schope  
 or \_\_\_\_\_ of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: O.A.P.  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation housewife none (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death April 11/51 8 AM (Date) (Hour)  
 Date of Birth July 21/1860  
 Age 90 (Years) (Months) (Days)  
 Date of Funeral 4/14/51 SAT 1 P (Date) (Day of Week) (Hour) M.  
 Services at: Chapel  
 Clergyman Robt Farinhaur (Address)  
 Religion of the Deceased L.S.  
 Birthplace Canada  
 Resided in the State Mo. (or U.S. or City or County) (Years) (Months)  
 Place of Death Lamoni  
 Cause of Death: \_\_\_\_\_  
 Contributory Causes: \_\_\_\_\_  
 Certifying Physician E.E. Sarnet (State Physician's or Coroner's)  
 His Address Lamoni  
 Name of Father Enoch Larade  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Fannie Ligert  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 2 x 6 x 12  
 Manufactured by Rose Hill (State of \_\_\_\_\_)  
 Cemetery } Rose Hill  
 Crematory }  
 Lot No. 1364-1  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_  
 Complete Funeral (except outlays) \$ 150.00  
 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 @ \$ \_\_\_\_\_  
 Extra Limousines @ \$ \_\_\_\_\_  
 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, \$ \_\_\_\_\_  
 Gross Total for Sales Tax \$ \_\_\_\_\_  
 Outlay for Lot \_\_\_\_\_  
 Cremation \_\_\_\_\_  
 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 \_\_\_\_\_  
 Personal Service \_\_\_\_\_  
 \_\_\_\_\_ line Death Notices in \_\_\_\_\_ Papers (Names of Newspapers)  
 Sales Tax \_\_\_\_\_  
 Total Footing of Bill \$ 150.00  
 Less 21/51 \$ \_\_\_\_\_  
 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.  
 Signed \_\_\_\_\_  
 Witness \_\_\_\_\_ Address \_\_\_\_\_  
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2284 Yearly No. 16 Date of Entry April 17 1951

Name of Deceased William Albert Stoddard  
 Married  Single  Widowed  Divorced (What Race)

Residence: North Platte, Neb.  Husband  Wife  Widow or of of } Age of Husband 64 1/2 Years

Charge to: \_\_\_\_\_ Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or Informant)

How Secured: \_\_\_\_\_ If Veteran, State War \_\_\_\_\_

Occupation \_\_\_\_\_ (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death \_\_\_\_\_ (Date) (Hour)

Date of Birth \_\_\_\_\_ (Year) (Month) (Days)

Date of Funeral 4/17/51 Tues 2:30 P.M.  
(Date) (Day of Week) (Hour)

Services at: Shrawasick

Clergyman: Carl Hegdon (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace \_\_\_\_\_

Resided in the State \_\_\_\_\_ (or U.S. City, County, State) (Year) (Month)

Place of Death North Platte, Neb.

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 \_\_\_\_\_  
Cemetery } Rose Hill  
Crematory }

Lot No. 712  
Grave No. 3  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Complete Funeral (except outlays)	\$	
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	@ \$	
Extra Limousines	@ \$	
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, \$	
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
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-planes Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
_____ line Death Notices in _____ Papers		
(Name of Newspaper)		
Sales Tax		
Total Footing of Bill	\$	<u>30 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 \$ \_\_\_\_\_ 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. 2285 Yearly No. 17 Date of Entry May 3 1951

Name of Deceased Gasper S. Hilliland (What Race)  
 Married  Single  Widowed  Divorced  
 Residence: near Mt. Airy  Husband  Wife  Widow  
 Charge to: R. A. D. or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address: Mt. Airy  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation \_\_\_\_\_ (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death May 2/51 10 AM (Date) (Hour)  
 Date of Birth \_\_\_\_\_ (Date) (Month) (Days)  
 Age 85 (Years) (Months) (Days)  
 Date of Funeral May 3 11 AM (Date) (Day of Week) (Hour) P. M.  
 Services at: Chapel  
 Clergyman Rev. Lane (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Missouri  
 Resided in the State \_\_\_\_\_ (or Ill. or City or County) (Years) (Months)  
 Place of Death County Farm Mt. Airy  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician Dr. Heel, Mt. Airy (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Hugh Hilliland  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_  
 Her Address \_\_\_\_\_  
 Size of Casket Large Cal. (State Color and Number)  
 Manufactured by Price, Buffalo  
 Cemetery Coffeyville  
 Crematory Coffeyville

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Diagram of Lot or Vault

Complete Funeral (except outlays)	\$	150	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 @ \$			
Extra Limousines @ \$			
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, \$			
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
Flowers, \$			
Palms, \$			
Matting, \$			
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			
Personal Service			
line Death Notices in _____ Papers			
(Names of Newspapers)			
Sales Tax <u>10%</u>			
Total Footing of Bill	\$	150	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 \_\_\_\_\_ Address \_\_\_\_\_  
 Signed \_\_\_\_\_  
 Compiled by F. J. SKINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 7-86 Yearly No. 18 Date of Entry May 26 1951

Name of Deceased Harold Duane Boswell  
 Married  Single  Widowed  Divorced (What Race)

Residence: Lamoni Ia  Husband  Wife  Widow } of \_\_\_\_\_ Years  
Charge to: Rufas Boswell Age of Husband or Wife (if living)

Address: Lamoni Ia

Order given by \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War No

Occupation: Student - High School (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death: May 24 1951 10:30 A.M. (Date) (Hour)

Date of Birth: May 21 1934 (Date) (Day of Week) (Hour)

Age: 17 (Years) (Months) (Days)

Date of Funeral: 5/27/51 11:30 P.M. (Date) (Day of Week) (Hour)

Services at: Boswell

Clergyman: Art Lane (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace: Missouri

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

Place of Death: Nine Eagles Lake

Cause of Death: Drowning

Contributory Causes \_\_\_\_\_

Certifying Physician: Dr. Viner Corouh (or Coroner)

His Address: Lamoni Ia

Name of Father: Rufas Boswell

His Birthplace \_\_\_\_\_

Maiden Name of Mother: Vava Hatcher

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket: 1/6 State - Row Cedar Riveria (State Color and Number)

Manufactured by: Abernathy

Cemetery } Russ Hill

Lot No. 1736  
Grave No. 4  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	448 00
Casket		
Burial Vault or Box	<u>Pine Oak</u>	25 00
(Name of Embalmer) (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, \$	
Limousine to Cemetery	@ \$	
Extra Limousines	@ \$	
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, \$	
Gross Total for Sales Tax		\$ 473 00
Outlay for Lot		
Cremation		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		to R. H. Marshall 25 00
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero	Service, \$
or Motor } plans		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in	Papers	
(Name of Newspapers)		
Sales Tax		473
Total Footing of Bill		408 33
Less	<u>Pd Rec. 13/1951</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	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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. 2287 Yearly No. 19 Date of Entry May 26 1951  
 Name of Deceased Vickie Rae Apple (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence Laurion  Husband  Wife  Widow  
 Charge to Morton Edmunds or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by E. T. Apple (Informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation \_\_\_\_\_ (Social Security Number) \_\_\_\_\_  
 Employer and Address \_\_\_\_\_  
 Date of Death May 24/51 7 P.M.  
 Date of Birth Feb 21/51  
 Age 3 3  
 Date of Funeral May 24/51 Sat 3 P.M.  
 Services at Chapel (Day of Week) \_\_\_\_\_ (Hour) \_\_\_\_\_  
 Clergyman Roy Chiville (Address) \_\_\_\_\_  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Leam Ia  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Laurion  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_  
 Certifying Physician E. E. Samit (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father E. T. Apple  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Eizabeth Edmunds  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 2-0 White Lamb. (State Color and Number)  
 Manufactured by Hepp  
 Cemetery } Rose Hill  
 Crematory }  
 Lot No. 1703  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	<u>70</u>	<u>06</u>
Casket			
Burial Vault or Box <u>Albia Vault</u>		<u>35</u>	<u>00</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 @ \$			
Extra Limousines @ \$			
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, \$			
Gross Total for Sales Tax	\$	<u>105</u>	<u>00</u>
Outlay for Lot			
Cremation			
Flowers, \$			
Palms, \$			
Matting, \$			
Rental of Tent, \$			
of Temporary Vault, \$			
Opening of Grave or Tomb			
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			
Personal Service			
line Death Notices in _____ Papers (Names of Newspapers)			
Sales Tax			<u>105</u>
Total Footing of Bill	\$	<u>106</u>	<u>05</u>
Less <u>Prof. 5/26/51 by Morton Edmunds</u>	\$		
Balance	\$		
Entered into Ledger, page _____ or below.			

Diagram of Lot or Vault

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 \_\_\_\_\_ (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

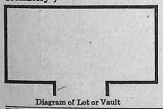
Total No. 2288 Yearly No. 20 Date of Entry May 29 1951  
 Name of Deceased Seander Lower Kelley  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: Lamoni Ia  Husband  Wife  Widow  
 Charge to: \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by Marion Kelley & Doris Hayden  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation Merchant - Supplements none  
 Employer and Address \_\_\_\_\_  
 Date of Death May 28 - 1951 1 A.M.  
 Date of Birth June 5 1889  
 Age 61 11  
 Date of Funeral May 29/51 9:00 7 P.M.  
 Services at: Cathedral  
 Clergyman: Robt Faruhen  
 Religion of the Deceased L.D.S.  
 Birthplace Kirtland, Ohio  
 Resided in the State 54 yrs  
 Place of Death Lamoni Ia  
 Cause of Death \_\_\_\_\_

Complete Funeral (except outlays) .....	\$ <u>596 00</u>
Casket .....	
Burial Vault or Box <u>no</u> .....	\$ <u>25 00</u>
Embalming Body .....	
Barber, \$ .....	
Dressing Body, \$ .....	
Suit or Dress .....	
Slippers, \$ .....	
Folding Chairs, \$ .....	
Candelabrum, \$ .....	
Door Spray, \$ .....	
Funeral Car, \$ .....	
Limousines to Cemetery .....	
Extra Limousines .....	
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, \$ .....	
Gross Total for Sales Tax .....	\$ <u>6.21 00</u>
Outlay for Lot .....	
Cremation .....	
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 .....	
Personal Service .....	
line Death Notices in _____ Papers .....	
Sales Tax .....	\$ <u>6.21</u>
Total Footing of Bill .....	\$ <u>65.72 1</u>
Less <u>5.71 of June 9 31.25</u> .....	\$ <u>60.01 1</u>
Balance .....	\$ <u>3.12 25</u>
Entered into Ledger, page <u>June 10</u> .....	\$ <u>200 96</u>

Contributory Causes \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Address \_\_\_\_\_  
 Name of Father Wm H. Kelley  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Nancy Campbell  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 6-6 resident state gray and clo.  
 Manufactured by Robt  
 Cemetery Rose Hill  
 Crematory \_\_\_\_\_

Lot No. 962  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_



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.  
 Signed \_\_\_\_\_  
 Address \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2289 Yearly No. 21 Date of Entry June 6 1951

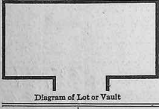
Name of Deceased Clara Bertine Severson (What Race)  
 Married  Single  Widowed  Divorced  
 Residence Lamoni Ia  Husband  Wife  Widow of \_\_\_\_\_ of \_\_\_\_\_  
 Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to \_\_\_\_\_  
 Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War no  
 Occupation housewife none (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death June 6 1951 1:30 PM  
 Date of Birth Mar 27 1879  
 Age 71 (Years) (Months) (Days)  
 Date of Funeral 4/8/51 Fri 2 P. M.  
 Services at Chapel  
 Clergyman Robt Farolan (Address)  
 Religion of the Deceased L. O. S.  
 Birthplace Mitchell County, Ia  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Lamoni Ia  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Complete Funeral (except outlays)	\$ 688.00
Casket	
Burial Vault or Box <u>none</u>	25.00
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 @ \$ _____	
Extra Limousines @ \$ _____	
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, \$ _____	
Gross Total for Sales Tax	\$ 713.00
Outlay for Lot _____	
Cremation _____	
Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____	
Rental of Tent, \$ _____ of Temporary Vault, \$ _____	
Opening of Grave or Tomb <u>to Marshall</u>	25.00
Lining Grave, \$ _____ Lowering Device, \$ _____	
Outlay for Shipping Charges _____	
Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad or Motor } Tickets, \$ _____ Aero-planes Service, \$ _____	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Out of town Undertaker's Charges _____	
Personal Service _____	
_____ line Death Notices in _____ Papers _____ (Names of Newspapers)	
Sales Tax	7.13
Total Footing of Bill	745.13
Less <u>50% by church</u>	356.50
Balance <u>PA</u>	388.63
Entered into Ledger, page _____ or below.	

Certifying Physician E. E. Sauer (or Coroner)  
 His Address Lamoni  
 Name of Father Erisk Nelson  
 His Birthplace Luga, Norway  
 Maiden Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 6 1/2 Gray Metalic (Style and Number)  
 Manufactured by Flour  
 Cemetery Crematory } Rose Hill

Lot No. 1521  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_

Witness \_\_\_\_\_ Signed \_\_\_\_\_ Address \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2290 Yearly No. 22 Date of Entry June 21 1951

Name of Deceased Maudewaye Conklin  
 Married  Single  Widowed  Divorced (What Race)

Residence: Des. Mours  Husband  Wife  Widow }  
or, \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Smith Conklin  
Address: Des. Mours

Order given by \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_ (State Kind)

If Veteran, State War 20 Barber, \$ \_\_\_\_\_ Hair Dressing, \$ \_\_\_\_\_  
Occupation Social Worker Dressing Body, \$ \_\_\_\_\_ Underwear, \$ \_\_\_\_\_  
(Social Security Number)

Employer and Address \_\_\_\_\_ Suit or Dress \_\_\_\_\_ (State Kind and Color)

Date of Death June 19 1951 Slippers, \$ \_\_\_\_\_ Hose, \$ \_\_\_\_\_  
(Date) (Hour)

Date of Birth \_\_\_\_\_ Folding Chairs, \$ \_\_\_\_\_ Tarpaulin, \$ \_\_\_\_\_  
Age 56 Candelabrum, \$ \_\_\_\_\_ Candles, \$ \_\_\_\_\_  
(Years) (Months) (Days)

Date of Funeral July 1 1951 Door Spray, \$ \_\_\_\_\_ Gloves, \$ \_\_\_\_\_  
(Date) (Day of Week) (Hour) M. Funeral Car, \$ \_\_\_\_\_ Ambulance, \$ \_\_\_\_\_

Services at: Maple Limousines to Cemetery @ \$ \_\_\_\_\_  
Extra Limousines @ \$ \_\_\_\_\_  
Autos to R. R. Station @ \$ \_\_\_\_\_

Clergyman: \_\_\_\_\_ Getting Remains from \_\_\_\_\_  
(Address) Taking Remains to \_\_\_\_\_

Religion of the Deceased \_\_\_\_\_ Trip to Coroner's Inquest \_\_\_\_\_  
Birthplace \_\_\_\_\_ Delivering Box to \_\_\_\_\_

Resided in the State \_\_\_\_\_ Deliver Flowers to \_\_\_\_\_  
(or U. S. or City or Country) (Years) (Months) Removal Charges \_\_\_\_\_

Place of Death \_\_\_\_\_ Procuring Burial Permit \_\_\_\_\_  
Cause of Death Cancer (State Number and District)

Contributory Causes \_\_\_\_\_ Certif. Copies of Death Certificate No. \_\_\_\_\_  
(State Physician's or Coroner's)

Certifying Physician \_\_\_\_\_ Pall Bearer Service, \$ \_\_\_\_\_ Use of Chapel, \$ \_\_\_\_\_

His Address \_\_\_\_\_ (or Coroner)

Name of Father \_\_\_\_\_

His Birthplace \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Her Birthplace \_\_\_\_\_

Motor } Remains to \_\_\_\_\_  
Ship } Personal Service \_\_\_\_\_

Size of Casket \_\_\_\_\_ (State Color and Number)

Manufactured by \_\_\_\_\_ (State Number and District)

Cemetery } \_\_\_\_\_  
Crematory } \_\_\_\_\_

\_\_\_\_\_ line Death Notices in \_\_\_\_\_ Papers

\_\_\_\_\_ (Names of Newspapers)

Lot No. 855

Grave No. 2

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Sales Tax all sewer, no tax 35.00

Total Footing of Bill \_\_\_\_\_ \$

Less pd \_\_\_\_\_ \$

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 \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2291 Yearly No. 23 Date of Entry June 25 1957  
 Name of Deceased Edmund Dater Briggs (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Laurum Ia (Husband  Wife  Widow  Gertrude Briggs (Age of Husband or Wife (if living)) W Years

Charge to: Mr Spurrier  
 Address: North Platte, Neb  
 Order given by: same (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation salesman (real estate & Ins) (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death June 23 1957 3 PM (Date) (Hour)  
 Date of Birth Dec 12 1868  
 Age 87 (Years) (Months) (Days)  
 Date of Funeral 6/25/57 Mon 2 P M. (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman Robt Farham (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Wilton Co. Ill  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Leam Hospital  
 Cause of Death: \_\_\_\_\_  
 Contributory Causes: \_\_\_\_\_

Complete Funeral (except outlays)	\$ <u>36.00</u>	OP
Casket		
Burial Vault or Box <u>Elbia Corsets</u>	12.50	OP
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	@ \$	
Extra Limousines	@ \$	
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, \$	
Gross Total for Sales Tax		\$ <u>48.50</u>
Outlay for Lot		
Cremation		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb <u>Ed Marshall</u>		2.50
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		
Personal Service		
line Death Notices in	Papers	
(Names of Newspapers)		
Sales Tax		48.50
Total Footing of Bill		\$ <u>514.85</u>
Less <u>576.00</u>		\$ <u>22.88</u>
Balance		\$ <u>49.00</u>
Entered into Ledger, page _____ or below.		

Certifying Physician Dr Doss (or Coroner)  
 His Address Leam  
 Name of Father E C Briggs  
 His Birthplace Hotkum  
 Maiden Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 1/2 couch plush (Oct)  
 Manufactured by Emb. Firm Case  
 Cemetery } Rose Hill  
 Crematory }

Lot No. ??0  
 Grave No. 1  
 Section No. \_\_\_\_\_  
 Block 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) \_\_\_\_\_ days from date. Interest to accrue from maturity at the rate of \_\_\_\_\_ % per annum.  
 Signed \_\_\_\_\_  
 Witness \_\_\_\_\_ Address \_\_\_\_\_



# RECORD OF FUNERAL

Total No. 2292 Yearly No. 34 Date of Entry June 28 1951

Name of Deceased Charles France (What Race) W

Residence: Blytheville, Mo.  Husband  Wife  Widow  Divorced Florence France (Age of Husband or Wife (if living))        Years

Charge to       

Address       

Order given by        (or informant)

How Secured       

If Veteran, State War Mo

Occupation Farmer Merchant (Social Security Number)       

Employer and Address       

Date of Death June 26, 1951 2 AM (Date) (Hour)

Date of Birth Dec 29, 1865 (Date) (Day of Week) (Hour) M.

Age 85 (Years) (Months) (Days)

Date of Funeral 6/28/51 Thurs 7 P (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Roy Chevill (Address)       

Religion of the Deceased       

Birthplace       

Resided in the State       

Place of Death Blytheville, Mo. (or U. S. or City or County) (State) (Months)

Cause of Death       

Contributory Causes       

Certifying Physician        (or Coroner)

His Address       

Name of Father Thomas France

His Birthplace       

Maiden Name of Mother Alice Carter

Her Birthplace       

Motor Ship } Remains to 9/5 Erie State (State, Color and Number)

Size of Casket       

Manufactured by F. Hill

Cemetery } Rose Hill

Diagram of Lot or Vault       

Lot No. 413  
Grave No. 2  
Section No.         
Block No.         
Owner       

Complete Funeral (except outlays)	\$ 456	00
Casket <u>June box</u>	25	00
Burial Vault or Box		
Embalming Body		
Barber, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Folding Chairs, \$		
Candelabrum, \$		
Floor Spray, \$		
Funeral Car, \$		
Limousines to Cemetery		
Extra Limousines		
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, \$		
Gross Total for Sales Tax	\$ 481	00
Outlay for Lot		
Cremation		
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		
Personal Service		
line Death Notices in		
Papers		
(Names of Newspapers)		
Sales Tax		481
Total Footing of Bill		518 80
Less		22 29
- Bal - Balance		496 51
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.

Witness        Signed        Address

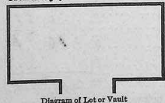
# RECORD OF FUNERAL

Total No. 2293 Yearly No. 25 Date of Entry July 10 1947

Name of Deceased Samuel Harris Bailey  
 Married  Single  Widowed  Divorced  
Residence: Kellerton  Husband  Wife  Widow  or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
Address: \_\_\_\_\_  
Order given by: \_\_\_\_\_ (or informant)  
How Secured: \_\_\_\_\_  
If Veteran, State War no  
Occupation Insurance Agt. 884-07-1329 (Social Security Number)  
Employer and Address: \_\_\_\_\_  
Date of Death July 8/51 1 A.M. (Date) (Hour)  
Date of Birth July 14, 1883 (Date)  
Age 67 (Years) (Months) (Days)  
Date of Funeral July 10/51 2 P. M. (Date) (Day of Week) (Hour)  
Services at: Columbus  
Clergyman Ray Church Robt Farnham (Address)  
Religion of the Deceased: \_\_\_\_\_  
Birthplace Lamoni Ia  
Resided in the State \_\_\_\_\_ (or U.S. or City or County) (Years) (Months)  
Place of Death Kellerton Ia  
Cause of Death: \_\_\_\_\_  
Contributory Causes: \_\_\_\_\_

Certifying Physician E. E. Smet (or Coroner)  
His Address: Lamoni  
Name of Father Earl D. Bailey  
His Birthplace: \_\_\_\_\_  
Maiden Name of Mother Kathryn Harris  
Her Birthplace: \_\_\_\_\_  
Motor Ship } Remains to \_\_\_\_\_  
Size of Casket 4/3 Octagon Blue (State Catalog Number)  
Manufactured by Abernathy  
Cemetery } Rose Hill  
Crematory } \_\_\_\_\_



Lot No. 1718  
Grave No. 2  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	<u>365.00</u>
Casket		
Burial Vault or Box <u>Alpha Vault</u>		<u>125.00</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>Ambulance, \$</u>
Limousines to Cemetery	@ \$	
Extra Limousines	@ \$	
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>
Gross Total for Sales Tax	\$	<u>490.00</u>
Outlay for Lot		
Cremation		
Flowers, \$		<u>Palms, \$</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>
Railroad or Motor } Tickets, \$		<u>Organist, \$</u>
Telegr., Phone, Cable or Radio Charges		<u>Aero-plane Service, \$</u>
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
_____ line Death Notices in _____ Papers		
Sales Tax		<u>490</u>
Total Footing of Bill	\$	<u>494.90</u>
Less _____	\$	<u>34.00</u>
Balance <u>pd</u>	\$	<u>470.90</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 \_\_\_\_\_  
Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2294 Yearly No. 24 Date of Entry July 13 1951

Name of Deceased Daniel Anderson  
 Married  Single  Widowed  Divorced (What Race)

Residence: Lamoni Ia  Husband  Wife  Widow  or..... of } Age of Husband or Wife (if living)..... Years

Charge to: Scott Anderson

Address: 1142 - 362 St. P. M. Ia

Order given by..... (or informant)

How Secured:.....

If Veteran, State War us

Occupation: Insurance act (Social Security Number)

Employer and Address

Date of Death: July 10 1951 (Date) (Hour)

Date of Birth..... (Date) (Hour)

Age: 84 (Years) (Month) (Days)

Date of Funeral: July 13 1951 (Date) (Day of Week) (Hour) P.M.

Services at: Chapel

Clergyman: Robt Farnham (Address)

Religion of the Deceased: P. M. S.

Birthplace.....

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

Place of Death: Clanuda State Hosp.

Cause of Death.....

Contributory Causes.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father: A. K. Anderson

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

(Motor } Remains to Ship).....

Size of Casket: Oct. seel. plush

Manufactured by: E. H. Case (State Color and Number)

Cemetery } Rose Hill Crematory }

Diagram of Lot or Vault

Lot No. 326

Grave No. 3

Section No.....

Block No. 1111

Owner.....

Complete Funeral (except outlays).....	\$	396	00
Casket.....			
Burial Vault or Box <u>Albia</u>		12	50
(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.....	@	\$	
Extra Limousines.....	@	\$	
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, \$.....			
Gross Total for Sales Tax.....	\$	521	00
Outlay for Lot.....			
Cremation.....			
Flowers, \$.....			
Palms, \$.....			
Matting, \$.....			
Rental of Tent, \$.....			
of Temporary Vault, \$.....			
Opening of Grave or Tomb.....			
<u>Ad. War. Serv.</u>		11	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.....			
Personal Service.....			
..... line Death Notices in..... Papers.....			
(Names of Newspapers)			
Sales Tax.....		5	21
Total Footing of Bill.....	\$	548	21
Less..... <u>Ad. Cash.</u>	\$	300	00
Balance.....	\$	248	21
Entered into Ledger, page..... or below.....			

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$248 21		To Balance Forward.....	\$.....
<u>Aug. 4/51</u>	By Payment.....	\$100 00		By Payment.....	\$.....
<u>Dec. 15/51</u>	" ".....	\$50 00		" ".....	\$.....
<u>Jan. 15/52</u>	" ".....	\$50 00		" ".....	\$.....
<u>Feb. 16/52</u>	" ".....	\$48 21		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

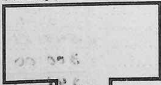
Insurance \$..... Names of Lodges..... Insurance Companies.....

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. 2295 Yearly No. 27 Date of Entry July 29 1957  
 Name of Deceased James Henry Sillaspey (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: near Latham  Husband  Wife  Widow of  Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by Donald Sillaspey (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State, War no  
 Occupation farmer none (Social Security Number)  
 Employer and Address: \_\_\_\_\_  
 Date of Death July 21/57 10:30AM (Date) (Hour)  
 Date of Birth Mar 7 1868 (Date) (Year)  
 Age 83  
 Date of Funeral 7/24/57 Tues. 2 P. M. (Date) (Day of Week) (Hour)  
 Services at Chapel (Address)  
 Clergyman Ross Cole  
 Religion of the Deceased L.D.S.  
 Birthplace Idaho  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death near Latham  
 Cause of Death Coronary occlusion  
 Contributory Causes: \_\_\_\_\_  
 Certifying Physician E. E. Lawret (or Coroner)  
 His Address: \_\_\_\_\_  
 Name of Father John Sillaspey  
 His Birthplace: \_\_\_\_\_  
 Maiden Name of Mother Rosabel Maxwell  
 Her Birthplace: \_\_\_\_\_  
 Motor } Remains to  
 Ship } \_\_\_\_\_  
 Size of Casket 1/2 rose cedar state  
 Manufactured by Abernethy (State Color and Finish)  
 Cemetery } Rose Hill  
 Crematory } \_\_\_\_\_  
 Diagram of Lot or Vault  Lot No. 1140  
 Grave No. 4  
 Section No. 2233  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ <u>448.00</u>	
Casket	_____	
Burial Vault or Box	<u>bit</u> (State Kind) <u>25.00</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	@ \$ _____	
Extra Limousines	@ \$ _____	
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, \$ _____	
Gross Total for Sales Tax	\$ <u>473.00</u>	
Outlay for Lot	_____	
Cremation	_____	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb	<u>to be marked</u> <u>25.00</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	_____	
Personal Service	_____	
_____ line Death Notices in _____ Papers	(Name of Newspaper) _____	
Sales Tax	<u>4.73</u>	
Total Footing of Bill	\$ <u>502.73</u>	
Less <u>570.00</u> <u>1997</u>	\$ _____	
<u>pd July 29/57</u>	\$ <u>478.85</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 \_\_\_\_\_ (Firm Name of Funeral Directors.)  
 maturity at the rate of \_\_\_\_\_ % per annum. \_\_\_\_\_ days from date. Interest to accrue from  
 Witness \_\_\_\_\_ Signed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 296 Yearly No. 28 Date of Entry Aug 15 1951

Name of Deceased Oscar Anderson  
 Married  Single  Widowed  Divorced (What Race)

Residence: \_\_\_\_\_  
Charge to: Mrs Oscar Anderson (Name of Embalmer) Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address: \_\_\_\_\_  
Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_  
If Veteran, State War \_\_\_\_\_  
Occupation \_\_\_\_\_ (Social Security Number)

Employer and Address \_\_\_\_\_  
Date of Death \_\_\_\_\_ (Date) \_\_\_\_\_ (Hour)

Date of Birth \_\_\_\_\_ (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days)  
Age \_\_\_\_\_ (Date) \_\_\_\_\_ (Day of Week) \_\_\_\_\_ (Hour) M.

Date of Funeral \_\_\_\_\_ (Date) \_\_\_\_\_ (Day of Week) \_\_\_\_\_ (Hour) M.  
Services at: \_\_\_\_\_ (Address)

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 } Remains to \_\_\_\_\_  
Ship }  
Size of Casket \_\_\_\_\_ (State Color and Number)

Manufactured by \_\_\_\_\_  
Cemetery }  
Crematory }

Diagram of Lot or Vault \_\_\_\_\_  
Lot No. 125  
Grave No. 3  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays) \$	
Casket	
Burial Vault or Box <u>Walter</u> \$ <u>150 00</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, \$ _____	
Limousine to Cemetery @ \$ _____	
Extra Limousines @ \$ _____	
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, \$ _____	
Gross Total for Sales Tax \$ <u>150 00</u>	
Outlay for Lot _____	
Cremation _____	
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 _____	
Personal Service, \$ _____ <u>Use of Chapel</u> <u>and equip</u> \$ <u>40 00</u>	
_____ line Death Notices in _____ Papers	
(Name of Newspapers)	
Sales Tax <u>on Vault</u> \$ _____	
Total Footing of Bill \$ <u>199 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 \$ \_\_\_\_\_ 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. 2-297 Yearly No. 29 Date of Entry Aug 18 1951

Name of Deceased Edith Florence Wadley (What Race) W

Residence: Louisiana  Married  Single  Widowed  Divorced

Charge to: Islands Wadley  Husband  Wife  Widow } or..... of } Age of Husband or Wife (if living)..... Years

Address: Islands Wadley

Order given by: Islands Wadley (or informant)

How Secured: .....

If Veteran, State War .....

Occupation .....

Employer and Address Blow Printing Co (Social Security Number) .....

Date of Death: Aug 15 1951 (Date) (Hour) .....

Date of Birth: .....

Age: 53 (Years) (Months) (Days) .....

Date of Funeral: Aug 19/51 Sat (Date) (Day of Week) (Hour) 2 P M.

Services at: Chapel .....

Clergyman: Rev. Miller Kelliston (Address) .....

Religion of the Deceased: .....

Birthplace .....

Resided in the State: .....

Place of Death: Independence Mo (or U.S. or City or County) (Year) (Months) .....

Cause of Death: .....

Contributory Causes: .....

Certifying Physician: .....

His Address: .....

Name of Father: .....

His Birthplace: .....

Maiden Name of Mother: .....

Her Birthplace: .....

Motor Ship } Remains to: .....

Size of Casket: Blue 41 inch (State Code and Number) .....

Manufactured by: Acacia City Casket .....

Cemetery } .....

Diagram of Lot or Vault

Lot No. 1722 Grave No. 4 Section No. .... Block No. .... Owner: .....

Complete Funeral (except outlays)	\$ 530.00	
Casket		
Burial Vault or Box <u>Albia Vault</u>	125.00	
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, \$	
Limousine to Cemetery @ \$		
Extra Limousines @ \$		
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, \$	
Gross Total for Sales Tax	\$ 66.00	
Outlay for Lot		
Cremation		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb <u>2 March</u>		25.00
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		
Personal Service		
line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	\$ 691.60	
Less <u>paid by August</u>	\$ 23.33	
Balance <u>Aug 21/51</u>	\$ 668.27	
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..... Address.....



# RECORD OF FUNERAL

Total No. 2298 Yearly No. 30 Date of Entry Aug 21 1951

Name of Deceased Elizabeth (Hopkins) Evans  
 Married  Single  Widowed  Divorced (What Race) W

Residence: Utica, N.Y.  Husband  Wife  Widow  
or..... of ..... Age of Husband or Wife (if living)..... Years

Charge to: Home Happiness  
Address: Des Moines

Order given by.....  
(or informant)

How Secured:.....

If Veteran, State War.....

Occupation.....  
(Social Security Number)

Employer and Address.....

Date of Death Aug 19 1951  
(Date) (Hour)

Date of Birth.....

Age 84 2 10  
(Years) (Months) (Days)

Date of Funeral Aug 21 1951 Wed 2 P.M.  
(Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: J. Bam Art Lane  
(Address)

Religion of the Deceased C. D. S.

Birthplace.....

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

Place of Death Utica, N.Y.

Cause of Death Cerebral Thrombosis

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.....  
Cemetery } Rose Hill  
Crematory }

Lot No. 290  
Grave No. 3

Section No.....

Block No.....

Owner.....

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

Complete Funeral (except outlays).....	
Casket.....	
Burial Vault or Box <u>Albia Vault</u>	<u>125 00</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 @ \$.....	
Extra Limousines @ \$.....	
Autos to R. R. Station @ \$.....	
Getting Remains from <u>Asseville</u>	<u>7 00</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, \$.....	
Gross Total for Sales Tax <del>25</del> \$.....	
Outlay for Lot.....	
Cremation.....	
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>	<u>9 00</u>
Railroad } Tickets, \$..... Aero or Motor } plane Service, \$.....	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Personal Service <u>use of Chapel,</u> <u>grave etc.</u>	<u>35 00</u>
..... line Death Notices in..... Papers.....	
(Names of Newspapers)	
Sales Tax <u>on vault</u>	<u>2 50</u>
Total Footing of Bill.....	<u>171 50</u>
Less <u>credit for box</u>	<u>15 00</u>
Balance <u>fol Aug 21 51</u>	<u>158 50</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.

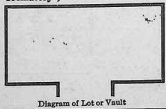
Signed.....  
Address.....

# RECORD OF FUNERAL

Total No. 2299 Yearly No. 31 Date of Entry Aug. 23 1951  
 Name of Deceased Nelli Elvora Huffman (What Race) w  
 Married  Single  Widowed  Divorced  
 Residence: Lanham  Husband  Wife  Widow  of Chas Huffman  
 Charge to: Chas Huffman Age of Husband or Wife (if living) 48 Years

Address: Lanham  
 Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation: housewife (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death: Aug 19/51 6 P.M.  
 Date of Birth: June 11/1892  
 Age: 59 (Years) (Months) (Days)  
 Date of Funeral: Aug 23/51 Thurs 2 P.M.  
 Services at: Chapel  
 Clergyman: Robt Farham Dave Skaret  
 Religion of the Deceased: L. P. S.  
 Birthplace: Harrison Co. Mo.  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death: Lanham Ia  
 Cause of Death: \_\_\_\_\_  
 Contributory Causes: \_\_\_\_\_

Certifying Physician: R. R. Brown (or Coroner)  
 His Address: Lanham  
 Name of Father: Geo Pierson  
 His Birthplace: \_\_\_\_\_  
 Maiden Name of Mother: Bertha Sturdevant  
 Her Birthplace: \_\_\_\_\_  
 Motor Ship } Remains to  
 Size of Casket: 4/5 Rose Cedar State  
 Manufactured by: J. C. Clark (State Color and Number)  
 Cemetery } Rose Hill  
 Crematory }



Lot No. 1704  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 448	00
Casket		
Burial Vault or Box <u>Pine box</u>	25	00
(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 @ \$		
Extra Limousines @ \$		
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, \$	
Gross Total for Sales Tax	\$ 473	00
Outlay for Lot		
Cremation		
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		
Personal Service		
... line Death Notices in	Papers	
(Names of Newspapers)		
Sales Tax		4 73
Total Footing of Bill		477 73
Less <u>5.90</u>		23 83
Balance		453 85
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 \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

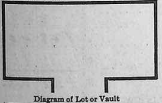
Total No. 2900 Yearly No. 32 Date of Entry Sept 11 1951  
 Name of Deceased Alice W. M. Muthorn  
 Married  Single  Widowed  Divorced  
 Residence: Lamoni (What Race) Geo Muthorn  
 Charge to: @-A. P. or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address: \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation housewife (Social Security Number) \_\_\_\_\_  
 Employer and Address \_\_\_\_\_  
 Date of Death Sept 9 1951 12:30 AM  
 Date of Birth April 5 1860 (Hour) \_\_\_\_\_  
 Age 91 (Years) (Months) (Days) \_\_\_\_\_  
 Date of Funeral Sept 11/51 Tue 2 P. M.  
 Services at: Chapel (Day of Week) (Hour) \_\_\_\_\_  
 Clergyman: Art Lane (Address) \_\_\_\_\_  
 Religion of the Deceased L. O. S.  
 Birthplace New York state  
 Resided in the State 60 yr (or U. S. or City or County) (Years) (Months)  
 Place of Death Lamoni  
 Cause of Death: \_\_\_\_\_  
 Contributory Causes: \_\_\_\_\_

Certifying Physician D. Swanson (or Coroner)  
 His Address Lamoni  
 Name of Father Ezra W. Hitchcock  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Rhoda Hagen  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket 2 1/2 x 7 (State Color and Number)  
 Manufactured by Pine Knuff  
 Cemetery } Rose Hill  
 Crematory }

Complete Funeral (except outlays)	\$	15.00
Casket		
Burial Vault or Box		
Embalming Body	(State Kind)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress	(State Kind and Color)	
Shippers, \$	Hose, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Extra Limousines	@ \$	
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, \$	
Gross Total for Sales Tax	\$	
Outlay for Lot:		
Cremation		
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		
Personal Service		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax		<u>Not Tax</u>
Total Footing of Bill	\$	15.00
Less. <u>pd. Dec. 13/51</u>	\$	
Balance	\$	
Entered into Ledger, page _____ or below.		

Lot No. 1460  
 Grave No. 7  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2301 Yearly No. 33 Date of Entry Sept 18 1951

Name of Deceased Rebecca Perry (What Race)  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow Roy Perry (What Race)  
 or ..... of ..... Age of Husband or Wife (if living) ..... Years

Residence: Roy Perry

Charge to: Roy Perry

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War: no

Occupation: \_\_\_\_\_ (Social Security Number)

Employer and Address: \_\_\_\_\_

Date of Death: \_\_\_\_\_ (Date) (Hour)

Date of Birth: \_\_\_\_\_ (Date) (Month) (Days)

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: Permalith

Size of Casket: Rose Hill Co.

Manufactured by: Rose Hill

Cemetery } Rose Hill

Crematory } \_\_\_\_\_

Diagram of Lot or Vault

Lot No. 544

Grave No. 3

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays) .....	\$ 795 00
Casket .....	
Burial Vault or Box <u>Permalith</u> .....	25 00
Embalming Body .....	
Barber, \$ .....	
Dressing Body, \$ .....	
Suit or Dress .....	
Slippers, \$ .....	
Folding Chairs, \$ .....	
Candelabrum, \$ .....	
Door Spray, \$ .....	
Funeral Car, \$ .....	
Limousines to Cemetery .....	@ \$
Extra Limousines .....	@ \$
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, \$ .....
Gross Total for Sales Tax .....	\$ 820 00
Outlay for Lot .....	
Cremation .....	
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 .....	
Personal Service .....	
..... line Death Notices in .....	Papers .....
(Names of Newspapers) .....	
Sales Tax .....	820
Total Footing of Bill .....	828 20
Less <u>590 44</u> <u>Sept 18</u> .....	237 79
Balance .....	256 79
Entered into Ledger, page .....	or below .....

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$766 79	To Balance Forward		\$
By Payment <u>Sept 18</u>	\$500 00	\$266 79	By Payment	\$	\$
" " <u>Oct 5</u>	\$286 79		" "	\$	\$
" " <u>John Hill</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 \_\_\_\_\_ Address \_\_\_\_\_

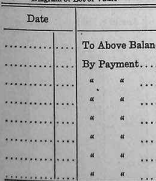
# RECORD OF FUNERAL

Total No. 2302 Yearly No. 34 Date of Entry Sept 26 1951  
 Name of Deceased Alonso De Long  
 Married  Single  Widowed  Divorced (What Race) W  
 Residence: Harrison Co Mo  Husband  Wife  Widow }  
 or..... of Age of Husband or Wife (if living)..... Years

Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation Farmer (Social Security Number) \_\_\_\_\_  
 Employer and Address \_\_\_\_\_  
 Date of Death Sept 24 1951 (Date) (Hour) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ (Years) (Months) (Days) \_\_\_\_\_  
 Age 82 (Years) (Months) (Days) \_\_\_\_\_  
 Date of Funeral Sept 26/51 Tulsa 2 P.M. (Date) (Day of Week) (Hour) \_\_\_\_\_  
 Services at: Chapel \_\_\_\_\_  
 Clergyman: Art Lane (Address) \_\_\_\_\_  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace \_\_\_\_\_  
 Resided in the State \_\_\_\_\_ (or in the City or County) (Years) (Months) \_\_\_\_\_  
 Place of Death Bethany Mo. \_\_\_\_\_  
 Cause of Death Cerebral Embolism \_\_\_\_\_  
 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 4/3 1/2 - cash pay plus \_\_\_\_\_ (State, Color, Number) \_\_\_\_\_  
 Manufactured by E. H. Katz \_\_\_\_\_  
 Cemetery Rose Hill \_\_\_\_\_  
 Crematory \_\_\_\_\_

Complete Funeral (except outlays) .....	\$ <u>365.00</u>
Casket .....	
Burial Vault or Box <u>Box</u> .....	<u>25.00</u>
Embaling Body _____ (Name of Embalmer) .....	
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body, \$ _____ Underwear, \$ _____	
Suit or Dress <u>Ray suit</u> .....	<u>18.00</u>
Slippers, \$ _____ Hose, \$ _____	
Folding Chairs, \$ _____ Tarpsaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Spray, \$ _____ Gloves, \$ _____	
Funeral Car, \$ _____ Ambulance, \$ _____	
Limousine to Cemetery @ \$ _____	
Extra Limousines @ \$ _____	
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, \$ _____	
Gross Total for Sales Tax .....	<u>4.08.00</u>
Outlay for Lot .....	
Cremation .....	
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, \$ _____ plane Service, \$ _____ or Motor } _____	
Telegr., Phone, Cable or Radio Charges .....	
Cash Advanced .....	
Out of town Undertaker's Charges .....	
Personal Service .....	
_____ line Death Notices in _____ Papers .....	
(Names of Newspapers) .....	
Sales Tax .....	<u>4.08</u>
Total Footing of Bill .....	<u>412.08</u>
Less <u>5%</u> .....	<u>20.60</u>
add <u>2%</u> for <u>fees</u> .....	<u>8.24</u>
Balance .....	<u>383.12</u>
Entered into Ledger, page _____ or below.	

Lot No. 1373  
 Grave No. 1  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance .....	\$	<u>26 Oct 1/51</u>	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. 2303 Yearly No. 35 Date of Entry Oct. 14 1937

Name of Deceased Charles Howard White  
 Married  Single  Widowed  Divorced  
 Residence: Lamoni, Ia (What Place)  
 Husband  Wife  Widow Jessie W. White  
 Charge to: children or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured \_\_\_\_\_

If Veteran, State War no  
 Occupation Merchant (Social Security Number) \_\_\_\_\_  
 Employer and Address \_\_\_\_\_

Date of Death Oct 12 1937 12:45 AM (Date) (Hour)  
 Date of Birth Dec 26 1878 (Date) (Month) (Day) (Year)

Age 58 (Years) (Months) (Days)  
 Date of Funeral Oct 14/37 2:30 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel  
 Clergyman Roy Cheville (Address) \_\_\_\_\_  
 Religion of the Deceased L.P.S. (Address) \_\_\_\_\_

Birthplace Jasper County, Ia  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)

Place of Death Leon Hospital (State) (City) (Street) (Address)  
 Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_  
 Certifying Physician E. E. Gamet (or Coroner)

His Address \_\_\_\_\_  
 Name of Father D. C. White  
 His Birthplace \_\_\_\_\_

Maiden Name of Mother Anna Brewer  
 Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket State - gray metal cloth (State Color and Number)

Manufactured by F. Hunt  
 Cemetery Crematory } Rose Hill

Lot No. 1727  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays).....	\$ 410.00
Casket.....	
Burial Vault or Box <u>Albia Vault</u> .....	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 @ \$.....	
Extra Limousines @ \$.....	
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, \$.....
Gross Total for Sales Tax.....	\$ 535.00
Outlay for Lot.....	
Cremation.....	
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.....	
Personal Service.....	
_____ line Death Notices in _____ Papers.....	
(Names of Newspapers)	
Sales Tax.....	5.95
Total Footing of Bill.....	\$ 540.35
Less <u>51.00</u> <u>Oct 24</u> <u>Oct 15</u> Balance.....	\$ 27.02
Entered into Ledger, page _____ or below.	\$ 513.33

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. FRINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 2304 Yearly No. 36 Date of Entry Oct 15 1951

Name of Deceased Daisy Belle Rew W  
 Married  Single  Widowed  Divorced

Residence: \_\_\_\_\_  Husband  Wife  Widow  Divorced (What Race) \_\_\_\_\_  
or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_

Address: \_\_\_\_\_

Order given by husband & children  
(or informant)

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation housewife 484-22-1241  
(Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Oct 12/51 7:30 P.M.  
(Date) (Hour)

Date of Birth Mar 27/1891  
(Date)

Age 60  
(Years) (Months) (Days)

Date of Funeral Oct 15/51 Mon 2:30 P.M.  
(Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Wilbur Prall  
(Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Harrison County, Mo.

Resided in the State \_\_\_\_\_  
(or U. S. or City or County) (Year)

Place of Death Leon Hospital  
(State) (City) (Street) (District)

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician Dr. L. P. Reed  
(or Surgeon)

His Address Davis City

Name of Father T. C. Smith

His Birthplace \_\_\_\_\_

Maiden Name of Mother May Patrick

Her Birthplace \_\_\_\_\_

Motor } Remains to \_\_\_\_\_  
Ship } \_\_\_\_\_

Size of Casket \_\_\_\_\_  
(State Color and Number)

Manufactured by \_\_\_\_\_

Cemetery } \_\_\_\_\_  
Crematory } \_\_\_\_\_

Lot No. 385

Grave No. 2

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Complete Funeral (except outlays)	\$	448.00
Casket		
Burial Vault or Box <u>pine box</u>		25.00
(State Kind)		
Embalming Body		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress <u>blue slacks</u>		16.50
(State Kind and Color)		
Slippers, \$		
Hose, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousines to Cemetery	@	\$
Extra Limousines	@	\$
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 of District)		
Certif. Copies of Death Certificates No.		
(State Physician's or Coroner's)		
Pall Bearer Service, \$		
Use of Chapel, \$		
Gross Total for Sales Tax	\$	490.50
Outlay for Lot		488.50
Cremation		
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, \$		
or Motor } plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax		4.90
Total Footing of Bill	\$	498.40
Less _____	\$	18.22
Balance	\$	475.68
Entered into Ledger, page _____ or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		\$ 475.68		To Balance Forward		\$
Oct 16 51	By Payment by Claude	50.00	\$ 425.68		By Payment	\$	\$
" 16 51	" " by Clara	15.68	\$ 270.00		" "	\$	\$
" 20 51	" " by Clarence	15.00	\$ 120.00		" "	\$	\$
Mar 9 52	" " by Claude	1.25	\$ 118.75		" "	\$	\$
June 10 52	" " by Claude	50.00	\$ 68.75		" "	\$	\$
June 16 52	" " by Claude	88.75	\$ 00.00		" "	\$	\$
	Ad in <u>Final</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. (Print Name of Funeral Directors.)

Witness \_\_\_\_\_ Signed \_\_\_\_\_ Address \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2305 Yearly No. 97 Date of Entry Nov 9 1951

Name of Deceased John Bracker (What Race) W  
 Married  Single  Widowed  Divorced

Residence: Lea  Husband  Wife  Widow }  
of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: P.A.P.  
Address: .....

Order given by: ..... (or informant)  
How Secured: .....

If Veteran, State War No  
Occupation Farmer none (Social Security Number)

Employer and Address .....  
Date of Death Nov 7, 1951 (Date) (Hour)

Date of Birth Dec 21, 1865  
Age 85 (Years) (Months) (Days)

Date of Funeral 11/9/51 Exc 2 P M. (Date) (Day of Week) (Hour)

Services at: Chapel  
Clergyman: ..... (Address)

Religion of the Deceased: .....  
Birthplace Wisconsin

Resided in the State: ..... (or U. S. or City or County) (Years) (Months)  
Place of Death Lea

Cause of Death: .....  
Contributory Causes: .....

Certifying Physician K. R. Brown (or Coroner)  
His Address: Lea

Name of Father: not known  
His Birthplace: .....

Maiden Name of Mother: not known  
Her Birthplace: .....

Motor } Remains to: .....  
Ship } .....

Size of Casket: P.A.P.  
Manufactured by: Rose Hill (State Illinois)

Cemetery } Rose Hill  
Crematory } .....

Lot No. 1517  
Grave No. 3  
Section No. ....  
Block No. ....  
Owner: .....

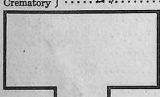


Diagram of Lot or Vault

Complete Funeral (except outlays)	\$	150	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	@ \$		
Extra Limousines	@ \$		
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, \$		
Gross Total for Sales Tax			
Outlay for Lot			
Cremation			
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			
Personal Service			
line Death Notices in	Papers		
(Names of Newspapers)			
Sales Tax			
Total Footing of Bill		150	00
Less <u>P.A.P. Jan 1952</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: .....  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

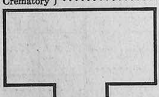
# RECORD OF FUNERAL

Total No. 2306 Yearly No. 38 Date of Entry Nov 12 1951  
 Name of Deceased James Franklin Jones (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Lamoni  Husband  Wife  Widow  Pears Jones (Age of Husband or Wife (if living)) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War W  
 Occupation: \_\_\_\_\_ (Social Security Number) None  
 Employer and Address: \_\_\_\_\_  
 Date of Death: Nov 10 1951 2:10 AM  
 Date of Birth: Feb 24 1881  
 Age: 70 (Years) May (Month) 7 P. (Hour) M.  
 Date of Funeral: \_\_\_\_\_ (Date) \_\_\_\_\_ (Day of Week) \_\_\_\_\_ (Hour)  
 Services at: Coleman  
 Clergyman: Wilbur Prall, Root Farham (Address)  
 Religion of the Deceased: \_\_\_\_\_  
 Birthplace: Davis City, Ia  
 Resided in the State: \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death: Lamoni Ia  
 Cause of Death: \_\_\_\_\_  
 Contributory Causes: \_\_\_\_\_

Complete Funeral (except outlays).....	\$ 795 00
Casket.....	
Burial Vault or Box <u>Leaf</u> (State Kind).....	25 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 @ \$.....	
Extra Limousines @ \$.....	
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, \$.....	
Gross Total for Sales Tax.....	\$ 820 00
Outlay for Lot:.....	
Cremation.....	
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.....	
Personal Service.....	
..... line Death Notices in..... Papers (Name of Newspapers)	
Sales Tax.....	8 20
Total Footing of Bill.....	\$ 828 20
Less..... <u>576.41</u> <u>Pay Nov 14 51</u>	91 91
Balance.....	\$ 786 29
Entered into Ledger, page..... or below.	

Certifying Physician: E. C. Garnet (or Coroner)  
 His Address: Lamoni  
 Name of Father: Franklin Jones  
 His Birthplace: \_\_\_\_\_  
 Maiden Name of Mother: Elizabeth Abbott  
 Her Birthplace: \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket: Permalith (State Color and Number)  
 Manufactured by: R. Root  
 Cemetery Crematory } Rose Hill  
 Lot No. 1420  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner: \_\_\_\_\_



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

Names of 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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 Witness \_\_\_\_\_

# RECORD OF FUNERAL

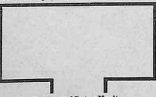
Total No. 2307 Yearly No. 39 Date of Entry Nov. 19 1951  
 Name of Deceased Caulah Lee Jones (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Anderson, Mo.  Husband  Wife  Widow  Fun. Jones  
 or..... of } Age of Husband or Wife (if living)..... Years

Charge to: Lucy Jennings  
 Address: Mlythdale, Mo.  
 Order given by.....  
 How Secured:..... (or informant)  
 If Veteran, State War no  
 Occupation Housewife none (Social Security Number)  
 Employer and Address.....

Date of Death Nov 17 1951 3 A.M. (Date) (Hour)  
 Date of Birth Nov 9 1869 (Date) (Month) (Days)  
 Age 82 (Years) (Months) (Days)  
 Date of Funeral 11/19/51 May 11:30 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel (Address)  
 Clergyman Rev. Campbell, But De Luy  
 Religion of the Deceased.....  
 Birthplace Caldwell Co. Mo.  
 Resided in the State..... (or U.S. or City or County) (Years) (Months)  
 Place of Death Bethany, Mo.  
 Cause of Death.....  
 Contributory Causes.....

Certifying Physician D. S. Lee (or Coroner)  
 His Address: Bethany  
 Name of Father: Maurice H. Nell  
 His Birthplace.....  
 Maiden Name of Mother Lucy Davis  
 Her Birthplace.....  
 Motor } Remains to  
 Ship } 6 1/2 Stat gray metal cloth  
 Size of Casket..... (State Color and Number)  
 Manufactured by: F. Hunt  
 Cemetery } Anderson, Mo.  
 Crematory }



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

Complete Funeral (except outlays)	\$	410	00
Casket <u>alloy vault</u>		125	00
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 @ \$.....			
Extra Limousines @ \$.....			
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, \$.....			
Gross Total for Sales Tax	\$	535	00
Outlay for Lot			
Cremation			
Flowers, \$.....			
Palms, \$.....			
Matting, \$.....			
Rental of Tent, \$.....			
of Temporary Vault, \$.....			
Opening of Grave or Tomb <u>Ed. Marshall</u>		25	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			
Personal Service			
..... line Death Notices in..... Papers (Names of Newspapers)			
Sales Tax		535	00
Total Footing of Bill	\$	568	35
Less <u>on 542.35</u> <u>2</u> <u>Jan. 18/51</u> Balance	\$	27	00
Entered into Ledger, page..... or below	\$	541	35

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

# RECORD OF FUNERAL

Total No. 2308 Yearly No. 40 Date of Entry Nov 23 1951

Name of Deceased Frank L Bower  
 Married  Single  Widowed  Divorced  
 Residence: Harris City (What Race) Iola Bower  
 Husband  Wife  Widow or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: R.T.P.  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War No

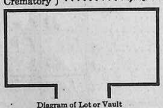
Occupation Farmer None (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Nov. 20 1951 11 A.M. (Date) (Hour)  
 Date of Birth Mar. 4 1868 (Date) (Hour)

Age 83 (Years) (Months) (Days)  
 Date of Funeral Nov 23 51 Fri 2 P.M. (Date) (Day of Week) (Hour)  
 Services at: M.E. Church, Harris City (Address)  
 Clergyman: Rev. M. C. Colton (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Harrison County Mo.  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Leon Hospital  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician Dr. Thos. Viner (or Coroner)  
 His Address: Leon  
 Name of Father Wreck Bower  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Elizabeth Moore  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to  
 Ship } \_\_\_\_\_  
 Size of Casket R.T.P.  
 Manufactured by Pine Valley (State Catalog Number)  
 Cemetery } Road Hill  
 Crematory } \_\_\_\_\_

Complete Funeral (except outlays)	\$ 15.00	00
Casket		
Burial Vault or Box <u>Cem.</u>	10.7	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, \$	
Limousine to Cemetery	@ \$	
Extra Limousines	@ \$	
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, \$	
Gross Total for Sales Tax		\$
Outlay for Lot		
Cremation		
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		
Personal Service		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax <u>on vault only</u>		2.10
Total Footing of Bill		\$ 25.9 1.0
Less <u>chg 15.90 to R.T.P.</u>		\$ 10.9 00
<u>11 10 90 to Vernon Bower</u>		\$ 45.0 00
Balance _____		
Entered into Ledger, page <u>101</u> of <u>below 91</u>		

Lot No. 493  
 Grave No. 7  
 Section No. \_\_\_\_\_  
 Block 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 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. 2309 Yearly No. 41 Date of Entry Dec. 14 1951

Name of Deceased Harvey E. Wilcoxson (What Race) W  
 Married  Single  Widowed  Divorced  
Residence: Rural Lammou Harvey Elder Wilcoxson (Age of Husband or Wife (if living)) Years

Charge to: Mrs. Wilcoxson

Address: above (coinformant)

How Secured: above

If Veteran, State War No  
Occupation Farming none (Social Security Number)

Employer and Address: \_\_\_\_\_  
Date of Death Dec. 11 1951 8:30 PM (Date) (Hour)

Date of Birth May 11 1881 (Date) (Day) (Month) (Year)

Age 70 (Years) (Month) (Days)

Date of Funeral 12/14/51 10 2 P. (Date) (Hour) (Day) (Month) (Year)

Services at Engleville, Meth. Church  
Clergyman Elihu Evans (Address)

Religion of the Deceased \_\_\_\_\_  
Birthplace Harrison County, W. Va.

Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Year) (Month)

Place of Death Colfax Turnoff, Harrison Co. W. Va. (State) (City and Number)

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician C. W. McCortney (or Coroner)

His Address Bethany, W. Va.

Name of Father John William Wilcoxson

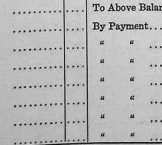
His Birthplace \_\_\_\_\_

Maiden Name of Mother Margie L. Shrawaert

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_  
Size of Casket 6% coffertown metal (State) (Color and Number)

Manufactured by F. Lind  
Cemetery } Masonic Cemetery, Engleville  
Crematory } \_\_\_\_\_



Lot No. \_\_\_\_\_

Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays) \$ 765.00

Casket Individual Wood \$ 395.00 (State Kind)

Embalming Body \_\_\_\_\_ (Name of Embalmer)

Barber, \$ \_\_\_\_\_ Hair Dressing, \$ \_\_\_\_\_ Underwear, \$ \_\_\_\_\_  
Dressing Body, \$ \_\_\_\_\_ Candles, \$ \_\_\_\_\_ 1.60 00  
Suit or Dress blue, for suit (State Kind and Color)

Slippers, \$ \_\_\_\_\_ Hose, \$ \_\_\_\_\_  
Folding Chairs, \$ \_\_\_\_\_ Tarpaulin, \$ \_\_\_\_\_  
Candelabrum, \$ \_\_\_\_\_  
Door Spray, \$ \_\_\_\_\_ Gloves, \$ \_\_\_\_\_  
Funeral Car, \$ \_\_\_\_\_ Ambulance, \$ \_\_\_\_\_

Limousines to Cemetery @ \$ \_\_\_\_\_  
Extra Limousines @ \$ \_\_\_\_\_  
Autos to R. R. Station @ \$ \_\_\_\_\_

Getting Remains from \_\_\_\_\_  
Talking 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, \$ \_\_\_\_\_

Gross Total for Sales Tax \$ 1176.00

Outlay for Lot \_\_\_\_\_  
Cremation \_\_\_\_\_

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 \_\_\_\_\_

Personnel Service \_\_\_\_\_

\_\_\_\_\_ line Death Notices in \_\_\_\_\_ Papers \_\_\_\_\_ (Names of Newspapers)

Sales Tax \_\_\_\_\_ 21.96

Total Footing of Bill \$ 1197.96

Less 5% by Dec 24th \$ 59.89

Balance \$ 1128.37

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.

Signed \_\_\_\_\_  
Address \_\_\_\_\_



# RECORD OF FUNERAL

Total No. 1310 Yearly No. 1 Date of Entry Jan. 6 1952

Name of Deceased Clara May Lane  
 Married  Single  Widowed  Divorced (What Race) W

Residence: Arthur Lane  Husband  Wife  Widow  of Arthur Lane Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Arthur Lane

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War W

Occupation housewife none (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Jan 3 1952 10 A.M. (Date) (Hour)

Date of Birth Nov 11 1878 (Date) (Month) (Day)

Age 72 (Years) (Months) (Days)

Date of Funeral Jan 6 1952 2 P.M. (Date) (Day of Week) (Hour)

Services at: Coliseum

Clergyman: Roy Chaville Rolt Farnham (Address)

Religion of the Deceased L.D.S.

Birthplace Louis City Ia

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

Place of Death Lane Ia Hospital

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician E. G. Garnet (or Coroner)

His Address Lane

Name of Father J. Has. Weil

His Birthplace Germany

Maiden Name of Mother Jessie Scott

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket 45x30x30 Rose Cedar (State Color and Number)

Manufactured by Emm. Case Mrs. Case

Cemetery } Rose Hill

Lot No. 1682

Grave No. 4

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 475	00
Casket		
Burial Vault or Box <u>Albia Vault</u>	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	@ \$	
Extra Limousines	@ \$	
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, \$	
Gross Total for Sales Tax	\$ 6.00	00
Outlay for Lot		
Cremation		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb <u>H. Marshall</u>		25 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		
Personal Service		
line Death Notices in _____ Papers		
(Names of Newspapers)		
<u>Amb. trip to Lane</u>		4 00
Sales Tax		6 37 00
Total Footing of Bill	\$	6 37 00
Less <u>paid Jan 6 1952</u>	\$	30 30
<u>Balance</u>	\$	6 07 30
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 Director.) days from date. Interest to accrue from maturity at the rate of \_\_\_\_\_ % per annum.

Signed \_\_\_\_\_ Address \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2311 Yearly No. 2 Date of Entry Jan 9 1922

Name of Deceased John Frances De Lary (What Race) \_\_\_\_\_  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow } of \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Residence: Lansou  
 Charge to: children  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or Informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation farmer none (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Jan 7 1922 11 A.M. (Date) (Hour)  
 Date of Birth Nov 3 1884 (Date) (Month) (Day)  
 Age 37 (Years) (Months) (Days)  
 Date of Funeral Jan 5 Wed 7 P. M. (Date) (Day of Week) (Hour)  
 Services at: Lansou  
 Clergyman Walter D. Hall Roll Hansen (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Jones County, Ia  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Lansou  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Complete Funeral (except outlays)	\$ 396.00
Casket	25.00
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 @ \$	
Extra Limousines @ \$	
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, \$	
Gross Total for Sales Tax	\$ 4.21.00
Outlay for Lot	
Cremation	
Flowers, \$ Palms, \$ Matting, \$	
Rental of Tent, \$ of Temporary Vault, \$	
Opening of Grave or Tomb <u>to H. Marshall</u>	25.00
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	
Personal Service	
_____ line Death Notices in _____ Papers (Name of Newspapers)	
Sales Tax	4.21
Total Footing of Bill	\$ 450.21
Less <u>Less 5.92 on 4-25 by Jan 9</u>	\$ 21.26
Balance	\$ 428.95
Entered into Ledger, page _____ or below.	

Certifying Physician H. Swanson (or Coroner)  
 His Address Lansou  
 Name of Father John B. De Lary  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Caroline Broderhoper  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 1/2 size - 26 inch high  
 Manufactured by Emb. Co. Inc. Case (State, Color and Number)  
 Cemetery } Rose Hill  
 Crematory }  
 Lot No. 268  
 Grave No. 1  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_  
 Witness \_\_\_\_\_ Signed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2312 Yearly No. 3 Date of Entry Jan 11 1952

Name of Deceased Max Kowski - Maximilian Marcenkowski (What Race) W.

Residence: Lean  Husband  Wife  Widow  Divorced

Charge to: P.A.P. or. \_\_\_\_\_ of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War W

Occupation labora (Social Security Number) None

Employer and Address \_\_\_\_\_

Date of Death Jan 8 1952 (Date) (Hour)

Date of Birth Oct 6 1869 (Date) (Hour)

Age 82 (Years) (Months) (Days)

Date of Funeral Jan 11 52 (Date) (Day of Week) (Hour) 2 P.M.

Services at: Chapel

Clergyman: \_\_\_\_\_ (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Kansas

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

Place of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician T. R. Brown (or Coroner)

His Address \_\_\_\_\_

Name of Father Maximilian Marcenkowski

His Birthplace Poland

Maiden Name of Mother Margaret O'Brien

Her Birthplace Ireland

Motor Ship } Remains to P.A.P.

Size of Casket \_\_\_\_\_

Manufactured by: One Hell (State Code and Number)

Cemetery } One Hell

Crematory } \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Lot No. 1149  
Grave No. 1  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	150	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	@ \$		
Extra Limousines	@ \$		
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, \$		
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
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			
Personal Service			
line Death Notices in	Papers		
Sales Tax	<u>No tax</u>		
Total Footing of Bill	\$	150	00
Less <u>Pd. May 10/52</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.) days from date. Interest to accrue from maturity at the rate of \_\_\_\_\_ % per annum.

Signed \_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2313 Yearly No. 4 Date of Entry Jan. 13 1957

Name of Deceased Bertha Perry (What Race)  
 Married  Single  Widowed  Divorced  
Residence Lamson Ia. W. Perry (Husband or Wife if living) Widow of W. Perry (Age of Husband or Wife if living) Years

Charge to: \_\_\_\_\_  
Address: \_\_\_\_\_  
Order given by Earl Perry & Brothers (or informants)  
How Secured: \_\_\_\_\_  
If Veteran, State War no  
Occupation housewife none (Social Security Number)  
Employer and Address: \_\_\_\_\_  
Date of Death Jan. 11, 1957 7 A.M. (Date) (Hour)  
Date of Birth Feb. 6, 1871  
Age 85 (Years) (Months) (Days)  
Date of Funeral 1/13/57 Sun 9 P. M. (Date) (Day of Week) (Hour)  
Services at Church  
Clergyman Leonard Hallway (Address)  
Religion of the Deceased C. D. S.  
Birthplace Iowa  
Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
Place of Death Lamson  
Cause of Death: \_\_\_\_\_  
Contributory Causes: \_\_\_\_\_

Certifying Physician E. E. Samet (or Coroner)  
His Address: \_\_\_\_\_  
Name of Father Josiah R. Hoades  
His Birthplace: \_\_\_\_\_  
Maiden Name of Mother not known  
Her Birthplace: \_\_\_\_\_  
Motor Ship } Remains to \_\_\_\_\_  
Size of Casket 6/6 Cedar Toronto (State Color and Number)  
Manufactured by Sam. Co.  
Cemetery } Rose Hill  
Crematory }



Lot No. 866  
Grave No. 1  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 498 00
Casket	
Burial Vault or Box <u>bit</u>	25 00 (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 @ \$	
Extra Limousines @ \$	
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, \$
Gross Total for Sales Tax	\$ 47.3 00
Outlay for Lot	
Cremation	
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 or Motor } Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
...line Death Notices in _____ Papers	(Names of Newspapers)
Sales Tax	4 73
Total Footing of Bill	502 73
Less <u>5% m.</u> <u>477.73</u> <u>by Jan 23</u>	23 88
<u>pd Jan 6/57</u> Balance	478 85
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. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2714 Yearly No. 5 Date of Entry Jan. 25 1952

Name of Deceased Julia Delphinia Newlin  
 Married  Single  Widowed  Divorced

Residence: Lanani  Husband  Wife  Widow  (What Part) John Newlin

Charge to: Mellie Newlin Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address: Lanani Ia

Order given by \_\_\_\_\_ (informant)

How Secured: \_\_\_\_\_ (State Kind)

If Veteran, State War \_\_\_\_\_

Occupation \_\_\_\_\_ (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Jan. 23 1952 4 AM (Date) (Hour)

Date of Birth Sept. 8 1860 (Date) (Month) (Day) (Year)

Age 91 (Years) (Months) (Days)

Date of Funeral Jan. 25 Fri 7 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Clarence Neide, Fayette Cole

Religion of the Deceased L. O. S. (Address)

Birthplace Iowa

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

Place of Death L. O. Hosp.

Cause of Death Broncho Pneumonia

Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Hamet (or Coroner)

His Address: Lanani

Name of Father John D. Chappin

His Birthplace \_\_\_\_\_

Maiden Name of Mother Ann Macabee

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket \_\_\_\_\_ (State Color and Number)

Manufactured by: Rose Hill

Cemetery Crematory } \_\_\_\_\_

Lot No. 1141

Grave No. 4

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

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

Complete Funeral (except outlays)	\$	315	00
Casket			
Burial Vault or Box			no chp.
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	@		\$
Extra Limousines	@		\$
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, \$
Gross Total for Sales Tax	\$	315	00
Outlay for Lot:			
Cremation			
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			
Personal Service			
line Death Notices in _____ Papers			
Sales Tax			
Total Footing of Bill	\$	318	15
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 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 \_\_\_\_\_

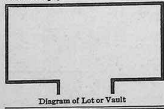
Witness \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2315 Yearly No. 6 Date of Entry Jan. 29 1957  
 Name of Deceased Charles Edward Harpe  
 Married  Single  Widowed  Divorced (What Race)  
 Residence Lamar, La  
 Husband  Wife  Widow of } Age of Husband or Wife (if living) \_\_\_\_\_ Years  
 Charge to L. P. S. Church

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War no  
 Occupation clergyman (Social Security Number)   
 Employer and Address \_\_\_\_\_  
 Date of Death Jan. 26 1957 1:30 AM  
 Date of Birth Aug 4 1875  
 Age 76  
 Date of Funeral 1/29/57 Tues 2 P. M.  
 Services at Chapel  
 Clergyman Rever. Holloway Barr  
 Religion of the Deceased L. P. S.  
 Birthplace Indiana  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death W. P. Hospital  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Hargett (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Wm M. Harpe  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Mary Elba Lauthen  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket 6-inch with plush  
 Manufactured by Emb. Bur. Case  
 Cemetery } Rose Hill  
 Crematory }



Lot No. 352350  
 Grave No. 2  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 375 00
Casket	110 00
Burial Vault or Box <u>Albia Vault</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 @ \$	
Extra Limousines @ \$	
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, \$
Gross Total for Sales Tax	\$ 485 00
Outlay for Lot	
Cremation	
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, \$	Organist, \$
	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
... line Death Notices in _____ Papers	
(Name of Newspaper)	
Sales Tax	485
Total Footing of Bill <u>not paid to church</u>	489 85
Less <u>Family to pay 136.35</u>	
<u>Church " 353.50</u>	
Balance	\$
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$ 136 35		By Payment	\$
<u>Aug 11</u>	<u>Funeral Home</u>	\$ 57 00			\$
<u>" 11</u>	<u>"</u>	\$ 17 50			\$
<u>Nov 17</u>	<u>"</u>	\$ 70 85			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

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 \_\_\_\_\_ (Firm Name of Funeral Directors.)  
 maturity at the rate of \_\_\_\_\_ % per annum. days from date. Interest to accrue from  
 Witness \_\_\_\_\_ Signed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

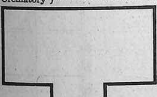


# RECORD OF FUNERAL

Total No. 2316 Yearly No. 7 Date of Entry Feb 25 1952  
 Name of Deceased Orton H. Holloway  
 Married  Single  Widowed  Divorced  
 Residence Rural, N.W. of Eagleville  Husband  Wife  Widow  Orphan  
 Charge to: Estella Holloway (What Race)  
 Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_  
 How Secured: \_\_\_\_\_ (or informant)  
 If Veteran, State War no  
 Occupation farming none (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Feb. 23/52 10:30 A.M.  
 Date of Birth July 17 1881  
 Age \_\_\_\_\_  
 Date of Funeral 2/26/52 Tues 2 P.M.  
 Services at: Love Rock Church  
 Clergyman: W.E. Prall (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 Harrison Co. Mo.  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_  
 Certifying Physician Dr. McC Cartney (or Coroner)  
 His Address Oshtony Mo.  
 Name of Father Jasper Holloway  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Haney Jane Brown  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 6 1/2 Oct. 1/2 comb. built (State Colporteur Number)  
 Manufactured by Abernathy  
 Cemetery Love Rock (P.A.W.B.)  
 Crematory \_\_\_\_\_

Complete Funeral (except outlays)	\$ 365.00
Casket	
Burial Vault or Box <u>Albia Vault</u>	125.00
(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	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 490.00
Outlay for Lot	
Cremation	
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	
Personal Service	
_____ line Death Notices in _____ Papers	
Sales Tax	4 80
Total Footing of Bill	\$ 494 90
Less <u>5.70</u>	\$ 24 75
Balance	\$ 470 15
Entered into Ledger, page _____ or below.	



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2317 Yearly No. 8 Date of Entry March 6 1952

Name of Deceased Mabel Hawk  
 Married  Single  Widowed  Divorced (What Race)

Residence: Laman, Ia  Husband  Wife  Widow  Divorced }  
or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: C.A.P.  
Address \_\_\_\_\_

Order given by \_\_\_\_\_  
(or informant)

How Secured: \_\_\_\_\_  
If Veteran, State War no

Occupation \_\_\_\_\_  
(Social Security Number)

Employer and Address \_\_\_\_\_  
Date of Death Mar. 4 1952 (Date) (Hour)

Date of Birth May 26 1885 (Date) (Hour)

Age 66 (Years) (Months) (Days)

Date of Funeral 3/6/52 (Date) (Day of Week) (Hour) P. M.

Services at: Chapel (Address)

Clergyman L. S. Holloway (Address)

Religion of the Deceased \_\_\_\_\_  
Birthplace Iowa

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

Place of Death Laman (State Physician's or Coroner's)

Cause of Death Pneumonia

Contributory Causes \_\_\_\_\_

Certifying Physician H. M. Hicks (or Coroner)

His Address Laman, Ia

Name of Father Wm S Hawk

His Birthplace \_\_\_\_\_

Maiden Name of Mother Mary Jane Krueger

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_  
Size of Casket \_\_\_\_\_

Manufactured by: Rose Hed (State Code and Number)

Cemetery Crematory } \_\_\_\_\_

Diagram of Lot or Vault

Lot No. 1142  
Grave No. 2  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	150	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	@ \$		
Extra Limousines	@ \$		
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, \$		
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
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			
Personal Service			
_____ line Death Notices in _____ Papers			
(Names of Newspapers)			
Sales Tax			
Total Footing of Bill			150 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 \_\_\_\_\_ (Firm Name of Funeral Directors.)  
 maturity at the rate of \_\_\_\_\_ % per annum. \_\_\_\_\_ days from date. Interest to accrue from \_\_\_\_\_  
 Signed \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 138 Yearly No. 8 Date of Entry March 7 1952  
 Name of Deceased Anna Judson  
 Married  Single  Widowed  Divorced (What Race)

Residence Laurie  
 Charge to P. A. P.  
 Husband  Wife  Widow or of Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_  
 How Secured: \_\_\_\_\_ (or informant)

If Veteran, State War \_\_\_\_\_  
 Occupation \_\_\_\_\_ (Social Security Number)

Employer and Address \_\_\_\_\_  
 Date of Death March 5 1952 4 P.M.  
 Date of Birth Oct 31 1883  
 Age 68 (Years) (Months) (Days)

Date of Funeral 3/7/52 Fri 2 P.M.  
 Services at: Chapel  
 Clergyman: Robt Farham (Address)

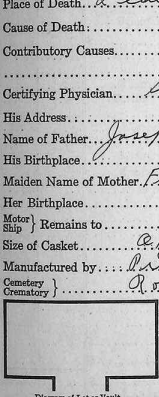
Religion of the Deceased R. D. S.  
 Birthplace Decatur Co. Ga.  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)

Place of Death Leon Hospital  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician H. Swanson (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Joseph Wells  
 His Birthplace \_\_\_\_\_

Maiden Name of Mother Francis Champen  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket P. A. P.

Manufactured by Wm. G. Smith  
 Cemetery Crematory } Rose Hill  
 Lot No. 212  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_



Complete Funeral (except outlays) .....	\$ 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 .....	@ \$ .....
Extra Limousines .....	@ \$ .....
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, \$ .....
Gross Total for Sales Tax .....	\$ .....
Outlay for Lot .....	
Cremation .....	
Flowers, \$ .....	Palms, \$ .....
Matting, \$ .....	
Rental of Tent, \$ .....	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 .....	
Personal Service .....	
_____ line Death Notices in _____ Papers .....	
Sales Tax .....	no tax
Total Footing of Bill .....	\$ 150 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 .....	\$ .....
	" " .....	\$ .....		" " .....	\$ .....
	" " .....	\$ .....		" " .....	\$ .....
	" " .....	\$ .....		" " .....	\$ .....
	" " .....	\$ .....		" " .....	\$ .....
	" " .....	\$ .....		" " .....	\$ .....
	" " .....	\$ .....		" " .....	\$ .....

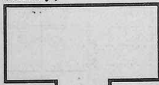
Insurance \$ \_\_\_\_\_ Names of Lodges \_\_\_\_\_ Insurance Companies \_\_\_\_\_  
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to \_\_\_\_\_ (Firm Name of Funeral Directors.)  
 for the payment of aforesaid sum, and I hereby covenant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

# RECORD OF FUNERAL

Total No. 2219 Yearly No. 10 Date of Entry March 11 1957  
 Name of Deceased Mary Jane Halber W  
 Married  Single  Widowed  Divorced (What Race)  
 Residence Lamar, Ia  Husband  Wife  Widow }  
 or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by Carrie Chatham etc  
 (Informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation \_\_\_\_\_  
 (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Mar 9 / 57 12:30 P.M  
 (Date) (Hour)  
 Date of Birth May 3 / 1871  
 (Date) (Year) (Months) (Days)  
 Age 80  
 (Years) (Months) (Days)  
 Date of Funeral 11/57 Tues 2 P.M  
 (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman Art Law  
 (Address)  
 Religion of the Deceased L.P.S.  
 Birthplace Polk Co Minn  
 Resided in the State \_\_\_\_\_  
 (or U. S. or City or County) (Years) (Months)  
 Place of Death Lamar  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_  
 Certifying Physician E. E. Samet  
 (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father James Emerson  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Caroline Payer  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 1 1/2 couch grey heaver  
 (State Color and Number)  
 Manufactured by R. O. P.  
 Cemetery } Rose Hill  
 Crematory }

Complete Funeral (except outlays)	\$ 376.00
Casket	
Burial Vault or Box <u>none</u>	25.00
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	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 4.21 00
Outlay for Lot	
Cremation	
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 } Service, \$
or Motor }	planes }
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax	4.21
Total Footing of Bill	\$ 425.21
Less <u>5% by Mar 11</u>	\$ 21.26
Balance <u>pd March 15</u>	\$ 403.95
Entered into Ledger, page _____ or below.	



Lot No. 1532  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_ Insurance \_\_\_\_\_  
 Lodges \_\_\_\_\_ 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.

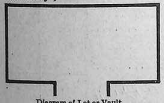
Witness \_\_\_\_\_ Signed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2320 Yearly No. 11 Date of Entry March 28 1952  
 Name of Deceased Ethel Isabelle Stephens  
 Married  Single  Widowed  Divorced (What Race)  
 Residence St. Home, Louisiana  Husband  Wife  Widow } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to \_\_\_\_\_  
 Address \_\_\_\_\_  
 Order given by \_\_\_\_\_  
 How Secured: \_\_\_\_\_ (or informant)  
 If Veteran, State War no  
 Occupation housewife none (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Mar 25 1952  
 Date of Birth Nov 1 1875  
 Age 76  
 Date of Funeral 3-28-52 Fri 1:30 P M.  
 Services at: H. Henderson, La.  
 Clergyman: \_\_\_\_\_  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Louisiana  
 Resided in the State \_\_\_\_\_  
 Place of Death St. Home, Louisiana  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_  
 Certifying Physician E. E. Llamet (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Geo. F. Schuch  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Frances E. McClellan  
 Her Birthplace \_\_\_\_\_  
 Motor car } Remains to Henderson, La.  
 Size of Casket A.P.  
 Manufactured by Pine Bluff (State Color and Number)  
 Cemetery }  
 Crematory }

Complete Funeral (except outlays) .....	\$ <u>150.00</u>
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 .....	@ \$ .....
Extra Limousines .....	@ \$ .....
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)	
(State Physician's or Coroner's)	
Certif. Copies of Death Certificates No. ....	
Pall Bearer Service, \$ .....	Use of Chapel, \$ .....
Gross Total for Sales Tax .....	\$ .....
Outlay for Lot .....	
Cremation .....	
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 .....	
Personal Service .....	
line Death Notices in .....	Papers .....
(Name of Newspapers)	
Sales Tax <u>16.00 tax</u>	
Total Footing of Bill .....	\$ <u>150.00</u>
Less .....	
Balance .....	\$ .....
Entered into Ledger, page .....	or below.



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

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

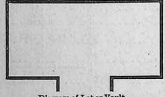
Insurance \$ \_\_\_\_\_ Names of Lodges \_\_\_\_\_ Insurance Companies \_\_\_\_\_  
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to \_\_\_\_\_ (Firm Name of Funeral Directors.)  
 for the payment of aforesaid sum, and I hereby covenant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

# RECORD OF FUNERAL

Total No. 2321 Yearly No. 17 Date of Entry March 30 1952  
 Name of Deceased Charles W. Moon (What Race) W  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow  
 Residence: \_\_\_\_\_ or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or Informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation Farmer None (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death March 28/52 - 7 P.M.  
 Date of Birth Mar 19 1866  
 Age 85 (Years) (Months) (Days)  
 Date of Funeral 3/30/52 Sec (Date) (Day of Week) (Hour) (P. M.)  
 Services at: Chapel  
 Clergyman Art Lane (Address)  
 Religion of the Deceased T. D. S.  
 Birthplace Indiana  
 Resided in the State 76 yrs (or U. S. or City or County) (Years) (Months)  
 Place of Death Larmon  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician Dr. Ganet (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father John Arin Moon  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Maggie Ross  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 4/6 Gray Metal  
 Manufactured by Louis City Casket Co. (State and Number)  
 Cemetery } Rose Hill  
 Crematory } \_\_\_\_\_



Lot No. 1446  
 Grave No. 7  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 688.00
Casket	
Burial Vault or Box <u>Alf's Vault</u>	125.00
Embalming Body (State 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 @ \$	
Extra Limousines @ \$	
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 Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Gross Total for Sales Tax	\$ 813.00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb <u>to A Marshall</u>	25.00
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 _____	
Personal Service _____	
_____ line Death Notices in _____ Papers (Names of Newspapers)	
Sales Tax	813.00
Total Footing of Bill	846.13
Less <u>5% by ch. 9</u>	41.05
Balance	805.08
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. FRINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 2322 Yearly No. 13 Date of Entry April 6 1957

Name of Deceased Walter J. Tunks (What Race) W

Residence: Laurie La (What Race) W  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow widowed  
 or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Wolfgang A.S. & A.M. Lodge  
 Address: Laurie

Order given by \_\_\_\_\_  
 (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War NO  
 Occupation Labour 524-25-9264  
 (Social Security Number)

Employer and Address \_\_\_\_\_  
 Date of Death April 3/57 12:15 PM  
 (Date) (Hour)

Date of Birth Nov 7 1879  
 (Date) (Day of Week) (Hour)

Age 72  
 (Years) (Months) (Days)

Date of Funeral 4/6/57 Sun 7:30 P.M.  
 (Date) (Day of Week) (Hour)

Services at: Chapel  
 Clergyman: Massive service  
 (Address)

Religion of the Deceased \_\_\_\_\_  
 Birthplace Andrew Mo.

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

Place of Death Laurie La  
 Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_  
 Certifying Physician E. C. Hargett  
 (or Coroner)

His Address Laurie  
 Name of Father John H. Tunks

His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Susan Owens

Her Birthplace \_\_\_\_\_  
 (Motor or Ship) Remains to \_\_\_\_\_

Size of Casket 4/3 Pat. Havel  
 (State Color and Number)

Manufactured by R. Hart  
 Cemetery Rose Hill  
 Crematory \_\_\_\_\_

Lot No. 1377  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ <u>365</u>	<u>00</u>
Casket		
Burial Vault or Box <u>Alber Vault</u>	<u>125</u>	<u>00</u>
Embalming Body		
Barber, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Funeral Car, \$		
Limousines to Cemetery @ \$		
Extra Limousines @ \$		
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, \$		
Gross Total for Sales Tax	\$ <u>490</u>	<u>00</u>
Outlay for Lot		
Cremation		
Flowers, \$		
Rental of Tent, \$		
Opening of Grave or Tomb <u>old vault</u>	<u>25</u>	<u>00</u>
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		
Personal Service		
line Death Notices in _____ Papers		
Sales Tax	<u>490</u>	<u>00</u>
Total Footing of Bill	\$ <u>519</u>	<u>90</u>
Less <u>670.00</u> <u>490.00</u>	\$ <u>44</u>	<u>75</u>
Balance	\$ <u>485</u>	<u>15</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 \_\_\_\_\_ (Firm Name of Funeral Directors.)  
 maturity at the rate of \_\_\_\_\_ % per annum. \_\_\_\_\_ days from date. Interest to accrue from  
 Signed \_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_  
 Compiled by F. J. FEINEMAN St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2323 Yearly No. 14 Date of Entry April 28 1954

Name of Deceased Wm David Drummond  
 Married  Single  Widowed  Divorced (What Race)

Residence: Lamar, La  Husband  Wife  Widow or  of  of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_ Complete Funeral (except outlays) \$ 448.00

Address: \_\_\_\_\_ Casket \_\_\_\_\_  
Order given by: \_\_\_\_\_ (or informant) Burial Vault or Box \_\_\_\_\_ (State Kind)

How Secured: \_\_\_\_\_ Embalming Body \_\_\_\_\_ (Name of Embalmer)

If Veteran, State War no Barber, \$ \_\_\_\_\_ Hair Dressing, \$ \_\_\_\_\_  
Occupation Farmer 480-30-8888 Dressing Body, \$ \_\_\_\_\_ Underwear, \$ \_\_\_\_\_  
(Social Security Number)

Employer and Address \_\_\_\_\_ Suit or Dress \_\_\_\_\_ (State Kind and Color)

Date of Death Apr. 26/54 9 P.M. Slippers, \$ \_\_\_\_\_ Hose, \$ \_\_\_\_\_  
(Date) (Hour)

Date of Birth Jan 23 1888 Folding Chairs, \$ \_\_\_\_\_ Tarpsulin, \$ \_\_\_\_\_  
(Year) (Month) (Days) (Hour)

Age 64 Candelabrum, \$ \_\_\_\_\_ Candles, \$ \_\_\_\_\_  
(Years) (Months) (Days) (Hour)

Date of Funeral Apr 29 10:00 A.M. Door Spray, \$ \_\_\_\_\_ Gloves, \$ \_\_\_\_\_  
(Date) (Day of Week) (Hour)

Services at: Chapel Autos to R. R. Station @ \$ \_\_\_\_\_  
(Address) (Hour)

Clergyman Rev. Cleton Getting Remains from \_\_\_\_\_  
(Address)

Religion of the Deceased Baptist Taking Remains to \_\_\_\_\_  
(Address)

Birthplace Missouri Trip to Coroner's Inquest \_\_\_\_\_  
(Address)

Resided in the State \_\_\_\_\_ Delivering Box to \_\_\_\_\_  
(or U. S. or City or County) (Years) (Months)

Place of Death Lamar Deliver Flowers to \_\_\_\_\_  
(State Number and District)

Cause of Death Coronary occlusion Removal Charges \_\_\_\_\_  
(State Physician's or Coroner's)

Contributory Causes \_\_\_\_\_ Procuring Burial Permit \_\_\_\_\_  
(State Number and District)

Certifying Physician E.E. Lanet \_\_\_\_\_  
(or Coroner)

His Address \_\_\_\_\_  
Name of Father Calvin J. Drummond

His Birthplace \_\_\_\_\_  
Maiden Name of Mother May H. Turmeyer

Her Birthplace \_\_\_\_\_  
Motor } Remains to \_\_\_\_\_  
Ship }

Size of Casket Over Size Oak  
(State, Color and Height)

Manufactured by B. Schmitt  
(State, Color and Height)

Cemetery Elk  
Crematory }

Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Sales Tax \_\_\_\_\_

Total Footing of Bill \$ 452.48

Less 5% by May 1 \$ 22.62

Balance \$ 429.86

Entered into Ledger, page \_\_\_\_\_ or below. 454 86

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

Insurance \$ \_\_\_\_\_ Names of \_\_\_\_\_ Insurance Companies \_\_\_\_\_  
Lodges \_\_\_\_\_

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 \_\_\_\_\_ (First Name of Funeral Director) \_\_\_\_\_  
maturity at the rate of \_\_\_\_\_ % per annum. \_\_\_\_\_ days from date. Interest to accrue from \_\_\_\_\_

Witness \_\_\_\_\_ Signed \_\_\_\_\_ Address \_\_\_\_\_  
Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

195

Total No. 2324 Yearly No. 15 Date of Entry Apr. 30 1952

Name of Deceased Patricia Sue Blake (What Race)

Married  Single  Widowed  Divorced

Husband  Wife  Widow }  
or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Residence: Lamar

Charge to: Geo. Blake

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation \_\_\_\_\_ (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Apr. 27/52 8 A.M. (Date) (Hour)

Date of Birth May 27, 1947 (Date) (Day of Week) (Hour)

Age 4 11 (Years) (Months) (Days)

Date of Funeral Apr 30/52 Wed 2 P.M. (Date) (Day of Week) (Hour)

Services at: St. Joseph

Clergyman: Ross Cole (Address)

Religion of the Deceased M.E.

Birthplace Lea

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

Place of Death Lea

Cause of Death 2nd & 3rd degree burns

Contributory Causes \_\_\_\_\_

Certifying Physician Swanson (or Coroner)

His Address \_\_\_\_\_

Name of Father Geo. Blake

His Birthplace \_\_\_\_\_

Maiden Name of Mother Hildred Norman

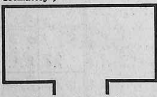
Her Birthplace \_\_\_\_\_

Motor } Remains to \_\_\_\_\_  
Ship }

Size of Casket 4-0 (State Color and Number)

Manufactured by \_\_\_\_\_

Cemetery } Rose Hill  
Crematory }



Lot No. 1735  
Grave No. 3  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)		\$
Casket		75 00
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, \$	75 00
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Extra Limousines	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>Lea</u>	
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to	<u>St. Joseph</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)	
Fall Bearer Service, \$	Use of Chapel, \$	
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
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		
Personal Service		
_____ line Death Notices in _____ Papers		
Sales Tax		
Total Footing of Bill		151 50
Less <u>pd May 3/52</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

May 1 1932

Total No. 2325 Yearly No. 16 Date of Entry May 1 1932  
 Name of Deceased Melvin J. Schofield  
 Married  Single  Widowed  Divorced  
 Residence Lamar  Husband  Wife  Widow Rubah Schofield  
 or of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to \_\_\_\_\_  
 Address \_\_\_\_\_  
 Order given by \_\_\_\_\_  
 (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War no  
 Occupation 486-05-5755  
 (Social Security Number)  
 Employer and Address White Furniture Co.  
 Date of Death Apr 28/5 1 P.M.  
 (Date) (Hour)  
 Date of Birth July 1, 1915  
 (Date) (Month) (Day) (Year)  
 Age 36  
 (Years) (Months) (Days)  
 Date of Funeral 5/1/5 Thur. 2 P.M.  
 (Date) (Day of Week) (Hour)  
 Services at Cosium  
 Clergyman Rott Farham  
 (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Lamar  
 Resided in the State \_\_\_\_\_  
 (or U. S. or City or County) (Years) (Months)  
 Place of Death Lamar  
 Cause of Death Gun shot wound  
 Contributory Causes \_\_\_\_\_

Complete Funeral (except outlays) \$ 675.00  
 Casket \_\_\_\_\_  
 Burial Vault or Box Albion Vault 125.00  
 (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 @ \$ \_\_\_\_\_  
 Extra Limousines @ \$ \_\_\_\_\_  
 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 or Coroner's)

Certifying Physician E E Larned  
 (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father James Schofield  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Martha Curtis  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket walnut  
 (State Color and Number)  
 Manufactured by Wickert  
 Cemetery } Rose Hill  
 Crematory }

Pall Bearer Service, \$ \_\_\_\_\_ Use of Chapel, \$ \_\_\_\_\_  
 Gross Total for Sales Tax \$ 903.00  
 Outlay for Lot \_\_\_\_\_  
 Cremation \_\_\_\_\_  
 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 \_\_\_\_\_  
 Personal Service \_\_\_\_\_  
 \_\_\_\_\_ line Death Notices in \_\_\_\_\_ Papers  
 (Name of Newspapers)

Lot No. 1684  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Sales Tax \_\_\_\_\_  
 Total Footing of Bill \$ 811.03  
 Less 5.90 by May 10  
Shave 25.00 Balance \$ 770.13  
 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 \_\_\_\_\_ (Firm Name of Funeral Directors)  
 maturity at the rate of \_\_\_\_\_ days from date. Interest to accrue from \_\_\_\_\_  
 Witness \_\_\_\_\_ Signed \_\_\_\_\_  
 Address \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2326 Yearly No. 17 Date of Entry May 4 1952

Name of Deceased Guy B. Walling  
 Married  Single  Widowed  Divorced (What Race) W

Residence:  Husband  Wife  Widow }  
 or \_\_\_\_\_ of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Mrs. Walling

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War no

Occupation Brick Mason 478-14-9727 (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death May 1, 1952 3 P.M. (Date) (Hour)

Date of Birth Dec 20, 1882 (Date) (Day of Week) (Hour)

Age 69 (Years) (Months) (Days)

Date of Funeral 5/4/52 Sun 2 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: \_\_\_\_\_ (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Glennwood Ia

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

Place of Death Lanark

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician E.C. Garnet (or Coroner)

His Address \_\_\_\_\_

Name of Father Garrett Walling

His Birthplace \_\_\_\_\_

Maiden Name of Mother Melinda Hershey

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket 4/3 Ret gray nich plus (State Color and Number)

Manufactured by R.O. Cash

Cemetery } Ross Hill

Ocrematory } \_\_\_\_\_

Diagram of Lot or Vault

Lot No. 1410

Grave No. 1

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	996	00
Casket			
Burial Vault or Box <u>Albia Vault</u>		125	00
Embalming Body			
Barber, \$			
Dressing Body, \$			
Suit or Dress			
Slippers, \$			
Folding Chairs, \$			
Candelabrum, \$			
Door Spray, \$			
Funeral Car, \$			
Limousine to Cemetery @ \$			
Extra Limousines @ \$			
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)			
____ (State Physician's or Coroner's)			
Pall Bearer Service, \$			
Use of Chapel, \$			
Gross Total for Sales Tax	\$	52	00
Outlay for Lot			
Cremation			
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			
Personal Service			
line Death Notices in _____ Papers			
(Names of Newspapers)			
Sales Tax			52
Total Footing of Bill	\$	576	21
Less <u>\$ 52.00 by May 14</u>	\$	26	21
grave 25 <sup>00</sup>			
Balance	\$	499	92
Entered into Ledger, page <u>May 5</u> 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.

Witness \_\_\_\_\_ Signed \_\_\_\_\_ Address \_\_\_\_\_

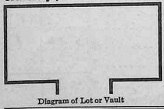
# RECORD OF FUNERAL

Total No. 2327 Yearly No. 18 Date of Entry May 27 1931  
 Name of Deceased Herbert R. Hamner (What Race) W  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow of \_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Residence: Lamoni Ia  
 Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation accountant 479-22-8750  
 Employer and Address Dorsey Chevrolet Co  
 Date of Death May 26 1931 8 P.M.  
 Date of Birth July 11 1892  
 Age 59  
 Date of Funeral 7/29/31 Thurs 2 P.M.  
 Services at R. S. Church  
 Clergyman Rev. F. Hamner  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Lamoni  
 Resided in the State \_\_\_\_\_  
 Place of Death Lamoni  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician E. E. Sams  
 His Address \_\_\_\_\_  
 Name of Father Louis Franklin Hamner  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Silva Bula Wilcox  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket 4/6 Ham. View Co. C.  
 Manufactured by F. Ham  
 Cemetery } Ross Hill  
 Crematory }

Complete Funeral (except outlays)	\$	643.00
Casket		
Burial Vault or Box <u>Albia Vault</u>		125.00
Embalming Body		
Barber, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Funeral Car, \$		
Limousines to Cemetery @ \$		
Extra Limousines @ \$		
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, \$		
Gross Total for Sales Tax	\$	7.63
Outlay for Lot		
Cremation		
Flowers, \$		
Rental of Tent, \$		
Opening of Grave or Tomb <u>La. &amp; Marshall</u>		25.00
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		
Personal Service		
line Death Notices in _____ Papers		
Sales Tax		7.63
Total Footing of Bill	\$	800.68
Less <u>5% on 775.68</u>	\$	38.78
<u>pd June 7/31</u>	\$	761.90
Entered into Ledger, page _____ or below.		



Lot No. 1273  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

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 \_\_\_\_\_ (Firm Name of Funeral Directors.)  
 maturity at the rate of \_\_\_\_\_ % per annum. \_\_\_\_\_ days from date. Interest to accrue from \_\_\_\_\_  
 Signed \_\_\_\_\_  
 Witness \_\_\_\_\_ Address \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 2328 Yearly No. 19 Date of Entry July 15 1957

Name of Deceased Jack Edward White

Married  Single  Widowed  Divorced

(What Race)

Residence: Lanoni Is  Husband  Wife  Widow }  
or ..... of Age of Husband or Wife (if living) ..... Years

Charge to: Warren White

Address: Lanoni

Order given by: Warren White (or informant)

How Secured: .....

If Veteran, State War No

Occupation labour (Social Security Number)

Employer and Address .....

Date of Death July 12/57 (Date) (Hour)

Date of Birth Nov 12 1930 (Date) (Month) (Day) (Year) (Hour)

Age 27 (Years) (Months) (Days)

Date of Funeral July 15/57 Tues 7:30 M. (Date) (Day of Week) (Hour)

Services at: Coleseum

Clergyman: .....

Religion of the Deceased .....

Birthplace Les Moines Ia

Resided in the State .....

Place of Death 69 Highway 8th No. Paeala

Cause of Death neck broken in auto wreck

Contributory Causes .....

Certifying Physician .....

His Address .....

Name of Father Warren White

His Birthplace .....

Maiden Name of Mother Maud Lethical

Her Birthplace .....

Motor Ship } Remains to .....

Size of Casket 1/2 Cord slab - Paeala Toronto

Manufactured by Rose Hill (State, Color and Number)

Cemetery Crematory } Rose Hill

Diagram of Lot or Vault

Lot No. 1048

Grave No. 4

Section No. ....

Block No. ....

Owner .....

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

Complete Funeral (except outlays)	\$ 448.00
Casket	
Burial Vault or Box <u>price box</u>	25.00
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	@ \$
Extra Limousines	@ \$
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.	
Funeral Bearer Service, \$	Use of Chapel, \$
Gross Total for Sales Tax	\$ 477.00
Outlay for Lot	
Cremation	
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, \$	Organist, \$
or Motor	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
line Death Notices in	Papers
Sales Tax	473
Total Footing of Bill	\$ 477.73
Less	
Balance	
Entered into Ledger, page ..... or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$477.73		To Balance Forward	\$72.00
	By Payment	\$377.73		By Payment	\$15.00
July 15/57	By cash	\$80.00	July 15/57	" "	\$42.00
Aug 5/57	By cash	\$127.73	July 17/57	" "	\$27.00
Aug 6/57	By cash	\$118.73	July 14/57	" "	\$12.00
Aug 25/57	By cash	\$18.00	Mar 16/57	" "	\$
	" "	\$1.20	Apr 12/57	" "	\$
	" "	\$15.00			
	" "	\$7.20			
	" "	\$7.20			

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 .....

Witness .....

Address .....

# RECORD OF FUNERAL

Total No. 2329 Yearly No. 20 Date of Entry July 15 1937  
 Name of Deceased Joseph Franklin Parker (What Race) W  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow of \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Residence: Tamou  
 Charge to: Arthur Parker  
 Address: Tamou  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation: Student 978-34-1715 (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death: July 10/37 (Date) (Hour)  
 Date of Birth: Sept 6 1893 (Date) (Hour)  
 Age: 19 (Years) (Months) (Days)  
 Date of Funeral: July 15 (Date) (Day of Week) (Hour) 2:30 M.  
 Services at: Calseum  
 Clergyman \_\_\_\_\_ (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace: Louis City, Ia  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death: Prosser, Ia  
 Cause of Death: Injuries in auto wreck  
 Contributory Causes \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father: Arthur Parker  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother: Ruth Hobson  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket: Silver Metal (State Color and Number)  
 Manufactured by: R. D. A.  
 Cemetery }  
 Crematory }

Complete Funeral (except outlays)	\$ 688.00
Casket	
Burial Vault or Box <u>Albera Vault</u>	125.00
(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	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 873.00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	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	
Personal Service	
_____ line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax	873
Total Footing of Bill	871.13
Less <u>5% by July 15</u>	41.05
<u>Ord July 17/37</u> Balance	780.08
Entered into Ledger, page _____ or below.	



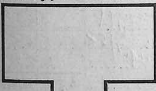
Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

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 \_\_\_\_\_  
 Compiled by F. J. PHINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2330      Yearly No. 21      Date of Entry July 24      1932  
 Name of Deceased Walter Scott Parker  
 Married     Single     Widowed     Divorced      (What Race)

Residence: \_\_\_\_\_  
 Charge to: Kavanaugh's Sons       Husband  Wife  Widow }      Age of Husband or Wife (at Death) 50 Years  
Kavanaugh City      or \_\_\_\_\_ of \_\_\_\_\_  
 Order given by: \_\_\_\_\_  
 How Secured: \_\_\_\_\_ (or informant)  
 If Veteran, State War \_\_\_\_\_ (Special Security Number)  
 Occupation \_\_\_\_\_  
 Employer and Address \_\_\_\_\_  
 Date of Death \_\_\_\_\_ (Date) \_\_\_\_\_ (Hour)  
 Date of Birth \_\_\_\_\_ (Date) \_\_\_\_\_ (Hour)  
 Age \_\_\_\_\_ (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days)  
 Date of Funeral 7/24/32      Thurs      7 P. M.  
 (Date)      (Day of Week)      (Hour)  
 Services at: L. P. S. Church  
 Clergyman: Walter Prall      (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 \_\_\_\_\_  
 Cemetery }  
 Crematory }  
 Diagram of Lot or Vault   
 Lot No. 692  
 Grave No. 1  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays).....	\$	
Casket.....		
Burial Vault or Box <u>Clark Vault</u>	159.00	
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 @ \$.....		
Extra Limousines @ \$.....		
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, \$.....		
Gross Total for Sales Tax.....	\$ 159.00	
Outlay for Lot.....		
Cremation.....		
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, \$.....	5.00	
Railroad } Tickets, \$..... Aero- } or Motor }      plane Service, \$.....		
Telegr., Phone, Cable or Radio Charges _____		
Cash Advanced _____		
Out of town Undertaker's Charges _____		
Personal Service <u>at home</u>	50.00	
<u>other equipment</u>		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax.....	3.18	
Total Footing of Bill.....	242.18	
Less <u>pd - Aug 6/32</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. 2331 Yearly No. 77 Date of Entry Aug 4 1957

Name of Deceased John H. Herbst (What Name)  
 Married  Single  Widowed  Divorced

Residence: \_\_\_\_\_  
or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to Mrs. Anna Herbst  
Address \_\_\_\_\_

Order given by \_\_\_\_\_  
(or informant)

How Secured: \_\_\_\_\_  
If Veteran, State War no

Occupation custodian None  
(Social Security Number)

Employer and Address \_\_\_\_\_  
Date of Death July 31, 57 (Date) (Hour)

Date of Birth Sept 5, 1877 (Date) (Hour)

Age 74 (Years) (Months) (Days)

Date of Funeral Aug 4, 57 (Date) (Day of Week) (Hour) 7:30 M.

Services at: Chapel  
Clergyman Rev. Buehast (Address)

Religion of the Deceased Catholic  
Birthplace Harrison Co., Mo.

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

Place of Death Lamoni  
Cause of Death Mitral Stenosis

Contributory Causes Diabetes  
Certifying Physician E. E. Gaunt (or Coroner)

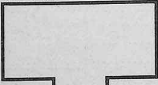
His Address \_\_\_\_\_  
Name of Father Geo Herbst

His Birthplace \_\_\_\_\_  
Maiden Name of Mother Sara Haunsel

Her Birthplace \_\_\_\_\_  
Motor } Remains to \_\_\_\_\_  
Ship }

Size of Casket 1/2 each flush  
(State Color and Number)

Manufactured by \_\_\_\_\_  
Cemetery } Mt Pleasant, Harrison  
Crematory } County



Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays).....	\$ 365 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, \$
Candelabra, \$.....	Candles, \$
Door Spray, \$.....	Gloves, \$
Funeral Car, \$.....	Ambulance, \$
Limousines to Cemetery.....	@ \$
Extra Limousines.....	@ \$
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, \$
Gross Total for Sales Tax.....	\$ 365 00
Outlay for Lot.....	
Cremation.....	
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.....	
Personal Service.....	
_____ line Death Notices in.....	Papers
_____ (Names of Newspapers)	
Sales Tax.....	\$ 36 50
Total Footing of Bill.....	\$ 368 65
Less.....	\$ 18 43
<u>Ord. Mar. Balance</u> .....	\$ 350 22
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. 2332 Yearly No. 23 Date of Entry Aug 6 1952  
 Name of Deceased Emma R. Stechel  
 Married  Single  Widowed  Divorced  
 Residence: Lamoni (What Race) W. O. Stechel  
 of \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation: Housewife  
 Employer and Address \_\_\_\_\_ (Social Security Number)  
 Date of Death: Aug 2, 1952 (Date) (Hour)  
 Date of Birth: Dec 21, 1870 (Date) (Hour)  
 Age: 81 (Years) (Months) (Days)  
 Date of Funeral: Aug 16, 1952 Wed. 10:00 A.M.  
 (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman: Paul Samet - Robt Farish (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace: Jones County, Ia  
 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: E. E. Samet (or Coroner)  
 His Address: \_\_\_\_\_  
 Name of Father: Jack Bradley  
 His Birthplace: \_\_\_\_\_  
 Maiden Name of Mother: \_\_\_\_\_  
 Her Birthplace: \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket: Perf Shroud  
 Manufactured by: R. Kent (State Color and Number)  
 Cemetery } Rose Hill  
 Crematory }  
 Diagram of Lot or Vault  
 Lot No. 952  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays).....	\$ 915 00
Casket.....	
Burial Vault or Box <u>Pine Box</u> .....	25 00
Embalming Body.....	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body, \$..... Underwear, \$.....	
Suit or Dress.....	
Slippers, \$..... Hose, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candlebrum, \$..... Candles, \$.....	
Door Spray, \$..... Gloves, \$.....	
Funeral Car, \$..... Ambulance, \$.....	
Limousines to Cemetery @ \$.....	
Extra Limousines @ \$.....	
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, \$.....	
Gross Total for Sales Tax.....	
Outlay for Lot.....	
Cremation.....	
Flowers, \$..... Palms, \$..... Matting, \$.....	
Rental of Tent, \$..... of Temporary Vault, \$.....	
Opening of Grave or Tomb <u>Ed. R. Marshall</u> .....	25 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.....	
Personal Service.....	
..... line Death Notices in..... Papers.....	
..... (Names of Newspapers)	
Sales Tax.....	
Total Footing of Bill.....	\$ 365 00
Less <u>590 on 340.00</u> .....	\$ 17 00
Balance <u>March 18 1952</u> .....	\$ 348 00
Entered into Ledger, page..... or below.....	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
		\$ 457 00			
Aug 5/52	To Above Balance			To Balance Forward	
	By Payment <u>by Lem</u>	\$ 152 33		By Payment	
	" <u>by Mrs. S. A. Stechel</u>	\$ 152 33		" "	
	" <u>by Mrs. Stechel</u>	\$ 152 33		" "	
	" <u>pd in full</u>			" "	
	"			" "	
	"			" "	
	"			" "	
	"			" "	

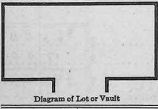
Insurance \$..... Names of Lodges..... Insurance Companies.....  
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to \_\_\_\_\_ days from date. Interest to accrue from the payment of aforesaid sum, and I hereby covenant and agree to pay the same within \_\_\_\_\_ days from date. Interest to accrue from maturity at the rate of \_\_\_\_\_ % per annum. Signed.....  
 Address.....  
 Witness.....  
 Compiled by F. J. PRINEMAN St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2333 Yearly No. 24 Date of Entry Aug 6 1952  
 Name of Deceased Field D Lyinger  
 Married  Single  Widowed  Divorced (What Race) W  
 Residence Lanham  Husband  Wife  Widow or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to Mrs Field D Lyinger  
 Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War NO  
 Occupation merchant 482-18-994 (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Aug 4 1952 5:30 P M (Day) (Month) (Year) (Hour)  
 Date of Birth Nov 8 1889 (Day) (Month) (Year)  
 Age 62 (Years) (Months) (Days)  
 Date of Funeral Aug 6 1952 2 P M (Day) (Month) (Year) (Hour)  
 Services at First Church (Day of Week)  
 Clergyman Roy Chevick Rottfarhan (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Wright County, Ia  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Leon Hospital (State City and Number)  
 Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_  
 Certifying Physician E. E. Garnet (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Frank D Lyinger  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Caroline Hayer  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 6 3/4 x 12 x 18 inch silk plush (State City and Number)  
 Manufactured by Rose Hill  
 Cemetery Crematory } Rose Hill



Lot No. 306  
 Grave No. 2  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 396 00
Casket	
Burial Vault or Box <u>Albin Vault</u>	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 @ \$	
Extra Limousines @ \$	
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, \$ _____ (State Physician's or Coroner's)	
Use of Chapel, \$ _____	
Gross Total for Sales Tax	\$ 521 00
Outlay for Lot	
Cremation	
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	
Personal Service	
_____ line Death Notices in _____ Papers	
Sales Tax	521
Total Footing of Bill	\$ 526 21
Less <u>520 by Aug 16</u>	\$ 26 31
<u>Balance</u>	\$ 499 90

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 \_\_\_\_\_ Address \_\_\_\_\_  
 Witness \_\_\_\_\_



# RECORD OF FUNERAL

Total No. 2334 Yearly No. 25 Date of Entry Sept 22 1952

Name of Deceased Ida May Lasley  
 Married  Single  Widowed  Divorced

Residence: Lamoni (What Race)  
 Husband  Wife  Widow  of George Lasley  
or..... of Age of Husband or Wife (if living)..... Years

Charge to: .....  
Address: .....

Order given by: .....  
(or informant)

If Veteran, State War No  
Occupation housewife none (Social Security Number)

Employer and Address own home  
Date of Death Sept. 19 1952 4 P.M.  
(Date) (Hour)

Date of Birth May 26 1876  
Age 76  
(Years) (Months) (Days)

Date of Funeral Sept 22 1952 Mon. 2 P.M.  
(Date) (Day of Week) (Hour)

Services at: P. O. S. Church  
Clergyman: Robert Farham  
(Address)

Religion of the Deceased .....  
Birthplace Ontario Canada

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 D. Swanson  
(or Coroner)

His Address .....

Name of Father Hugh Wilbur

His Birthplace .....

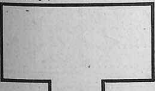
Maiden Name of Mother Russie Kennell

Her Birthplace .....

Motor Ship } Remains to .....

Size of Casket Heavy Heavy Steel  
(State Color and Number)

Manufactured by F. Hart  
Cemetery Rose Hill  
Crematory



Lot No. 157A  
Grave No. 2  
Section No. ....  
Block No. ....  
Owner .....

Complete Funeral (except outlays).....	\$	497.00
Casket.....		
Burial Vault or Box <u>Albia Vault</u> (State Kind)		125.00
Embalming Body..... (Name of Embalmer)		
Barber, \$..... Hair Dressing, \$.....		
Dressing Body, \$..... Underwear, \$.....		
Suit or Dress <u>dress - Check</u> (State Kind and Color)		17.95
Slippers, \$..... Hose, \$.....		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Spray, \$..... Gloves, \$.....		
Funeral Car, \$..... Ambulance, \$.....		
Limousines to Cemetery..... @ \$.....		
Extra Limousines..... @ \$.....		
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..... (State Physician's or Coroner's)		
Pall Bearer Service, \$..... Use of Chapel, \$.....		
Gross Total for Sales Tax.....	\$	639.95
Outlay for Lot.....		
Cremation.....		
Flowers, \$..... Palms, \$..... Matting, \$.....		
Rental of Tent, \$..... of Temporary Vault, \$.....		
Opening of Grave or Tomb <u>504, Marshall</u> (State Number and District)		25.00
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.....		
Personal Service.....		
..... line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax.....		639
Total Footing of Bill.....	\$	698.34
Less <u>5.00 on 698.34</u> .....	\$	639.00
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.

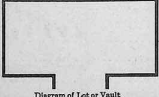
# RECORD OF FUNERAL

Total No. 2335 Yearly No. 26 Date of Entry Sept. 29 1952  
 Name of Deceased M. Myrtle Thomas (e)  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: Tripp Nursing Home, Leon  Husband  Wife  Widow }  
 Charge to: R. A. P. or \_\_\_\_\_ of \_\_\_\_\_ } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation Housekeeper (Social Security Number) \_\_\_\_\_  
 Employer and Address \_\_\_\_\_  
 Date of Death Sept 27/52 9:00 AM (Date) (Hour)  
 Date of Birth July 30 1866 (Date) (Year) (Month) (Day)  
 Age 86 (Year) (Month) (Days)  
 Date of Funeral Sept 29/52 Mon. 2 P. M. (Date) (Day of Week) (Hour)  
 Services at Chapel  
 Clergyman \_\_\_\_\_ (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Atlantic, Ia  
 Resided in the State \_\_\_\_\_ (or U. S. or City or Country) (Years) (Months)  
 Place of Death Leon, Ia  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Complete Funeral (except outlays) .....	\$	150	00
Casket .....			
Burial Vault or Box .....			
Embalming Body .....	(State Kind)		
Barber, \$ .....	(Name of Embalmer)		
Dressing Body, \$ .....	Hair Dressing, \$		
Suit or Dress .....	Underwear, \$		
Slippers, \$ .....	(State Kind and Color)		
Folding Chairs, \$ .....	Hose, \$		
Candelabrum, \$ .....	Tarpaulin, \$		
Door Spray, \$ .....	Candles, \$		
Funeral Car, \$ .....	Gloves, \$		
Limousines to Cemetery .....	Ambulance, \$		
Extra Limousines .....	@ \$		
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, \$ .....		
Gross Total for Sales Tax .....			
Outlay for Lot .....			
Cremation .....			
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 } Tickets, \$ .....	Organist, \$		
or Motor } _____	Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges .....			
Cash Advanced .....			
Out of town Undertaker's Charges .....			
Personal Service .....			
_____ line Death Notices in _____ Papers	(Names of Newspapers)		
Sales Tax .....	<u>No Tax</u>		
Total Footing of Bill <u>pd Dec 5/52</u> .....		150	00
Less .....			
Balance .....			
Entered into Ledger, page _____ or below.			

Certifying Physician K. R. Brown (State License No.) \_\_\_\_\_ (or Coroner)  
 His Address Leon  
 Name of Father \_\_\_\_\_  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket R. A. P.  
 Manufactured by Pine Coffin (State License No.) \_\_\_\_\_  
 Cemetery } Ross Hill  
 Crematory }



Lot No. 190  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

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 \_\_\_\_\_

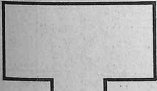
# RECORD OF FUNERAL

Total No. 2336 Yearly No. 27 Date of Entry Oct 7 1952  
 Name of Deceased Harry Wilcoxson  
 Married  Single  Widowed  Divorced  
 Residence Cooper Township Harrison Co. (What Race) W  
 Charge to: Mabel Wilcoxson (Husband)  (Wife)  (Widow)  (Age of Husband or Wife (if living) \_\_\_\_\_ Years)

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation Farmer none (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Oct 4/52 3 PM  
 Date of Birth Jan 5/1875  
 Age 77  
 Date of Funeral 10/7/52 Tues 2 P.M.  
 Services at: Chapel

Complete Funeral (except outlays)	\$ 795.00
Casket <u>Pennalith</u>	
Burial Vault or Box <u>Alba Vault</u>	125.00
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 @ \$ _____	
Extra Limousines @ \$ _____	
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, \$ _____	
Gross Total for Sales Tax _____	\$ 20.00
Outlay for Lot _____	
Cremation _____	
Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____	
Rental of Tent, \$ _____ of Temporary Vault, \$ _____	
Opening of Grave or Tomb <u>C. A. Marshall</u>	25.00
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 _____	
Personal Service _____	
_____ line Death Notices in _____ Papers	
Sales Tax _____	20.00
Total Footing of Bill _____	\$ 954.20
Less <u>270.00</u> <u>928.20</u>	\$ 76.46
<u>pd in full Oct 10/52</u> Balance _____	\$ 927.74
Entered into Ledger, page _____ or below.	

Clergyman: \_\_\_\_\_ (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 Harrison Co. Mo.  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_  
 Certifying Physician W. C. E. Hamet (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father J. E. Wilcoxson  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Mary Srenowalt  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket Pennalith (State Color and Number)  
 Manufactured by R. Root  
 Cemetery } Rose Hill  
 Crematory }  
 Lot No. 468  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block 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 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.

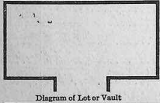
# RECORD OF FUNERAL

Total No. 2337 Yearly No. 28 Date of Entry Oct 17 1952  
 Name of Deceased Eurma L Richardson (What Race)  
 Married  Single  Widowed  Divorced  Husband  Wife  Widow Charles Richardson  
 Residence: \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to Mrs. Harley Skechleton  
 Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation housewife none (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Oct 15 1952 12:20 A  
 (Date) (Hour)  
 Date of Birth Nov 14 1864  
 Age 87 (Years) (Month) (Days)  
 Date of Funeral Oct 17 1952 2 P. M.  
 (Date) (Day of Week) (Hour)  
 Services at Chapel  
 Clergyman P. D. Hedger (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Monroe County, La  
 Resided in the State \_\_\_\_\_ (or U.S. or City or County) (Years) (Months)  
 Place of Death Bethany, Mo  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Complete Funeral (except outlays)	\$ 397.00
Casket	
Burial Vault or Box <u>Chapel Vault</u>	165.00
(State Kind)	
Embalming Body	
Barber, \$.	Hair Dressing, \$.
Dressing Body, \$.	Underwear, \$.
Suit or Dress	(State Kind and Color)
Slippers, \$.	Hose, \$.
Rolling Chairs, \$.	Tarpaulin, \$.
Candelabrum, \$.	Candles, \$.
Door Spray, \$.	Gloves, \$.
Funeral Car, \$.	Ambulance, \$.
Limousines to Cemetery @ \$.	
Extra Limousines @ \$.	
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 Certificate No.	(State Physician's or Coroner's)
Pall Bearer Service, \$.	Use of Chapel, \$.
Gross Total for Sales Tax	\$ 56.20
Outlay for Lot	
Cremation	
Flowers, \$.	Palms, \$.
Matting, \$.	
Rental of Tent, \$.	of Temporary Vault, \$.
Opening of Grave or Tomb <u>P. D. Marshall</u>	2.00
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	
Personal Service	
_____ line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax	56.2
Total Footing of Bill	\$ 592.62
Less <u>50% of 567.62</u>	283.81
Balance	\$ 308.81
Entered into Ledger, page <u>100</u> or below.	\$ 567.24

Certifying Physician Dr. McCarty (or Coroner)  
 His Address Bethany  
 Name of Father James Farmer  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Rebecca Mellin  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to  
 Ship } 4 1/2 Couch Gray  
 Size of Casket \_\_\_\_\_ (State Color and Number)  
 Manufactured by DeWitt  
 Cemetery } Rose Hill  
 Crematory }



Lot No. 1506  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_

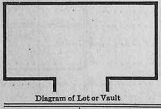
# RECORD OF FUNERAL

Total No. 2338 Yearly No. 29 Date of Entry Oct 30 1952  
 Name of Deceased Joseph Herman Anthony w  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: Lambert Mo  Husband  Wife  Widow  Divorced } Margaret Anthony  
 or, \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to \_\_\_\_\_  
 Address \_\_\_\_\_  
 Order given by \_\_\_\_\_  
(or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War 200  
 Occupation Music Teacher 481-26-6128  
(Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Oct 27 1952 5 P.M.  
(Date) (Hour)  
 Date of Birth Aug 22 1884  
(Date) (Year) (Month) (Day)  
 Age 68  
(Years) (Months) (Days)  
 Date of Funeral Oct 30 Thurs 2 P.M.  
(Date) (Day of Week) (Hour)  
 Services at P.L. S. Church  
(Address)  
 Clergyman: \_\_\_\_\_  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace \_\_\_\_\_  
 Resided in the State \_\_\_\_\_  
(or U. S. or City or County) (Years) (Month)  
 Place of Death Leon Hospital  
 Cause of Death Measles  
 Contributory Causes \_\_\_\_\_  
 Certifying Physician Dr. W. Norman Doss  
(or Coroner)  
 His Address Leon  
 Name of Father Robert J. Anthony  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Emily Goddard  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship } \_\_\_\_\_  
 Size of Casket 6/3 Roan rosewood  
(State Color and Number)  
 Manufactured by Roan  
 Cemetery } Rose Hill  
 Crematory }

Complete Funeral (except outlays)	\$ 365 00
Casket	
Burial Vault or Box	25 00
Embalming Body	25 00
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	@ \$
Extra Limousines	@ \$
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 Physician's or Coroner's)</small>	
Fall Bearer Service, \$	Use of Chapel, \$
Gross Total for Sales Tax	\$ 394 00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	S.A. MARSHALL 25 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	
Personal Service	
_____ line Death Notices in _____ Papers	
<u>unbalanced to Leon</u>	4 00
Sales Tax	3 00
Total Footing of Bill	\$ 422 90
Less <u>5% on 397.90 by 11/10 - 1952</u>	19 00
Balance <u>Pf</u>	\$ 403 90
Entered into Ledger, page _____ of below.	

Lot No. 1720  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2337 Yearly No. 30 Date of Entry Nov 2 1957  
 Name of Deceased Lt. Jack Trapscott (What Race)  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow

Residence: \_\_\_\_\_  
 Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War World War II & Korea  
 Occupation Salvage (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death \_\_\_\_\_ (Date) (Hour)  
 Date of Birth \_\_\_\_\_ (Years) (Months) (Days)  
 Age \_\_\_\_\_ (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 Korea  
 Cause of Death Killed by Enemy Fire  
 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 \_\_\_\_\_  
 Cemetery } Rose Hill  
 Crematory }  
 Lot No. 1738  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays) <u>Ship in</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 @ \$ _____	
Extra Limousines @ \$ _____	
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, \$ _____	
Gross Total for Sales Tax _____ \$	
Outlay for Lot _____	
Cremation _____	
Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____	
Rental of Tent, \$ _____ of Temporary Vault, \$ _____	
Opening of Grave or Tomb <u>6.40 included</u>	15.00
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 _____	
Personal Service, use of cars, & <u>agony fruit</u>	40.00
_____ line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax _____ <u>10.70</u>	
Total Footing of Bill _____ \$	65.00
Less _____ <u>pd</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 \_\_\_\_\_ Insurance \_\_\_\_\_  
 Lodges \_\_\_\_\_ 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. 2340 Yearly No. 31 Date of Entry Nov 5 1952  
 Name of Deceased Hessel Horace Vanderflute  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: Lamoni, Ia  Husband  Wife  Widow }  
 or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to .....  
 Address .....  
 Order given by ..... (or informant)  
 How Secured: .....  
 If Veteran, State War 120  
 Occupation Teacher 481-16-9492  
 (Social Security Number)  
 Employer and Address .....  
 Date of Death Nov 1 1952 6 P.M.  
 (Date) (Hour)  
 Date of Birth July 5 1881  
 (Date) (Year) (Month) (Days) (Hour)  
 Age 71  
 (Years) (Months) (Days)  
 Date of Funeral 11/5/52 Wed. 2 P.M.  
 (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman: J. Barr Walter Hayes  
 (Address)  
 Religion of the Deceased L.D.S.  
 Birthplace Peculiar County  
 Resided in the State ..... (or U. S. or City or County) (Years) (Months)  
 Place of Death Lamoni  
 Cause of Death generalized Carcinoma  
 Contributory Causes .....

Complete Funeral (except outlays)	\$ 56.5	06
Casket		
Burial Vault or Box <u>Elbia Vault</u>	12.5	00
(State Kind)		
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 @ \$		
Extra Limousines @ \$		
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, \$		
Gross Total for Sales Tax	\$ 6.90	06
Outlay for Lot		
Cremation		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb to <u>St. Marshall</u>	2.5	00
Lining Grave, \$		
Lowering Device, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad Tickets, \$		
(or Motor) Aero-planes Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		6.90
Total Footing of Bill	\$ 72.1	90
Less <u>about</u>	\$ 34	90
<u>Balance</u> <u>Nov 5/52</u>	\$ 68.7	00
Entered into Ledger, page ..... or below.		

Certifying Physician D. W. Swanson  
 (or Coroner)  
 His Address .....  
 Name of Father Stake Vanderflute  
 His Birthplace .....  
 Maiden Name of Mother Anna Bierma  
 Her Birthplace .....  
 Motor } Remains to  
 Ship }  
 Size of Casket 4/6 Rd End St. Winston  
 (Write Color and Number)  
 Manufactured by E. O. Cook  
 Cemetery } Rose Hill  
 Crematory }

Lot No. 1296  
 Grave No. 3  
 Section No. ....  
 Block 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 .....

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

# RECORD OF FUNERAL

Total No. 2291 Yearly No. 32 Date of Entry Nov 5 1952  
 Name of Deceased Mary Rose Hullerton (What Race)  
 Married  Single  Widowed  Divorced  Husband  Wife  Widow Paul Hullerton (Age of Husband or Wife (if living)) Years

Residence: Ringold County  
 Charge to: James Hullerton  
 Address: \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_  
 If Veteran, State War No  
 Occupation Housewife name (Social Security Number)  
 Employer and Address \_\_\_\_\_

Date of Death Nov 2 1952 10 P.M. (Date) (Hour)  
 Date of Birth Apr 15 1867 (Date) (Year) (Month) (Day)  
 Age 85 (Years) (Months) (Days)

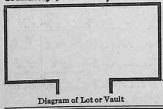
Date of Funeral 11/5/52 Wed 10 A.M. (Date) (Day of Week) (Hour)  
 Services at St. Ann Catholic Church  
 Clergyman Father Culhane vicar  
 Religion of the Deceased Catholic

Birthplace Troy, New York  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Bethany Mo.  
 Cause of Death Cerebral emboli

Contributory Causes \_\_\_\_\_  
 Certifying Physician D. Searhart (or Coroner)  
 His Address Bethany Mo.

Name of Father James Mahedy  
 His Birthplace Ireland  
 Maiden Name of Mother Marg Cleary  
 Her Birthplace Ireland

Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 46 Silver Metal Slat (State Color and Number)  
 Manufactured by R.P.A.  
 Cemetery Crematory } Maple Grove, Kellerton



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 649.00
Casket	
Burial Vault or Box <u>Albia Vault</u>	125.00
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress <u>Rose Dress</u>	12.50
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
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, \$
Gross Total for Sales Tax	\$ 780.00
Outlay for Lot	
Cremation	
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, \$	Organist, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced <u>for underwear etc</u>	3.79
Out of town Undertaker's Charges	
Personal Service	
line Death Notices in _____ Papers	
Sales Tax	7.80
Total Footing of Bill	\$ 792.09
Less <u>5.00</u> <u>7.80</u>	\$ 39.29
Balance <u>11/11/52</u>	\$ 752.67
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 \_\_\_\_\_ Signed \_\_\_\_\_ Address \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2342 Yearly No. 33 Date of Entry Nov 25 1952

Name of Deceased Mary Lewis  
 Married  Single  Widowed  Divorced (What Race) W

Residence: Laurie, Ia  Husband  Wife  Widow  of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Earl Lewis  
 Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation: Housewife None (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death: Nov 23 1952 (Date) (Hour)

Date of Birth: Feb 1 1859 (Date) (Hour)

Age: 93 (Years) (Months) (Days)

Date of Funeral: Nov 25 10:30 P. M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Blair Jensen (Address)

Religion of the Deceased: L. O. S.

Birthplace: Nebraska

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

Place of Death: L. O. S. Hospital

Cause of Death: Cerebral Hemorrhage

Contributory Causes: \_\_\_\_\_

Certifying Physician: E. E. Hamet (or Coroner)

His Address: \_\_\_\_\_

Name of Father: Levi Nelson

His Birthplace: \_\_\_\_\_

Maiden Name of Mother: Lara Jackson

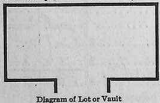
Her Birthplace: \_\_\_\_\_

Motor Ship } Remains to Moorhead Ia

Size of Casket: 1/2 couch gray (State Color and Number)

Manufactured by: Road

Cemetery Crematory } Preparation



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays) .....	\$ 396 00
Casket .....	
Burial Vault or Box <u>box</u> (State Kind) .....	25 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 .....	@ \$ .....
Extra Limousines .....	@ \$ .....
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, \$ .....
Gross Total for Sales Tax .....	\$ 421 00
Outlay for Lot .....	
Cremation .....	
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 .....	
Personal Service .....	
..... line Death Notices in ..... Papers (Names of Newspapers) .....	
<u>Extra Expense in trip</u> .....	120 00
Sales Tax .....	4 21
Total Footing of Bill .....	\$ 545 21
Less <u>5/100 on 425.21</u> .....	\$ 21 25
Balance <u>pd</u> .....	\$ 523 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 \_\_\_\_\_ (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

Nov 30

1957

Total No. 2343 Yearly No. 34 Date of Entry Nov 30

Name of Deceased Frederick Johnston (What Race) W

Married  Single  Widowed  Divorced

Residence: Harrison Co. Colfax, W. Va. Hilda Johnston (What Race) W

Charge to: Hilda Johnston or of Hilda Johnston Age of Husband or Wife (if living) Years

Address .....

Order given by .....

How Secured .....

If Veteran, State War no

Occupation farmer (Social Security Number) none

Employer and Address .....

Date of Death Nov. 27, 1957 10 P.M. (Date) (Hour)

Date of Birth Oct 7, 1880 (Date) (Hour)

Age 77 (Years) (Months) (Days)

Date of Funeral 11/30/57 Sun. 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Art Lane (Address) .....

Religion of the Deceased .....

Birthplace Harrison Co. W. Va.

Resided in the State .....

Place of Death Harrison Co. W. Va. (or U. S. or City or County) (Years) (Months)

Cause of Death .....

Contributory Causes .....

Certifying Physician E. C. Garnet (or Coroner)

His Address .....

Name of Father Robert Johnston

His Birthplace .....

Maiden Name of Mother Margaret Ann Smith

Her Birthplace .....

Motor Ship } Remains to .....

Size of Casket 817-1 day fac. state (State Code and Number)

Manufactured by R. O. A.

Cemetery } Rose Hill

Crematory } .....

Diagram of Lot or Vault

Lot No. 508

Grave No. X

Section No. ....

Block No. ....

Owner .....

Complete Funeral (except outlays) .....	\$ 497.00
Casket .....	.....
Burial Vault or Box <u>Day</u> (State Kind) .....	25.00
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 .....	@ \$ .....
Extra Limousines .....	@ \$ .....
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, \$ .....
Gross Total for Sales Tax .....	\$ 522.00
Outlay for Lot .....	.....
Cremation .....	.....
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 .....	.....
Personal Service .....	.....
..... line Death Notices in .....	Papers .....
..... (Names of Newspapers) .....	.....
Sales Tax .....	522
Total Footing of Bill .....	527.27
Less <u>520.00 by Dec. 10th</u> .....	36.36
Balance <u>Dec 17/57</u> .....	500.91
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 .....

maturity at the rate of .....

Witness .....

Names of Lodges .....

Insurance Companies .....

(Firm Name of Funeral Directors.) .....

days from date. Interest to accrue from .....

Signed .....

Address .....

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

# RECORD OF FUNERAL

Total No. 2344 Yearly No. 35 Date of Entry Oct. 3 1952

Name of Deceased James Carneilous Campbell  
 Married  Single  Widowed  Divorced (What Race) W

Residence: Lander  Husband  Wife  Widow } of \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: R. S. White

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: Cash

If Veteran, State War Yes

Occupation: Farmer (Social Security Number) \_\_\_\_\_

Employer and Address \_\_\_\_\_

Date of Death Dec 3 1952 2 A M (Date) (Hour)

Date of Birth Aug. 29 1961 (Date) (Day of Week) (Hour)

Age: 91 (Years) (Months) (Days)

Date of Funeral 12/5/52 2 P. M. (Date) (Day of Week) (Hour)

Services at: Mt. Pleasant (Address)

Clergyman: \_\_\_\_\_ (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Ashtland County, Ohio

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

Place of Death Lander

Cause of Death Cerebral Hemorrhage

Contributory Causes \_\_\_\_\_

Certifying Physician R. R. Brown (or Coroner)

His Address Lander

Name of Father Will Campbell

His Birthplace \_\_\_\_\_

Maiden Name of Mother Elizabeth Spearman

Her Birthplace \_\_\_\_\_

Motor  Entp } Remains to Mt. Pleasant, Ia

Size of Casket wine tone B. C. (State, Color and Number)

Manufactured by: Ross

Cemetery } Forest Home, Mt. Pleasant

Lot No. \_\_\_\_\_

Grave No. \_\_\_\_\_

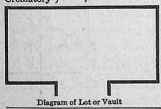
Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Entered into Ledger, page See below

Complete Funeral (except outlays)	\$ 565 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, \$	Tarpsaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 565 00
Outlay for Lot:	
Cremation	
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	
Personal Service	
_____ line Death Notices in _____ Papers	(Names of Newspapers)
<u>Mileage to Mt. Pleasant</u>	<u>15 00</u>
Sales Tax	<u>5 65</u>
Total Footing of Bill	\$ 585 65
Less <u>1.00</u> <u>5 70</u>	\$ 57 95
<u>Balance paid</u>	\$ 52 85



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 \_\_\_\_\_

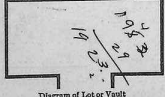
# RECORD OF FUNERAL

Total No. 2345 Yearly No. 36 Date of Entry Dec. 11 1937  
 Name of Deceased Helma Naomi White (What Race)  
 Married  Single  Widowed  Divorced  Husband  Wife  Widow  Divorced  
 Residence: Bob W White (What Race)  
 or Bob W White Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Bob W White  
 Address: 4210 E. 14th St. Sea Moors  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War No  
 Occupation Selling Clerk  
 Employer and Address Sea Moors Reg. & Trib.  
 Date of Death Dec 8 1937 5 P.M.  
 Date of Birth Nov 8 1853 1923  
 Age \_\_\_\_\_  
 Date of Funeral 12/11/37 Thurs 9 A.M.  
 Services at: Chapel  
 Clergyman Rev. Scott, Sea Moors  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Decatur Co. Ga  
 Resided in the State \_\_\_\_\_  
 Place of Death Sea Moors Ga  
 Cause of Death Stroke  
 Contributory Causes \_\_\_\_\_

Complete Funeral (except outlays)	\$	535	00
Casket			
Burial Vault or Box		25	00
Embalming Body			
Barber, \$			
Dressing Body, \$			
Suit or Dress			
Slippers, \$			
Folding Chairs, \$			
Candelabrum, \$			
Door Spray, \$			
Funeral Car, \$			
Limousines to Cemetery	@ \$		
Extra Limousines	@ \$		
Autos to R. Station	@ \$		
Getting Remains from	@ \$		
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Funeral Permit			
Certif. Copies of Death Certificates No.			
Pall Bearer Service, \$			
Gross Total for Sales Tax	\$	560	00
Outlay for Lot			
Cremation			
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			
Personal Service			
line Death Notices in _____ Papers			
Sales Tax			560
Total Footing of Bill	\$	565	60
Less <u>5-70</u>	\$	28	30
Balance	\$	537	30

Certifying Physician \_\_\_\_\_  
 His Address \_\_\_\_\_  
 Name of Father Alma Hoffman  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Florence Bartlett  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 43 Blue Velvet  
 Manufactured by R. V. P.  
 Cemetery } Ross Hill  
 Crematory }



Lot No. 1089  
 Grave No. ?  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_  
 Witness \_\_\_\_\_ Signed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 2346 Yearly No. 37 Date of Entry Dec 13 1952

Name of Deceased Helen Harwood Suenther (What Race) W

Residence Laramie Wyo  Married  Single  Widowed  Divorced  Husband  Wife  Widow  or C. A. Suenther (Age of Husband or Wife (if living)          Years)

Charge to C. A. Suenther Address         

Order given by          (or informant)

How Secured         

If Veteran, State War         

Occupation Bookkeeper 490-38-4124 (Social Security Number)         

Employer and Address Laramie Co. of Lumber Co

Date of Death Dec 10 1952 10 P.M. (Date) (Hour)

Date of Birth Nov 13 1897 (Date) (Hour)

Age 55 (Years) (Months) (Days)

Date of Funeral 12/13/52 Sat 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel (Address)

Clergyman Rev. Weed (Address)

Religion of the Deceased Methodist

Birthplace Inda

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

Place of Death Laramie Wyo

Cause of Death Carcinoma of Ovary

Contributory Causes         

Certifying Physician E. E. Sarnet (or Coroner)

His Address         

Name of Father Joe Forney

His Birthplace         

Maiden Name of Mother Anna Clark

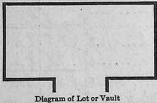
Her Birthplace         

Motor Ship } Remains to         

Size of Casket rose tan slab (State and Number)

Manufactured by Roll Hill

Cemetery Crematory         



Lot No. 1714  
Grave No. 3  
Section No.           
Block No.           
Owner         

Complete Funeral (except outlays)	\$ 448 00
Casket	
Burial Vault or Box <u>Albia Vault</u>	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	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 573 00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vanit, \$
Opening of Grave or Tomb	to <u>A. Marshall</u> 25 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	
Personal Service	
_____ line Death Notices in _____ Papers	
Sales Tax	5 73
Total Footing of Bill	603 73
Less <u>5% disc 30.1875</u>	28 98
Balance <u>Pol Dec 13/52</u>	574 78
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. 2347 Yearly No. 38 Date of Entry Dec. 19 1927

Name of Deceased Arthur Fred Pitkin  
 Married  Single  Widowed  Divorced  
Residence: Lanham - Bloomington, Tenn.  (Husband)  (Wife)  (Widow) Sylvia A. Pitkin (What Rate) \_\_\_\_\_  
or, \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
Address: \_\_\_\_\_  
Order given by: \_\_\_\_\_ (or informant)  
How Secured: \_\_\_\_\_  
If Veteran, State War no  
Occupation farmer 475-26-1450 (Social Security Number)  
Employer and Address: \_\_\_\_\_  
Date of Death Dec. 17, 1927 12:30 AM (Date) (Hour)  
Date of Birth June 8, 1894 (Date) (Hour)  
Age 58 (Years) (Month) (Days)  
Date of Funeral Dec 19/27 10 (Date) (Day of Week) (Hour) M.  
Services at: Chapel  
Clergyman Walter Brall (Address)  
Religion of the Deceased: \_\_\_\_\_

Birthplace Iowa  
Resided in the State: \_\_\_\_\_  
Place of Death Bloomington, Tenn.  
Cause of Death Acute coronary occlusion  
Contributory Causes: \_\_\_\_\_

Certifying Physician W. C. Swanson (or Coroner)  
His Address Lanham, Ia  
Name of Father Geo. W. Pitkin  
His Birthplace: \_\_\_\_\_  
Maiden Name of Mother Sara Crew  
Her Birthplace: \_\_\_\_\_  
Motor Ship } Remains to \_\_\_\_\_  
Size of Casket Copper-tone Metal (State Color and Number)  
Manufactured by Sub. Over Case  
Cemetery } Elk  
Crematory } \_\_\_\_\_



Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 76.50
Casket	
Burial Vault or Box <u>Albia</u>	125.00
Embalming Body (State Kind) _____ (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 . . . . . @ \$ . . . . .	
Extra Limousines . . . . . @ \$ . . . . .	
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 Certificate No. _____ (State Physician's or Coroner's) _____	
Pall Bearer Service, \$ . . . . . Use of Chapel, \$ . . . . .	
Gross Total for Sales Tax	\$ 890.00
Outlay for Lot _____	
Cremation _____	
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 _____	
Personal Service _____	
_____ line Death Notices in _____ Papers _____	
Sales Tax	890
Total Footing of Bill	\$ 898.90
Less <u>5.90 by Dec 19</u>	98.95
Balance	\$ 854.45
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	<del>854.45</del> \$854.45		To Balance Forward	\$
	By Payment	\$450.00		By Payment	\$
Feb. 24/28	Geo. Pitkin	\$100.00		" "	\$
Mar. 14/28	" " "	\$200.00		" "	\$
Mar. 25/28	" " "	\$102.50		" "	\$
Apr. 3/28	" " "	\$195.00		" "	\$
	" " <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 \_\_\_\_\_ (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. 2348 Yearly No. 99 Date of Entry Dec 23 1952

Name of Deceased Joseph Nyum Hancock  
 Married  Single  Widowed  Divorced (What Race) W

Residence: Lamoni  Husband  Wife  Widow  
Charge to: DeCATUR County or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
Order given by \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_  
If Veteran, State War no

Occupation Delivery man none  
(Social Security Number)

Employer and Address \_\_\_\_\_  
Date of Death Dec 21/52 12:15 AM  
(Date) (Hour)

Date of Birth Jan 7, 1892  
Age \_\_\_\_\_ (Year) (Month) (Days)

Date of Funeral 12-23-52 2 P  
(Date) (Day of Week) (Hour) M.

Services at: Chapel  
Clergyman: Art Lane (Address)

Religion of the Deceased \_\_\_\_\_  
Birthplace Wisconsin

Resided in the State 42 yrs  
(or U. S. or City or County) (Years) (Months)

Place of Death Lamoni Ia  
Cause of Death Bronchial Pneumonia

Contributory Causes \_\_\_\_\_  
Certifying Physician \_\_\_\_\_ (or Coroner)

His Address \_\_\_\_\_  
Name of Father David Hancock

His Birthplace \_\_\_\_\_  
Maiden Name of Mother Lavinia Briggs

Her Birthplace \_\_\_\_\_  
Motor } Remains to  
Ship }

Size of Casket 6/3 Oct Hump cap.  
Manufactured by Rose Hill  
(State Color) (Number)

Cemetery }  
Crematory }

Lot No. 805  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Complete Funeral (except outlays)	\$	150	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	@ \$		
Extra Limousines	@ \$		
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, \$		
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
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			
Personal Service			
line Death Notices in	Papers		
(Names of Newspapers)			
Sales Tax			150
Total Footing of Bill			150 00
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 \_\_\_\_\_ (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 \_\_\_\_\_ Address \_\_\_\_\_  
Witness \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2349 Yearly No. 40 Date of Entry Oct 28 1957

Name of Deceased George Y. Briggs  
 Married  Single  Widowed  Divorced (What Race) W  
Residence: West Des Moines, Ia  Husband  Wife  Widow }  
Charge to: Phil Briggs or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address: 517 - 27th St West Des Moines, Ia Complete Funeral (except outlays) \$ 57.00

Order given by: Phil Briggs (or informant) Casket \_\_\_\_\_  
How Secured: \_\_\_\_\_ Burial Vault or Box Albion (State Kind) 12.50

If Veteran, State War No Embalming Body \_\_\_\_\_ (Name of Embalmer)  
Occupation Teacher College President Barber, \$ \_\_\_\_\_ Hair Dressing, \$ \_\_\_\_\_  
(Social Security Number) Dressing Body, \$ \_\_\_\_\_ Underwear, \$ \_\_\_\_\_  
Employer and Address \_\_\_\_\_ Suit or Dress \_\_\_\_\_ (State Kind and Color)

Date of Death Dec 26 1952 9:15 AM Slippers, \$ \_\_\_\_\_ Hose, \$ \_\_\_\_\_  
(Date) (Hour) Folding Chairs, \$ \_\_\_\_\_ Tarpaulin, \$ \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Candelabrum, \$ \_\_\_\_\_ Candles, \$ \_\_\_\_\_  
Age 78 Door Spray, \$ \_\_\_\_\_ Gloves, \$ \_\_\_\_\_  
(Years) (Months) (Days) Funeral Car, \$ \_\_\_\_\_ Ambulance, \$ \_\_\_\_\_  
Date of Funeral 1/28/53 Jan 2:30 P. M. Limousines to Cemetery @ \$ \_\_\_\_\_  
(Date) (Day of Week) (Hour) Extra Limousines @ \$ \_\_\_\_\_  
Services at R. T. D. S. Church Autos to R. R. Station @ \$ \_\_\_\_\_  
Clergyman R. T. D. S. Church Getting Remains from \_\_\_\_\_  
Religion of the Deceased R. T. D. S. Taking Remains to \_\_\_\_\_  
Birthplace \_\_\_\_\_ Trip to Coroner's Inquest \_\_\_\_\_  
Resided in the State \_\_\_\_\_ Delivering Box to \_\_\_\_\_  
(or U. S. or City or County) (Years) (Months) Removal Flowers to \_\_\_\_\_  
Place of Death West Des Moines, Ia Procuring Burial Permit \_\_\_\_\_  
Cause of Death \_\_\_\_\_ (State Number and District)

Contributory Causes \_\_\_\_\_ Certif. Copies of Death Certificates No. \_\_\_\_\_  
(State Physician's or Coroner's)

Certifying Physician \_\_\_\_\_ Pall Bearer Service, \$ \_\_\_\_\_ Use of Chapel, \$ \_\_\_\_\_  
(or Coroner)

His Address \_\_\_\_\_ Gross Total for Sales Tax \$ 7.90 0.00  
Name of Father \_\_\_\_\_ Outlay for Lot \_\_\_\_\_  
His Birthplace \_\_\_\_\_ Cremation \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_ Flowers, \$ \_\_\_\_\_ Palms, \$ \_\_\_\_\_ Matting, \$ \_\_\_\_\_  
Her Birthplace \_\_\_\_\_ Rental of Tent, \$ \_\_\_\_\_ of Temporary Vault, \$ \_\_\_\_\_  
Motor Ship } Remains to \_\_\_\_\_ Opening of Grave or Tomb \_\_\_\_\_  
Size of Casket 6 1/2 med end heavy O. Case Lining Grave, \$ \_\_\_\_\_ Lowering Device, \$ \_\_\_\_\_  
(State Color and Number) Outlay for Shipping Charges \_\_\_\_\_  
Manufactured by Road Clergyman, \$ \_\_\_\_\_ Singers, \$ \_\_\_\_\_ Organist, \$ \_\_\_\_\_  
Cemetery } Rose Hill Railroad Tickets, \$ \_\_\_\_\_ Aero-plane Service, \$ \_\_\_\_\_  
Crematory } \_\_\_\_\_ or Motor \_\_\_\_\_  
Telegr., Phone, Cable or Radio Charges \_\_\_\_\_  
Cash Advanced \_\_\_\_\_  
Out of town Undertaker's Charges \_\_\_\_\_  
Personal Service \_\_\_\_\_

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

line Death Notices in \_\_\_\_\_ Papers \_\_\_\_\_  
(Name of Newspapers)

Sales Tax \_\_\_\_\_ 7.20

Total Footing of Bill, Pl 10/10/53 72.70 2.00  
Less 5.90 by Jan 5 3.60 3.60  
plus 2.50 balance 6.90 8.40

Diagram of Lot or Vault

Lot No. 1441-4

Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

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. Interest to accrue from \_\_\_\_\_

Signed \_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_

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

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# RECORD OF FUNERAL

Total No. 2350 Yearly No. 41 Date of Entry Dec 30 1952  
 Name of Deceased Isabel Wron  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: Decatur Co. N. of Lamoni  Husband  Wife  Widow }  
 Charge to: Fred Wron or..... of } Age of Husband or Wife (if living)..... Years

Address.....  
 Order given by Fred Wron (or informant)  
 How Secured.....  
 If Veteran, State War.....  
 Occupation housewife (Social Security Number) none  
 Employer and Address.....  
 Date of Death Dec 28/52 12:15 PM (Date) (Hour)  
 Date of Birth Jan 3 1870 (Date) (Year) (Month) (Days) (Hour)  
 Age 82 (Years) (Months) (Days)  
 Date of Funeral 12/31/52 Wed 2 P (Date) (Day of Week) (Hour) M.  
 Services at: Wron residence  
 Clergyman: Chas. B. Allantyne (Address)  
 Religion of the Deceased.....  
 Birthplace.....  
 Resided in the State..... (or in S. or City or County) (Years) (Months)  
 Place of Death St. Cyr, Mo.  
 Cause of Death Spontaneous Pneumonia  
 Contributory Causes Remains Anemia  
 Certifying Physician F. J. Koppett (or Coroner)  
 His Address St. Cyr  
 Name of Father Fredrick Wron  
 His Birthplace.....  
 Maiden Name of Mother Margaret James  
 Her Birthplace.....  
 Motor Ship } Remains to.....  
 Size of Casket 6/6 Oak  
 Manufactured by Bethel & Son Stewart  
 Cemetery } Decatur  
 Crematory }  
 Lot No.....  
 Grave No.....  
 Section No.....  
 Block No.....  
 Owner.....

Complete Funeral (except outlays).....	\$	587.00
Casket.....		
Burial Vault or Box <u>Albia</u> (State Kind)		125.00
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 @ \$.....		
Extra Limousines @ \$.....		
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, \$.....		
Gross Total for Sales Tax.....	\$	684.00
Outlay for Lot.....		
Cremation.....		
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.....		
Personal Service.....		
..... line Death Notices in..... Papers.....		
Sales Tax.....		684
Total Footing of Bill.....	\$	690.84
Less..... <u>PK 5/2</u> <u>in full</u> <u>11/5-3</u>	\$	34.54
Balance.....	\$	656.30
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. 2951 Yearly No. 1 Date of Entry Jan. 18 1953

Name of Deceased John Albert Anderson

Married  Single  Widowed  Divorced

Residence: Carl Anderson (What Race) Swedish  
or Carl Anderson of Swedish Age of Husband or Wife (if living) Years

Charge to Carl Anderson

Address: Carl Anderson & Brothers (or informant)

Order given by Carl Anderson & Brothers

How Secured: 200

If Veteran, State War 200

Occupation Farmer none (Social Security Number)

Employer and Address self employed

Date of Death Jan 15 1953 11 A.M. (Date) (Hour)

Date of Birth Dec 2 1864 (Date) (Hour)

Age 88 (Years) (Month) (Days)

Date of Funeral Jan 18 53 11 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman (Address)

Religion of the Deceased

Birthplace Utah

Resided in the State 34 yrs. (or U.S. or City or County) (Years) (Months)

Place of Death Lanham, Ia (State Number and District)

Cause of Death bronchial pneumonia (State Physician's or Coroner's)

Contributory Causes uremia

Certifying Physician (or Coroner)

His Address

Name of Father Charles J. Anderson

His Birthplace

Maiden Name of Mother not known

Her Birthplace

Motor } Remains to

Size of Casket 46. Sel Metal (State Color and Number)

Manufactured by R. B. Hill

Cemetery } Rose Hill

Lot No. 1711

Grave No. 4

Section No.

Block No.

Owner

Entered into Ledger, page or below.

Complete Funeral (except outlays) \$ 688.00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 3.63

Dressing Body, \$ Underwear, \$ 16.50

Suit or Dress blue suit (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

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, \$

Gross Total for Sales Tax \$ 707.19

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

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

Opening of Grave or Tomb 24.00

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

Personal Service

line Death Notices in Papers (Names of Newspapers)

Sales Tax 7.07

Total Footing of Bill \$ 739.20

Less 570.19 Jan 28 53 \$ 25.70

J. B. Hill Balance 28.53 \$ 707.58

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. Interest to accrue from

Witness Signed

Address



# RECORD OF FUNERAL

Total No. 235 Yearly No. 2 Date of Entry Feb 1 1953

Name of Deceased Laura Ellen Needham  
 Married  Single  Widowed  Divorced (What Race)

Residence: Lamoni, Ia  Husband  Wife  Widow  
or \_\_\_\_\_ of \_\_\_\_\_ } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: P. A. P. & Medical Flowers

Address: \_\_\_\_\_  
Order given by: Mrs Needham (or informant)

How Secured: \_\_\_\_\_  
If Veteran, State War 100

Occupation housewife none  
(Social Security Number)

Employer and Address \_\_\_\_\_  
Date of Death Jan 29-1953 11 PM  
(Date) (Hour)

Date of Birth Apr 12-1865  
(Date) (Year) (Month) (Days)

Age 87  
(Years) (Months) (Days)

Date of Funeral 2/1/53 Jan 9 A.M.  
(Date) (Day of Week) (Hour)

Services at: Chapel of Carson  
Clergyman: Percy Howard  
Religion of the Deceased P. L. O. S. (Address)

Birthplace Illinois  
Resided in the State 25 yrs  
(or U. S. or City or County) (Years) (Months)

Place of Death Lamoni, Ia St. Anne  
Cause of Death Branchial Pneumonia

Contributory Causes Colitis

Certifying Physician C. E. Samit  
(or Coroner)

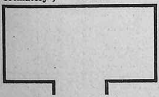
His Address: \_\_\_\_\_  
Name of Father Thomas Davis

His Birthplace \_\_\_\_\_  
Maiden Name of Mother May Clark

Her Birthplace \_\_\_\_\_  
Motor } Remains to Carson, Ia  
Ship }

Size of Casket P. A. P. huge cap  
(State Color and Number)

Manufactured by Paul B. Livingston  
Cemetery } Carson - Ia  
Crematory }



Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	150	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	@	\$	
Extra Limousines	@	\$	
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, \$			
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
Flowers, \$			
Rental of Tent, \$			
Opening of Grave or Tomb			
Lining Grave, \$			
Outlay for Shipping Charges			
Clergyman, \$			
Railroad } Tickets, \$			
or Motor } Aero plane Service, \$			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
line Death Notices in			
Sales Tax			
Total Footing of Bill	\$		
Less <u>claim filed 2/10/53</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 \$ \_\_\_\_\_ 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. 1353 Yearly No. 3 Date of Entry March 7 1953

Name of Deceased Mabel Haskins

Married  Single  Widowed  Divorced

Residence: Lanham Ia

Husband  Wife  Widow  Divorced (What Race) W  
or..... of E. S. Haskins Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: .....

Address: .....

Order given by: .....

How Secured: .....

If Veteran, State War U.S.  
Occupation Housewife (Social Security Number) none

Employer and Address: .....

Date of Death Feb 28 1953 (Date) (Day) (Month) (Year)

Date of Birth Feb 4 1881 (Date) (Day) (Month) (Year)

Age 72 (Years) (Months) (Days)

Date of Funeral 3/2/53 Mon 2 P M (Date) (Day of Week) (Hour)

Services at: D. S. Canale

Clergyman H. E. Prall (Address)

Religion of the Deceased I.O.O.F.

Birthplace Illinois

Resided in the State: .....

Place of Death Iowa City, Iowa (or U. S. or City or County) (Year) (Month)

Cause of Death hypertensive leukemia

Contributory Causes: .....

Certifying Physician: .....

His Address: .....

Name of Father Wm. Earley

His Birthplace: .....

Maiden Name of Mother Sara Whitehead

Her Birthplace: .....

Motor } Remains to  
Ship } .....

Size of Casket 4/3 Oct. Plush (State, Color and Number)

Manufactured by R. Co. 1

Cemetery } Rose Hill  
Crematory } .....

Lot No. 1739

Grave No. 1

Section No. ....

Block No. ....

Owner: .....

Complete Funeral (except outlays) .....	\$ <u>392 00</u>
Casket .....	
Burial Vault or Box .....	25 00
Embalming Body .....	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body, \$..... Underwear, \$.....	
Suit or Dress <u>orchid dress</u> .....	16 50
Slippers, \$..... Hose, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Spray, \$..... Gloves, \$.....	
Funeral Car, \$..... Ambulance, \$.....	
Limousines to Cemetery .....	
Extra Limousines .....	
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, \$.....	
Gross Total for Sales Tax .....	\$ <u>437 50</u>
Outlay for Lot .....	
Cremation .....	
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 .....	
Personal Service .....	
..... line Death Notices in .....	
..... (Names of Newspapers) .....	
Sales Tax .....	4 37
Total Footing of Bill .....	441 87
Less <u>5-70</u> .....	
<u>Balance 3/7/53</u> .....	419 79
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 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. 354 Yearly No. 4 Date of Entry Mar. 3 1953

Name of Deceased Ray Robert Riew (What Race) W

Residence:  Married  Single  Widowed  Divorced  Husband  Wife  Widow  
or..... of ..... Age of Husband or Wife (if living)..... Years

Charge to.....

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War 60

Occupation Carpenter 480-18-1815 (Social Security Number)

Employer and Address.....

Date of Death Feb. 28 1953 7:30 P.M. (Date) (Hour)

Date of Birth Mar. 6 1885 (Years) (Months) (Days)

Age..... (Years) (Months) (Days)

Date of Funeral 3/3/53 Tues 2:10 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Archie Riew (Address)

Religion of the Deceased.....

Birthplace Missouri

Resided in the State 67 yrs. (or U. S. City or County) (Years) (Months)

Place of Death Laurion, Ia.

Cause of Death Carcinoma of Pancreas

Contributory Causes.....

Certifying Physician Hill Swanson (or Coroner)

His Address.....

Name of Father Sylvester Riew

His Birthplace.....

Maiden Name of Mother Elizabeth Sylvester

Her Birthplace.....

Motor Ship } Remains to

Size of Casket 1 1/2 - oval - steel - color - heavy (Shape, Color and Number)

Manufactured by Rose Hill

Cemetery Crematory } Rose Hill

Diagram of Lot or Vault

Lot No. 371

Grave No. 4

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)..... \$ 448.00

Casket..... \$ 25.00

Burial Vault or Box 15.00 (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..... @ \$.....

Extra Limousines..... @ \$.....

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, \$.....

Gross Total for Sales Tax..... \$ 47.30

Outlay for Lot.....

Cremation.....

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.....

Personal Service.....

..... line Death Notices in..... Papers..... (Names of Newspapers)

Sales Tax..... 4.23

Total Footing of Bill..... \$ 477.73

Less 57.00 Mar. 3..... \$ 23.82

add 3/4 Balance..... \$ 453.91

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

Total No. 2355 Yearly No. 5 Date of Entry Mar 3 1933

Name of Deceased Ratherine Agnes Wiener (What Name)  
 Married  Single  Widowed  Divorced  Husband  Wife  Widow Winifred Wiener of Winifred Wiener Age of Husband or Wife (if living) W Years

Residence: Charge to Fannie Wiener, Mrs. Niles & Carl Wiener Address: Order given by above (or informant) How Secured: If Veteran, State War us Occupation housewife (Social Security Number) none Employer and Address: Date of Death Mar 2 / 53 (Date) (Hour) Date of Birth June 17, 1861 (Year) (Month) (Day) Age 91 (Years) (Months) (Days) Date of Funeral 3/3/53 (Date) (Day of Week) (Hour) P. M. Services at Anderson, Cent. - grave side Clergyman Father Muehlen (Address) Religion of the Deceased Catholic Birthplace Indiana Resided in the State Mo (or U. S. or City or County) (Years) (Months) Place of Death Colfax, Randolph, Mo Cause of Death Broncho pneumonia Contributory Causes Multiple degenerative changes of senility Certifying Physician J. Skoverson (or Coroner) His Address: Name of Father John Courcy His Birthplace: Maiden Name of Mother Mary Eliza Spain Her Birthplace: Motor Ship } Remains to Size of Casket 1 1/2 couch state Gray Jac (State Color and Number) Manufactured by: Cemetery Crematory } Anderson, Mo

Complete Funeral (except outlays)	\$ 422.00
Casket	
Burial Vault or Box <u>Balton Vault</u>	165.00
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	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 587.00
Outlay for Lot	
Cremation	
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	
Personal Service	
line Death Notices in	Papers
Sales Tax	587
Total Footing of Bill	592.87
Less <u>592.87 Mar 13</u>	29.64
<u>Paid in full Mar 5 - tax</u>	563.23
Entered into Ledger, page	or below.



Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block 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 \_\_\_\_\_

Witness \_\_\_\_\_ Signed \_\_\_\_\_ Address \_\_\_\_\_  
Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2356 Yearly No. 6 Date of Entry April 2 1953

Name of Deceased Clarence E. Bootman  
 Married  Single  Widowed  Divorced  
Residence: Des Moines  Husband  Wife  Widow } Bessie Bootman (What Race)  
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Wayne Bootman  
Address: .....  
Order given by: .....  
(or informant)  
How Secured: .....  
If Veteran, State War .....  
Occupation .....  
(Social Security Number)

Employer and Address .....  
Date of Death Mar 31 15 3  
(Date) (Hour)  
Date of Birth .....  
Age 76  
(Years) (Months) (Days)  
Date of Funeral 4/2/53 Thu 9 30 A M.  
(Date) (Day of Week) (Hour)  
Services at: Chapel  
Clergyman: Roy Chevill  
(Address)  
Religion of the Deceased R. L. P. S.  
Birthplace .....  
Resided in the State .....  
(or U. S. or City or County) (Years) (Months)

Place of Death .....  
Cause of Death Coronary  
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 45 Rose Cedar State  
(State Color and Number)

Manufactured by: R. A. A.  
Cemetery } Rose Hill  
Crematory }  
Diagram of Lot or Vault  
Lot No. 1523  
Grave No. 3  
Section No. ....  
Block No. ....  
Owner .....

Complete Funeral (except outlays)	\$	448.00
Casket		
Burial Vault or Box <u>Elbia Vault</u>		12.50
(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	@	\$
Extra Limousines	@	\$
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, \$		
Gross Total for Sales Tax	\$	57.30
Outlay for Lot		
Cremation		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
Opening of Grave or Tomb		
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		
Personal Service		
line Death Notices in		
Papers		
Sales Tax		57.30
Total Footing of Bill	\$	603.73
Less <u>5% on 578.23</u>	\$	28.88
<u>Balance 579.85</u>	\$	579.85
Entered into Ledger, page ..... or below.		

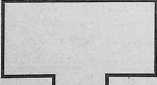
Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Names of Ledges ..... 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. 2357 Yearly No. 7 Date of Entry April 9 1953  
 Name of Deceased Moroni Traxler (What Race)  
 Married  Single  Widowed  Divorced  
 Residence: Laramie, Wyo. Age of Husband or Wife (if living) \_\_\_\_\_ Years  
 Charge to: Mrs. Tom France  
 Address \_\_\_\_\_  
 Order given by above (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War no  
 Occupation salesman none (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Apr. 8/53 8 P.M. (Day) (Hour)  
 Date of Birth Jan 5/1867 (Year) (Month) (Day)  
 Age 86 (Years) (Months) (Days)  
 Date of Funeral 4/12/53 Sun 2:30 P.M. (Day) (Day of Week) (Hour)  
 Services at R. L. S. Church  
 Clergyman Ray Chevill  
 Religion of the Deceased R. L. S. (Address)  
 Birthplace Canada  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Laramie, Wyo.  
 Cause of Death Coronary Occlusion  
 Contributory Causes \_\_\_\_\_  
 Certifying Physician J. M. Swanson (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father John Traxler  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Esther Best  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to  
 Ship }  
 Size of Casket Day Octagon 1/2 oval  
 Manufactured by \_\_\_\_\_ (State Code and Number)  
 Cemetery Crematory } Rose Hill

Complete Funeral (except outlays)	\$ 396.00
Casket	
Burial Vault or Box <u>alva vault</u>	125.00
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 @ \$	
Extra Limousines @ \$	
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, \$
Gross Total for Sales Tax	\$ 521.00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb <u>W. S. Marshall</u>	25.00
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	
Personal Service	
line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax	5.24
Total Footing of Bill	551.21
Less <u>5%</u>	26.31
Balance <u>paid in full</u>	524.90
Entered into Ledger, page <u>49/53</u> or below	



Lot No. 1483  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 2358 Yearly No. 8 Date of Entry April 29 1953

Name of Deceased Dr. Henry Maural Hills  
 Married  Single  Widowed  Divorced (What Race)  
Residence Lanou, Ia.  Husband  Wife  Widow  Katherine Hills  
or, ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. H. M. Hills  
Address.....

Order given by.....  
(or informant).....

How Secured:.....

If Veteran, State War.....  
Occupation Physician & Surgeon None  
(Social Security Number)

Employer and Address.....  
Date of Death Apr. 27 1953 4:30 P.M.  
(Date) (Hour)

Date of Birth July 10 1872  
Age 80  
(Years) (Months) (Days)

Date of Funeral Apr 29 Wed 2:30 P.M.  
(Date) (Day of Week) (Hour)

Services at: R. L. O. S. Church  
Clergyman: Roy Chevill  
(Address)

Religion of the Deceased.....  
Birthplace Connecticut

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

Place of Death Lanou, Ia.

Cause of Death Coronary Occlusion

Contributory Causes.....  
Certifying Physician E. E. Hamet  
(or Coroner)

His Address Lanou, Ia.

Name of Father Asa T. Hills

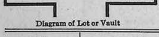
His Birthplace.....  
Maiden Name of Mother Sarah Keeney

Her Birthplace.....  
Motor } Remains to  
Ship }

Size of Casket Permalite  
(State Color and Number)

Manufactured by Root Casket Co.

Cemetery } Rose Hill  
Crematory }



Lot No. 1354  
Grave No. 2  
Section No.....  
Block No.....  
Owner.....

Complete Funeral (except outlays).....	\$	795	00
Casket.....			
Burial Vault or Box <u>Not</u> .....		25	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.....	@		
Extra Limousines.....	@		
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, \$.....			
Gross Total for Sales Tax.....	\$	820	00
Outlay for Lot.....			
Cremation.....			
Flowers, \$.....			
Palms, \$.....			
Matting, \$.....			
Rental of Tent, \$.....			
of Temporary Vault, \$.....			
Opening of Grave or Tomb <u>Fort Marshall</u> .....		25	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.....			
Personal Service.....			
..... line Death Notices in..... Papers.....			
(Names of Newspapers)			
Sales Tax.....			820
Total Footing of Bill.....	\$	853	20
Less <u>50.00</u> .....			42
<u>Balance</u> .....	\$	811	80
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. 2359 Yearly No. 9 Date of Entry June 1 1957

Name of Deceased Clarence David Lester (u)

Residence Lamar, Ia  Married  Single  Widowed  Divorced (What Race?)

Charge to Bertha Lester  Husband  Wife  Widow  or of Bertha Lester Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_ Complete Funeral (except outlays) \$ \_\_\_\_\_

Order given by above (or informant) Casket \$ 5.97 00

How Secured \_\_\_\_\_ Burial Vault or Box Bertha Vault \$ 12.5 00

If Veteran, State War no Embalming Body (Name of Embalmer) \_\_\_\_\_

Occupation mail carrier news Barber, \$ \_\_\_\_\_ Hair Dressing, \$ \_\_\_\_\_

Employer and Address \_\_\_\_\_ Dressing Body, \$ \_\_\_\_\_ Underwear, \$ \_\_\_\_\_

Date of Death May 28/53 3:30 PM Slippers, \$ \_\_\_\_\_ Hose, \$ \_\_\_\_\_

Date of Birth Aug 5/1879 Folding Chairs, \$ \_\_\_\_\_ Tarpaulin, \$ \_\_\_\_\_

Age 73 Candelabrum, \$ \_\_\_\_\_ Candles, \$ \_\_\_\_\_

Date of Funeral 6/1/53 Mon 2:30 P.M. Door Spray, \$ \_\_\_\_\_ Gloves, \$ \_\_\_\_\_

Services at R. L. D. S. Church Funeral Car, \$ \_\_\_\_\_ Ambulance, \$ \_\_\_\_\_

Clergyman Robt Farhan (Address) Limousines to Cemetery @ \$ \_\_\_\_\_

Religion of the Deceased \_\_\_\_\_ Religion of the Deceased \_\_\_\_\_

Birthplace Iowa Birthplace \_\_\_\_\_

Resided in the State \_\_\_\_\_ Resided in the State \_\_\_\_\_

Place of Death Leam Hospital Cause of Death Broncho Pneumonia

Contributory Causes \_\_\_\_\_

Certifying Physician C. E. Goulet (on Coroner)

His Address Lamar, Ia

Name of Father Cyrus J. Lester

His Birthplace \_\_\_\_\_

Maiden Name of Mother Ratilla Bennett

Her Birthplace \_\_\_\_\_

Motor } Remains to \_\_\_\_\_  
Ship } \_\_\_\_\_

Size of Casket Oak (State Color and Number)

Manufactured by Bruchlaff Cemetery \_\_\_\_\_

Lot No. 1347

Grave No. 4

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Sales Tax 6.84 00

Total Footing of Bill \$ 72.31 8

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. 2360 Yearly No. 10 Date of Entry June 1 1953

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

Residence: Lanai, Ia  Husband  Wife  Widow } or of Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: R.A.P. Complete Funeral (except outlays) \$ 150.00

Address: \_\_\_\_\_ Casket \_\_\_\_\_  
Order given by: Roscoe Suico (or informant) Burial Vault or Box 6-11 (State Kind)

How Secured: \_\_\_\_\_ Embalming Body \_\_\_\_\_ (Name of Embalmer)

If Veteran, State War NO Barber, \$ \_\_\_\_\_ Hair Dressing, \$ \_\_\_\_\_  
Occupation Farming (Social Security Number) none Dressing Body, \$ \_\_\_\_\_ Underwear, \$ \_\_\_\_\_  
Employer and Address \_\_\_\_\_ Suit or Dress \_\_\_\_\_ (State Kind and Color)

Date of Death May 29 / 53 (Date) 11:45 P.M. (Hour) Slippers, \$ \_\_\_\_\_ Hose, \$ \_\_\_\_\_

Date of Birth Nov 1 - 1872 (Date) (Hour) Folding Chairs, \$ \_\_\_\_\_ Tarpaulin, \$ \_\_\_\_\_  
Age 80 (Years) (Months) (Days) Candelabrum, \$ \_\_\_\_\_ Candles, \$ \_\_\_\_\_

Date of Funeral 6/1/53 (Date) Mon (Day of Week) 2:30 P.M. (Hour) Door Spray, \$ \_\_\_\_\_ Gloves, \$ \_\_\_\_\_  
Services at: Chapel Funeral Car, \$ \_\_\_\_\_ Ambulance, \$ \_\_\_\_\_  
Clergyman: Rev. Remond (Address) Limousines to Cemetery @ \$ \_\_\_\_\_  
Religion of the Deceased \_\_\_\_\_ Extra Limousines @ \$ \_\_\_\_\_  
Birthplace Iowa Autos to R. R. Station @ \$ \_\_\_\_\_  
Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months) Getting Remains from \_\_\_\_\_  
Place of Death Lanai Taking Remains to \_\_\_\_\_  
Cause of Death Cerebral Hemorrhage Trip to Coroner's Inquest \_\_\_\_\_  
Contributory Causes \_\_\_\_\_ Delivering Box to \_\_\_\_\_  
Certifying Physician W. Swanson (or Coroner) Deliver Flowers to \_\_\_\_\_  
His Address Lanai Removal Charges \_\_\_\_\_  
Name of Father John Cecil Suico Procuring Burial Permit \_\_\_\_\_  
His Birthplace \_\_\_\_\_ Certif. Copies of Death Certificates No. \_\_\_\_\_ (State Physician's or Coroner's)  
Maiden Name of Mother Caroline Ching Pall Bearer Service, \$ \_\_\_\_\_ Use of Chapel, \$ \_\_\_\_\_

Her Birthplace \_\_\_\_\_ Gross Total for Sales Tax \_\_\_\_\_ \$  
Motor Ship } Remains to \_\_\_\_\_ Outlay for Lot \_\_\_\_\_  
Size of Casket R.A.P. (State for and Number) Cremation \_\_\_\_\_

Manufactured by: Pine Knuff Flowers, \$ \_\_\_\_\_ Palms, \$ \_\_\_\_\_ Matting, \$ \_\_\_\_\_  
Cemetery Crematory } Lily Rental of Tent, \$ \_\_\_\_\_ of Temporary Vault, \$ \_\_\_\_\_  
Line Death Notices in \_\_\_\_\_ Papers \_\_\_\_\_ (Names of Newspapers)

Diagram of Lot or Vault \_\_\_\_\_

Let No. \_\_\_\_\_ Sales Tax None

Grove No. \_\_\_\_\_ Total Footing of Bill \$ 150.00

Section No. \_\_\_\_\_ Less pd 7/7/53 \$ \_\_\_\_\_

Block No. \_\_\_\_\_ Balance \$ \_\_\_\_\_

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 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.

Signed \_\_\_\_\_  
Witness \_\_\_\_\_ Address \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2961 Yearly No. 11 Date of Entry June 10 1933  
 Name of Deceased Florence Isabel Probst (What Name)  
 Married  Single  Widowed  Divorced  Husband  Wife  Widow of P. W. Probst (Age of Husband or Wife (if living))        Years

Residence Lamoni  
 Charge to P. W. Probst  
 Address         
 Order given by        (or informant)  
 How Secured         
 If Veteran, State War no  
 Occupation housewife               (Social Security Number)  
 Employer and Address         
 Date of Death June 8 1953 9 P.M. (Date) (Hour)  
 Date of Birth June 19 1879 (Date) (Year) (Month) (Days)  
 Age 73 (Years) (Months) (Days)  
 Date of Funeral 6/10/53 Wed 2 P.M. (Date) (Day of Week) (Hour)  
 Services at P. D. S. Church  
 Clergyman P. Howard (Address)  
 Religion of the Deceased P. D. S.  
 Birthplace Missouri  
 Resided in the State 27 yrs (or U. S. or City or County) (Years) (Months)  
 Place of Death Lamoni  
 Cause of Death Arteriosclerotic Heart Disease  
 Contributory Causes         
 Certifying Physician E. W. Swanson (or Coroner)  
 His Address Lamoni  
 Name of Father Samuel Davidson  
 His Birthplace         
 Maiden Name of Mother Isabel Thorpe  
 Her Birthplace         
 (Motor Ship) Remains to         
 Size of Casket 23 1/2 x 14 Couch Octagon (State Color and Number)  
 Manufactured by R. O. T.  
 Cemetery Crematory Rose Hill  
 Diagram of Lot or Vault

Complete Funeral (except outlays)	\$ 296 00
Casket	
Burial Vault or Box <u>Relvia Vault</u>	135 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	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 521 00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	<u>at Marshall</u> 25 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	
Personal Service	
line Death Notices in	Papers
(Names of Newspapers)	
Sales Tax	521
Total Footing of Bill	\$ 551 21
Less <u>discount</u>	26 31
Balance	\$ 524 90
Entered into Ledger page <u>June 11</u>	000 00

Lot No. 1561  
 Grave No. 2  
 Section No.         
 Block 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 \_\_\_\_\_ (Firm Names of Funeral Directors.)  
 maturity at the rate of \_\_\_\_\_ % per annum. \_\_\_\_\_ days from date. Interest to accrue from \_\_\_\_\_  
 Signed \_\_\_\_\_  
 Witness \_\_\_\_\_ Address \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

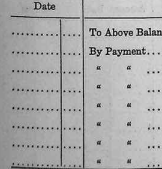
Total No. 2347 Yearly No. 12 Date of Entry June 23 1953  
 Name of Deceased Jensine Fredrikson  
 Married  Single  Widowed  Divorced (What Race)  
 Residence St. Home  Husband  Wife  Widow or (Age of Husband or Wife (if living)) \_\_\_\_\_ Years  
 Charge to St. Home

Address \_\_\_\_\_  
 Order given by Mrs. W. B. Young Topeka Kan  
 How Secured: \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation \_\_\_\_\_ (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death June 20/53  
 Date of Birth July 2 1866 (Hour)  
 Age 86  
 Date of Funeral July 3/53 Tue 11:30M  
 Services at: St. Home  
 Clergyman Earl Hagden (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Denmark  
 Resided in the State \_\_\_\_\_ (Years) (Months)  
 Place of Death Leamport  
 Cause of Death Sencho Pneumonia  
 Contributory Causes \_\_\_\_\_

Complete Funeral (except outlays) . . . . .	\$	150	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 . . . . . @ \$ . . . . .			
Extra Limousines . . . . . @ \$ . . . . .			
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, \$ . . . . .			
Gross Total for Sales Tax . . . . .	\$	150	00
Outlay for Lot . . . . .			
Cremation . . . . .			
Flowers, \$ . . . . . Palms, \$ . . . . . Matting, \$ . . . . .			
Rental of Tent, \$ . . . . . of Temporary Vault, \$ . . . . .			
Opening of Grave or Tomb. <u>25</u> <u>00</u>			
Lining Grave, \$ . . . . . Lowering Device, \$ . . . . .			
Outlay for Shipping Charges . . . . .			
Clergyman, \$ . . . . . Singers, \$ . . . . . Organist, \$ . . . . .			
Railroad (or Motor) Tickets, \$ . . . . . Auto-plane Service, \$ . . . . .			
Telegr., Phone, Cable or Radio Charges . . . . .			
Cash Advanced . . . . .			
Out of town Undertaker's Charges . . . . .			
Personal Service . . . . .			
_____ line Death Notices in _____ Papers . . . . .			
_____ (Names of Newspapers)			5.00
Sales Tax . . . . .			1.50
Total Footing of Bill. <u>Put in full.</u>	\$	181	50
Less <u>75.88 for items also bill.</u>	\$		
Balance . . . . .	\$		
Entered into Ledger, page . . . . . or below.			

Certifying Physician E. Swanson (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father not known  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother not known  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 12x12 (State Design Number)  
 Manufactured by Price  
 Cemetery } \_\_\_\_\_  
 Crematory } \_\_\_\_\_  
 Lot No. 1237  
 Grave No. 473  
 Section No. \_\_\_\_\_  
 Block 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 . . . . .	\$	
" " . . . . .	\$		" " . . . . .	\$	
" " . . . . .	\$		" " . . . . .	\$	
" " . . . . .	\$		" " . . . . .	\$	
" " . . . . .	\$		" " . . . . .	\$	
" " . . . . .	\$		" " . . . . .	\$	
" " . . . . .	\$		" " . . . . .	\$	

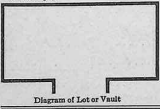
Insurance \$ \_\_\_\_\_ Names of Lodges \_\_\_\_\_ Insurance Companies \_\_\_\_\_  
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to \_\_\_\_\_ (Firm Name of Funeral Directors)  
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within \_\_\_\_\_ days from date. Interest to accrue from  
 maturity at the rate of \_\_\_\_\_ % per annum. Signed \_\_\_\_\_  
 Witness \_\_\_\_\_ Address \_\_\_\_\_  
 Compiled by F. J. FEINEMAN St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2363 Yearly No. 13 Date of Entry July 5 1953  
 Name of Deceased Kathryn Gaultier (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Lamson, Ia.  Husband  Wife  Widow Law Gaultier  
 or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to Ret. Gaultier  
 Address Lamson  
 Order given by \_\_\_\_\_  
 (or Informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War no  
 Occupation housewife none  
 (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death July 2 1953 9 P.M.  
 (Date) (Hour)  
 Date of Birth Nov 13 1861  
 (Date) (Month) (Day)  
 Age 91 7 19  
 (Years) (Months) (Days)  
 Date of Funeral 7/5/53 sun 2:30 P.M.  
 (Date) (Day of Week) (Hour)  
 Services at L. D. S. Church  
 Clergyman Robt Faruham  
 (Address)  
 Religion of the Deceased L. D. S.  
 Birthplace Illinois  
 Resided in the State \_\_\_\_\_  
 (or U. S. or City or County) (Years) (Months)  
 Place of Death Met Wya Hosp  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician E. G. Gault  
 (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Andrew Anderson  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother not known  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket gray jac state  
 (State, Color and Number)  
 Manufactured by Wood  
 Cemetery }  
 Crematory }



Lot No. 318  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 477.00
Casket	
Burial Vault or Box	25.00
Embalming Body	
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	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 535.75
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	25.00
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	
Personal Service	
line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax	535
Total Footing of Bill	566.10
Less <u>5% on 546.10</u> (Pd July 7)	27.05
Balance	539.05
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 \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 2364 Yearly No. 14 Date of Entry July 29 1953  
 Name of Deceased Clara Palmer  
 Married  Single  Widowed  Divorced  
 Residence: Lamar (What Race)  
 Charge to: Quill Palmer (Husband)  (Wife)  (Widow)  of Quill Palmer  
 Address: Lamar Age of Husband or Wife (if living) \_\_\_\_\_ Years

Order given by \_\_\_\_\_  
 How Secured: \_\_\_\_\_ (or informant)  
 If Veteran, State War No  
 Occupation housewife 484-28-3327 (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death July 27/53 (Date) (Hour)  
 Date of Birth Sept 24 1897 (Date) (Hour)  
 Age 55 (Years) (Months) (Days)  
 Date of Funeral 7/29/53 Wed 10:30 A.M. (Date) (Day of Week) (Hour)  
 Services at: W.E. Church (Address)  
 Clergyman: Rev Weed (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Clamuda Ia  
 Resided in the State \_\_\_\_\_  
 Place of Death Lamar Ia (or U. S. or City or County) (Years) (Months)  
 Cause of Death Coronary Occlusion  
 Contributory Causes \_\_\_\_\_

Certifying Physician E.E. Lawet  
 His Address Lamar  
 Name of Father Wm Bennett  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Laura Downey  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket Gray Toronto 42 czech (State Color and Number)  
 Manufactured by: Road  
 Cemetery } Rose Hill  
 Crematory }  
 Lot No. 1346  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 396.00
Casket	
Burial Vault or Box <u>Ac</u>	25.00
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 @ \$ _____	
Extra Limousines @ \$ _____	
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, \$ _____	
Gross Total for Sales Tax	\$ 421.00
Outlay for Lot: _____	
Cremation _____	
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-planes Service, \$ _____ or Motor }	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Out of town Undertaker's Charges _____	
Personal Service _____	
_____ line Death Notices in _____ Papers _____ (Names of Newspapers)	
Sales Tax	4.21
Total Footing of Bill	\$ 425.21
Less <u>5.90</u> <u>July 27/53</u> <u>July 28/53</u>	2.26
Balance	\$ 419.25
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 \_\_\_\_\_ (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. 2365 Yearly No. 15 Date of Entry Sept 4 1933

Name of Deceased Iola C. Mourse  
 Married  Single  Widowed  Divorced

Residence Dan Mourse  
 Husband  Wife  Widow Jessie Mourse  
or \_\_\_\_\_ of \_\_\_\_\_ (Wight Name) Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to \_\_\_\_\_  
Address \_\_\_\_\_

Order given by \_\_\_\_\_ (or informant)

How Secured Pal

If Veteran, State War no

Occupation housewife none  
(Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Sept 4 1933 5 A.M.  
(Date) (Hour)

Date of Birth Aug 16 1868  
(Date)

Age 85  
(Years) (Months) (Days)

Date of Funeral Sept 6 1933 Sun 2 P. M.  
(Date) (Day) (Week) (Hour)

Services at T. D. S. Church

Clergyman Robt Farham  
(Address)

Religion of the Deceased L. D. S.

Birthplace Iowa

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

Place of Death Lea

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician Dr. Garnet  
(or Coroner)

His Address \_\_\_\_\_

Name of Father Alva Farrington

His Birthplace \_\_\_\_\_

Maiden Name of Mother Pruda Post

Her Birthplace \_\_\_\_\_

Motor } Remains to \_\_\_\_\_  
Ship }

Size of Casket 1 1/2 carch oct bay  
(State Color and Name)

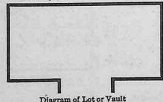
Manufactured by chemistry

Cemetery } Rose Hill  
Crematory }

Diagram of Lot or Vault

Complete Funeral (except outlays)	\$ 396.00
Casket	to box 25.00
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	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 424.00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	<u>to be handled</u> 25.00
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	
Personal Service	
line Death Notices in	Papers
(Names of Newspapers)	
Sales Tax	424
Total Footing of Bill	\$ 450.21
Less <u>Receipt 25.26</u>	\$ 25.26
<u>Pal in fees Sept 4</u>	\$ 424.95
Entered into Ledger, page _____ or below <u>53</u>	



Lot No. 431  
Grave No. 1  
Section No. \_\_\_\_\_  
Block 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 \_\_\_\_\_  
Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2266 Yearly No. 14 Date of Entry Sept. 14 1953

Name of Deceased Josephine Williams  
 Married  Single  Widowed  Divorced

Residence: Frank Williams  
or Ed. Williams (What Race) \_\_\_\_\_  
Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Frank Williams

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War no

Occupation housewife none  
(Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Sept. 12/53 3 P.M.  
(Date) (Hour)

Date of Birth July 26 1875  
(Date)

Age 78  
(Years) (Months) (Days)

Date of Funeral Sept. 14/53 Mon 2 P.M.  
(Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Raf. Chevella (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Beloit Kansas

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

Place of Death \_\_\_\_\_

Cause of Death Acute Pneumonia

Contributory Causes \_\_\_\_\_

Certifying Physician H.W. Swanson (or Coroner)

His Address: Lamoy Ia

Name of Father John & White

His Birthplace \_\_\_\_\_

Maiden Name of Mother Laura Evans

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket Perf. Lane (State, Color and Number)

Manufactured by Rose Hill

Cemetery Crematory } \_\_\_\_\_

Lot No. 1708  
Grave No. 1  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Diagram of Lot or Vault

Complete Funeral (except outlays)	\$ 294.00
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	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 294.00
Outlay for Lot	
Cremation	
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	
Personal Service	
line Death Notices in	Papers
(Names of Newspapers)	
<u>Press</u>	15.73
Sales Tax	3.09
Total Footing of Bill	\$ 312.84
Less	
<u>Ed. Williams</u>	Sept. 14/53
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. 2367 Yearly No. 17 Date of Entry Sept 18 1953  
 Name of Deceased Ann E. McElroy (What Race)  
 Married  Single  Widowed  Divorced  Husband  Wife  Widow S. McElroy  
 Residence: \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: E. P. McElroy  
 Address: \_\_\_\_\_  
 Order given by: same (or Informant)  
 How Secured: fd can  
 If Veteran, State War: no  
 Occupation: housewife Name: \_\_\_\_\_ (Social Security Number)  
 Employer and Address: \_\_\_\_\_  
 Date of Death: Sept 16, 1953 (Date) 4 AM (Hour)  
 Date of Birth: Mar 16 - 1874  
 Age: 79 (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days)  
 Date of Funeral: Sept 19, 1953 (Date) Sat (Day of Week) 2 P.M. (Hour)  
 Services at: Chapel  
 Clergyman: Ray Chevill (Address)  
 Religion of the Deceased: \_\_\_\_\_  
 Birthplace: Bethany, Mo.  
 Resided in the State: \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death: Lean  
 Cause of Death: Coronary thrombosis  
 Contributory Causes: \_\_\_\_\_

Complete Funeral (except outlays)	\$ 365 00
Casket	
Burial Vault or Box <u>Albion Vault</u>	125 00
Embalming Body _____ (State Kind) _____ (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 @ \$ _____	
Extra Limousines @ \$ _____	
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, \$ _____	
Gross Total for Sales Tax	\$ 490 00
Outlay for Lot _____	
Cremation _____	
Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____	
Rental of Tent, \$ _____ of Temporary Vault, \$ _____	
Opening of Grave or Tomb <u>F. B. Maister</u>	75 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 _____	
Personal Service _____	
_____ line Death Notices in _____ Papers _____ (Names of Newspapers)	
Sales Tax	4 65
Total Footing of Bill	\$ 599 65
Less <u>discount</u>	24 50
<u>Pat McElroy</u>	475 15
Entered into Ledger, page <u>178</u> of <u>178</u> below	

Certifying Physician: D. W. Swanson (or Coroner)  
 His Address: \_\_\_\_\_  
 Name of Father: Marion Daley  
 His Birthplace: \_\_\_\_\_  
 Maiden Name of Mother: Halloway  
 Her Birthplace: \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket: 1/2 couch size cedar (State Colonial Number)  
 Manufactured by: W. H. Case  
 Cemetery Crematory } Rose Hill  
 Lot No. 1560 510  
 Grave No. 2  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_ Address: \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

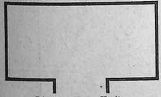
# RECORD OF FUNERAL

Total No. 2368..... Yearly No. 18..... Date of Entry Oct 3 1953  
 Name of Deceased Margaret Ellen Mac Donald  
 Married  Single  Widowed  Divorced  
 Residence: Lamoni, Ia (What Race)  
 Charge to: Roy Mac Donald or..... of Age of Husband or Wife (if living)..... Years

Address.....  
 Order given by same (or informant)  
 How Secured:.....  
 If Veteran, State War 220  
 Occupation School Teacher 376-26-6271 (Social Security Number)  
 Employer and Address.....  
 Date of Death Sept 30 1953 5 A.M. (Date) (Hour)  
 Date of Birth Sept 26 1919  
 Age 34 (Years) (Months) (Days)  
 Date of Funeral Oct 3/53 Sat 2:30 P.M. (Date) (Day of Week) (Hour)  
 Services at: Lamoni L. S. Church  
 Clergyman: Robt. Farnham (Address)  
 Religion of the Deceased.....  
 Birthplace Ithaca, Mich  
 Resided in the State..... (or U. S. or City or County) (Years) (Months)  
 Place of Death Lenox, Ia  
 Cause of Death.....  
 Contributory Causes.....  
 Certifying Physician J.W. Swanson (or, Coroner)  
 His Address Lamoni  
 Name of Father Milo A. Coulter  
 His Birthplace.....  
 Maiden Name of Mother Ruby Fowler  
 Her Birthplace.....  
 Motor Ship Remains to.....  
 Size of Casket act 1/2 each gray  
 Manufactured by Chandler  
 Cemetery Crematory Rose Hill

Complete Funeral (except outlays).....	\$ 394.00
Casket.....	
Burial Vault or Box..... <u>15.00</u>	25.00
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 @ \$.....	
Extra Limousines @ \$.....	
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, \$.....	
Gross Total for Sales Tax.....	\$ 421.00
Outlay for Lot.....	
Cremation.....	
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.....	
Personal Service.....	
..... line Death Notices in..... Papers.....	
Sales Tax.....	421
Total Footing of Bill.....	\$ 425.21
Less.....	
Balance.....	
Entered into Ledger, page..... or below.	

Lot No. 1345  
 Grave No. 2  
 Section No.....  
 Block No.....  
 Owner.....



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance, L.P. 425.21		To Balance Forward		
	By Payment.....	\$44.00	By Payment.....		
Oct 13 53	\$1.00	\$3.30	" "		
Nov 5 53	\$1.00	\$2.30	" "		
Jan 27 54	\$1.00	\$1.30	" "		
Feb 17 53	\$1.00	\$3.00	" "		
Mar 10 54	\$3.00		" "		
	Phys. bill		" "		

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. 2269 Yearly No. 19 Date of Entry Oct 9 1953  
 Name of Deceased Ann Margaret Mac Donald (What Race) W  
 Married  Single  Widowed  Divorced  Husband  Wife  Widow  
 Residence: Roy Mac Donald or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Roy Mac Donald  
 Address: .....  
 Order given by: ..... (or informant)  
 How Secured: .....  
 If Veteran, State War .....  
 Occupation: ..... (Social Security Number)  
 Employer and Address .....  
 Date of Death: Oct 8 1953 (Date) (Hour)  
 Date of Birth: Sept 30 1953 (Date) (Hour)  
 Age: 9 (Years) (Months) (Days)  
 Date of Funeral: 10/9/53 (Date) (Day of Week) (Hour) 11 A.M.  
 Services at: Funerels  
 Clergyman: Robt Farham (Address)  
 Religion of the Deceased .....  
 Birthplace: L.ear  
 Resided in the State: ..... (or U. S. or City or County) (Years) (Months)  
 Place of Death: L.ear  
 Cause of Death: .....  
 Contributory Causes: .....

Complete Funeral (except outlays).....	\$	15 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 @ \$.....		
Extra Limousines @ \$.....		
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 Certificate No. .... (State Physician's or Coroner's)		
Pall Bearer Service, \$..... Use of Chapel, \$.....		
Gross Total for Sales Tax.....	\$	15 00
Outlay for Lot.....		
Cremation.....		
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.....		
Personal Service.....		
..... line Death Notices in ..... Papers..... (Names of Newspapers)		
Sales Tax.....		15
Total Footing of Bill.....	\$	15 15
Less <u>Net. no discount</u> .....		
Balance.....	\$	
Entered into Ledger, page..... or below.		

Certifying Physician: W. L. Scowen (or Coroner)  
 His Address: .....  
 Name of Father: Roy Mac Donald  
 His Birthplace: .....  
 Maiden Name of Mother: Margaret Mac Donald  
 Her Birthplace: .....  
 Motor Ship } Remains to .....  
 Size of Casket: 11/9 White (State Color and Number)  
 Manufactured by: R. P. at Rose Hill  
 Cemetery }  
 Crematory }  
 Diagram of Lot or Vault

Lot No. 134-5  
 Grave No. 2-foot  
 Section No. ....  
 Block 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. FRINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 370 Yearly No. 20 Date of Entry Nov 6 1933

Name of Deceased Ben Anderson  
 Married  Single  Widowed  Divorced (What Race)

Residence:  Husband  Wife  Widow  
or State Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation \_\_\_\_\_ (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death \_\_\_\_\_ (Date) (Hour)

Date of Birth \_\_\_\_\_ (Date) (Month) (Days)

Age \_\_\_\_\_ (Years) (Month) (Days)

Date of Funeral \_\_\_\_\_ (Date) (Day of Week) (Hour) M.

Services at: \_\_\_\_\_ (Address)

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: \_\_\_\_\_ (State Color and Number)

Cemetery } Rose Hill

Lot No. 785

Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Complete Funeral (except outlays) .....	\$	
Casket .....		
Burial Vault or Box .....		165.00
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 .....	@ \$ .....	
Extra Limousines .....	@ \$ .....	
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, \$ .....	
Gross Total for Sales Tax .....	\$	
Outlay for Lot .....		
Cremation .....		
Flowers, \$ .....	Palms, \$ .....	Matting, \$ .....
Rental of Tent, \$ .....	of Temporary Vault, \$ .....	
Opening of Grave or Tomb .....		25.00
Lining Grave, \$ .....	Lowering Device, \$ .....	10.00
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 .....		
Personal Service .....		
..... line Death Notices in .....	Papers .....	
Sales Tax .....		
Total Footing of Bill .....	\$	200.00
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. 2371 Yearly No. 21 Date of Entry Nov 13 1933

Name of Deceased Viola Stanton  
 Married  Single  Widowed  Divorced (What Race)  
Residence: L. D. S. Home, L. Avenue  Husband  Wife  Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: A. A. P.  
Address.....  
Order given by..... (or informant)  
How Secured.....  
If Veteran, State War.....  
Occupation..... (Social Security Number)

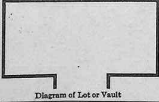
Employer and Address.....  
Date of Death Nov 10 1933 (Date) (Hour)  
Date of Birth Oct 30 1873 (Date) (Hour)  
Age 80 (Years) (Months) (Days)  
Date of Funeral Nov 13 1933 (Date) (Day of Week) (Hour) P. M.

Services at: St. Home  
Clergyman W. H. Edmunds (Address)  
Religion of the Deceased.....  
Birthplace.....  
Resided in the State..... (or U. S. or City or County) (Years) (Months)  
Place of Death..... (State Number and District)

Cause of Death..... (State Physician's or Coroner's)  
Contributory Causes.....  
Certifying Physician..... (or Coroner)  
His Address.....

Name of Father Wm Stanton  
His Birthplace.....  
Maiden Name of Mother Mrs. Brown  
Her Birthplace.....  
Motor } Remains to  
Ship }

Size of Casket..... (State Color and Number)  
Manufactured by: Pitts. Staff  
Cemetery } P. O. Hill  
Crematory }



Lot No. 1237  
Grave No. 293  
Section No.....  
Block No.....  
Owner.....

Complete Funeral (except outlays).....	\$	<u>150</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..... @ \$.....			
Extra Limousines..... @ \$.....			
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, \$.....			
Gross Total for Sales Tax.....	\$		
Outlay for Lot.....			
Cremation.....			
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.....			
Personal Service.....			
..... line Death Notices in..... Papers (Names of Newspapers)			
Sales Tax..... <u>No tax</u>			
Total Footing of Bill.....	\$	<u>150</u>	<u>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 \$..... 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

243

Total No. 2372 Yearly No. 22 Date of Entry Nov 15 1953

Name of Deceased Dora K. Roth Karofasch Daughter of Dr. G. P. Roth (What Race) W

Married  Single  Widowed  Divorced

Husband  Wife  Widow or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Residence: \_\_\_\_\_

Charge to: Roy Karofasch

Address: Ph.

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation \_\_\_\_\_ (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Nov 15 1953 (Date) \_\_\_\_\_ (Hour)

Date of Birth Nov 14 1953 (Date) \_\_\_\_\_ (Hour) \_\_\_\_\_ M.

Age \_\_\_\_\_ (Years) 1 day (Months) \_\_\_\_\_ (Days)

Date of Funeral Nov 15 1953 (Date) \_\_\_\_\_ (Hour) \_\_\_\_\_ M.

Services at: Home

Clergyman: Perry Howard (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace MT. Air Wash.

Resided in the State \_\_\_\_\_ (Years) \_\_\_\_\_ (Months)

Place of Death MT. Air Wash.

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician \_\_\_\_\_ (or Coroner)

His Address \_\_\_\_\_

Name of Father Roy Karofasch

His Birthplace \_\_\_\_\_

Maiden Name of Mother Mina Allen

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket 19 - feet long (State Color and Number)

Manufactured by: R. D. ...

Cemetery Crematory } Rose Hill

Lot No. 1101

Grave No. 4

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Complete Funeral (except outlays) \$ 25.20

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, \$ \_\_\_\_\_ Taraulin, \$ \_\_\_\_\_

Candelabrum, \$ \_\_\_\_\_ Candles, \$ \_\_\_\_\_

Door Spray, \$ \_\_\_\_\_ Gloves, \$ \_\_\_\_\_

Funeral Car, \$ \_\_\_\_\_ Ambulance, \$ \_\_\_\_\_

Limousines to Cemetery @ \$ \_\_\_\_\_

Extra Limousines @ \$ \_\_\_\_\_

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, \$ \_\_\_\_\_

Gross Total for Sales Tax \_\_\_\_\_ \$

Outlay for Lot \_\_\_\_\_

Cremation \_\_\_\_\_

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 \_\_\_\_\_

Personal Service \_\_\_\_\_

\_\_\_\_\_ line Death Notices in \_\_\_\_\_ Papers

\_\_\_\_\_ (Names of Newspapers)

Sales Tax \_\_\_\_\_

Total Footing of Bill \_\_\_\_\_ \$ 25.20

Less \_\_\_\_\_ \$

Balance PP Cash \_\_\_\_\_ \$

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

Total No. 2373 Yearly No. 23 Date of Entry Nov. 25 1933  
 Name of Deceased Marcella Nevada Schuch (What Race) W  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow }  
 Residence: Lamar, Ia or of } Age of Husband or Wife (if living)        Years       

Charge to:         
 Address:         
 Order given by Mrs. Flower (or informant)  
 How Secured:         
 If Veteran, State War         
 Occupation School Teacher (Social Security Number)         
 Employer and Address         
 Date of Death Nov 22/53 9 P.M. (Date) (Hour)  
 Date of Birth Jan 14 1887 (Date) (Year)  
 Age 66 (Years) (Months) (Days)  
 Date of Funeral 11/25/53 Wed 2:30 P.M. (Date) (Day of Week) (Hour)  
 Services at Church  
 Clergyman Ray Chevill (Address)  
 Religion of the Deceased L.D.S.  
 Birthplace Casson, Ia  
 Resided in the State        (or U. S. or City or County) (Years) (Months)  
 Place of Death Leam Hospital  
 Cause of Death acute myocardial infarction  
 Contributory Causes         
 Certifying Physician Geo Swanson (or Coroner)  
 His Address Lamar  
 Name of Father Theodore Schuch  
 His Birthplace         
 Maiden Name of Mother Laura E. Davis  
 Her Birthplace         
 Motor Ship } Remains to         
 Size of Casket 1 1/2 couch gray plait  
 Manufactured by Chas. Schuch (State Color and Number)  
 Cemetery } Rose Hill  
 Crematory }       

Complete Funeral (except outlays)	\$ 396.00
Casket	
Burial Vault or Box	<u>      </u> 2.50.00
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	@ \$
Extra Limousines	@ \$
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, \$	Use of Chapel, \$
Gross Total for Sales Tax	\$ 421.00
Outlay for Lot	
Cremation	
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	
Personal Service	
line Death Notices in	Papers
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	\$ 421
Less	\$ 425.21
Balance	\$ 403.95
Entered into Ledger, page <u>      </u> or below <u>      </u>	

Diagram of Lot or Vault

Lot No. 172  
 Grave No. 2  
 Section No.         
 Block 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         
 Certified by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2974 Yearly No. 24 Date of Entry Nov 29 1953

Name of Deceased Richard Russell Melton (What Race) W

Residence: Lauron Ia  Husband  Wife  Widow  Divorced  of W Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: A.P. Complete Funeral (except outlays) \$ 150.00

Address: \_\_\_\_\_ Casket \_\_\_\_\_

Order given by: \_\_\_\_\_ (or informant) Burial Vault or Box \_\_\_\_\_ (State Kind)

How Secured: \_\_\_\_\_ Embalming Body \_\_\_\_\_ (Name of Embalmer)

If Veteran, State War W Barber, \$ \_\_\_\_\_ Hair Dressing, \$ \_\_\_\_\_

Occupation Labour 482-24-2035 Dressing Body, \$ \_\_\_\_\_ Underwear, \$ \_\_\_\_\_ (Social Security Number)

Employer and Address \_\_\_\_\_ Suit or Dress \_\_\_\_\_ (State Kind and Color)

Date of Death Nov. 27 1953 9 A.M. Slippers, \$ \_\_\_\_\_ Hose, \$ \_\_\_\_\_ (Date) (Year) (Month) (Days) (Hour)

Date of Birth Mar. 8 1883 Folding Chairs, \$ \_\_\_\_\_ Tarpaulin, \$ \_\_\_\_\_ (Date) (Day of Week) (Hour)

Age 70 Candelabrum, \$ \_\_\_\_\_ Candles, \$ \_\_\_\_\_ (Years) (Months) (Days)

Date of Funeral 11/29/53 Sun 2 P. M. Extra Limousines \_\_\_\_\_ @ \$ \_\_\_\_\_ (Date) (Day of Week) (Hour)

Services at: Chapel Autos to R. R. Station \_\_\_\_\_ @ \$ \_\_\_\_\_ (Address)

Clergyman: Dr. Anderson Getting Remains from \_\_\_\_\_ (Address)

Religion of the Deceased \_\_\_\_\_ Taking Remains to \_\_\_\_\_

Birthplace Kentucky Trip to Coroner's Inquest \_\_\_\_\_

Resided in the State \_\_\_\_\_ Delivering Box to \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)

Place of Death Lauron Deliver Flowers to \_\_\_\_\_

Cause of Death \_\_\_\_\_ Removal Charges \_\_\_\_\_

Contributory Causes \_\_\_\_\_ Procuring Burial Permit \_\_\_\_\_ (State Number and District)

Certifying Physician E. E. Samet Certif. Copies of Death Certificates No. \_\_\_\_\_ (or Coroner)

His Address \_\_\_\_\_ Pall Bearer Service, \$ \_\_\_\_\_ Use of Chapel, \$ \_\_\_\_\_

Name of Father Barnum Melton Gross Total for Sales Tax \_\_\_\_\_ \$

His Birthplace \_\_\_\_\_ Outlay for Lot \_\_\_\_\_

Maiden Name of Mother Marydun Ferris Cremation \_\_\_\_\_

Her Birthplace \_\_\_\_\_ Flowers, \$ \_\_\_\_\_ Palms, \$ \_\_\_\_\_ Matting, \$ \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_ Rental of Tent, \$ \_\_\_\_\_ of Temporary Vault, \$ \_\_\_\_\_

Size of Casket \_\_\_\_\_ Opening of Grave or Tomb \_\_\_\_\_

Manufactured by P.A.P. Lining Grave, \$ \_\_\_\_\_ Lowering Device, \$ \_\_\_\_\_ (State Embalmer Member)

Cemetery } Rose Hill Outlay for Shipping Charges \_\_\_\_\_

Crematory } Rose Hill Clergyman, \$ \_\_\_\_\_ Singers, \$ \_\_\_\_\_ Organist, \$ \_\_\_\_\_

Lot No. 1392-2 Railroad Tickets, \$ \_\_\_\_\_ Aero plane Service, \$ \_\_\_\_\_

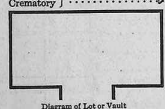
Grave No. \_\_\_\_\_ Telegraph, Phone, Cable or Radio Charges \_\_\_\_\_

Section No. \_\_\_\_\_ Cash Advanced \_\_\_\_\_

Block No. \_\_\_\_\_ Out of town Undertaker's Charges \_\_\_\_\_

Owner \_\_\_\_\_ Personal Service \_\_\_\_\_

Complete Funeral (except outlays)	\$	150.00
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	@ \$	
Extra Limousines	@ \$	
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, \$	
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
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		
Personal Service		
line Death Notices in	Papers	
Sales Tax	<u>ka Tax</u>	
Total Footing of Bill	\$	150.00
Less	<u>Pd. Feb. 14/54</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 \_\_\_\_\_

# RECORD OF FUNERAL

Date of Entry *Jan 10 1954*

Total No. *3375* Yearly No. *1* Name of Deceased *Wallace H. Blair*

Married  Single  Widowed  Divorced Residence *Lamoni* (What Race) *W.* Husband  Wife  Widow of *Law. Blair* Age of Husband or Wife (if living) *W.* Years

Charge to: Address: Order given by *Rosalie Kube* (or informant)

How Secured: If Veteran, State War *No* Occupation *Publisher* *479-26-8803* (Social Security Number)

Employer and Address: Date of Death *Jan. 8 1954* *9:30 AM* (Date) (Hour)

Date of Birth *Nov. 20 1880* (Date) (Hour) Age *73* (Years) (Months) (Days)

Date of Funeral *11/1/54* *Sunday* *2:30 P.M.* (Date) (Day of Week) (Hour)

Services at *P. E. D. A. Church* Clergyman *Rev. Cheille, R. T. Fankhauser, W. Moore* (Address)

Religion of the Deceased *P. E. D. S.* Birthplace *Lamoni Ia*

Resided in the State *Ia* Place of Death *Lamoni*

Cause of Death *Coronary Occlusion* Contributory Causes

Certifying Physician *E. E. Garnet* (or Coroner) His Address

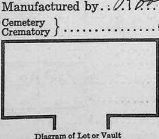
Name of Father *George Blair* His Birthplace *Jeanette Raymond*

Maiden Name of Mother Her Birthplace

Motor Ship } Remains to Size of Casket *red Encl. Stat - Gray B.C.* (State Color and Number)

Manufactured by *P.O. Case Hill* Cemetery Crematory

Lot No. *142* Grave No. *384* Section No. *Crowd* Block No. Owner



Complete Funeral (except outlays)	\$ 596 00
Casket	
Burial Vault or Box <i>Alma Vault</i>	125 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 @ \$	
Extra Limousines @ \$	
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 Name and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Gross Total for Sales Tax	\$ 721 00
Outlay for Lot	
Cremation	
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	
Personal Service	
line Death Notices in	Papers
(Names of Newspapers)	
Sales Tax	7 21
Total Footing of Bill	\$ 728 21
Less	\$ 36 41
Balance	\$ 691 80
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. FRINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 276 Yearly No. 2 Date of Entry January 27 1954

Name of Deceased Martha May Stevenson  
 Married  Single  Widowed  Divorced (What Race)

Residence: Lamar  Husband  Wife  Widow  of B. J. Stevenson Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: B. J. Stevenson

Address: \_\_\_\_\_

Order given by \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation Housewife none (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Jan 25/54 (Date) 9 A.M. (Hour)

Date of Birth Mar 13 1877

Age 76 (Years) (Months) (Days)

Date of Funeral Jan 27/54 (Date) Wed. (Day of Week) 2 P. M. (Hour)

Services at: Chapel

Clergyman: Rev. Chevill (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Illinois

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

Place of Death Lamar

Cause of Death Cerebral Hemorrhage

Contributory Causes Diabetes

Certifying Physician E. E. Ganet (or Coroner)

His Address \_\_\_\_\_

Name of Father Warren M. Gunn

His Birthplace \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to Carthage Ill

Size of Casket 8 1/2 - 14 - 14 (State Color and Number)

Manufactured by: Rod

Cemetery } \_\_\_\_\_

Crematory } \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Let No. \_\_\_\_\_

Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 497.	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, \$	
Limousine to Cemetery	@ \$	
Extra Limousines	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to	Carthage Ill	34.20
Trip to Coroner's Inquest	392 mi	
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$	Use of Chapel, \$	
Gross Total for Sales Tax	\$ 531.	20
Outlay for Lot		
Cremation		
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		
Personal Service		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax	546.17	531
Total Footing of Bill	\$ 536.	51
Less <u>bill filed with state plus</u>		
<u>Carthage Ill</u>		
<u>Home, Williams, Ill</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 \_\_\_\_\_ (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. 3377 Yearly No. 3 Date of Entry March 3 1954  
 Name of Deceased Mrs. Lorena Newman (What Race) W  
 Married  Single  Widowed  Divorced  Husband  Wife  Widow Clarice Newman  
 Residence Powell, Wyo or of Age of Husband or Wife (if living) Years

Charge to Clarice Newman  
 Address Powell, Wyo  
 Order given by Hon. Mourde (or informant)  
 How Secured: . . . . .  
 If Veteran, State War . . . . .  
 Occupation . . . . . (Social Security Number)

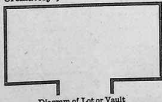
Employer and Address . . . . .  
 Date of Death Feb 25/1954 (Date) (Hour)  
 Date of Birth . . . . .  
 Age 64 (Years) (Months) (Days)  
 Date of Funeral 3/3/54 Wed 2 P M. (Date) (Day of Week) (Hour)  
 Services at Chapel  
 Clergyman Jas. Thomas, R. B. Farham (Address)  
 Religion of the Deceased L. D. S.  
 Birthplace . . . . .  
 Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death . . . . .  
 Cause of Death Substitution of Chest  
 Contributory Causes automobile accident

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 . . . . .  
 Cemetery }  
 Crematory }

Complete Funeral (except outlays)	<u>Ship In</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 @ \$		
Extra Limousines @ \$		
Autos to R. R. Station @ \$		
Getting Remains from <u>Asclela</u>		<u>10.00</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, \$	
Gross Total for Sales Tax		\$
Outlay for Lot		
Cremation		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb <u>Ed. Marshall</u>		<u>25.00</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		<u>1.20</u>
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service, <u>pts. of chapel, home customary coprt. etc.</u>		<u>30.00</u>
Line Death Notices in	Papers	
	(Names of Newspapers)	
Sales Tax <u>all service notes</u>		
Total Footing of Bill		\$ <u>91.20</u>
Less <u>PA Mar 18/54</u>		\$
	Balance	\$
Entered into Ledger, page . . . . . or below.		

Lot No. 440  
 Grave No. 4  
 Section No. . . . .  
 Block No. . . . .  
 Owner . . . . .

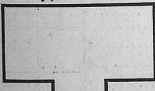


Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

# RECORD OF FUNERAL

Total No. 2378 Yearly No. 4 Date of Entry March 9 1954  
 Name of Deceased J. Everett Hughes  
 Married  Single  Widowed  Divorced (What Race) W  
 Residence Ward, South of Grand River  Husband  Wife  Widow  or of  of Age of Husband or Wife (if living) \_\_\_\_\_ Years  
 Charge to: Mrs. J. E. Hughes  
 Address: Grand River Ia

Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War W.O.  
 Occupation farming (Social Security Number) \_\_\_\_\_  
 Employer and Address \_\_\_\_\_  
 Date of Death Mar 7 1954 6 A.M. (Date) (Hour)  
 Date of Birth Jan 7 1887 (Date) (Month) (Day) (Year) (Hour)  
 Age 67 (Years) (Months) (Days)  
 Date of Funeral 3/9/54 Tues 2 P.M. (Date) (Day of Week) (Hour)  
 Services at: Chapel (Address)  
 Clergyman: Joseph Campbell (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Rocks, Ia  
 Resided in the State \_\_\_\_\_ (or U.S. or City or County) (Years) (Months)  
 Place of Death W. Va. Hospital  
 Cause of Death Coronary Occlusion  
 Contributory Causes \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Henry Clay Hughes  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Jessie Hampton  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket Grey Oct 11 coach (State Colored Number) \_\_\_\_\_  
 Manufactured by R. A. McCall  
 Cemetery } Rose Hill  
 Crematory }  
 Diagram of Lot or Vault   
 Lot No. 1354  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays).....	\$ 396.00
Casket.....	
Burial Vault or Box.....	<u>None</u> 25.00
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 @ \$.....	
Extra Limousines @ \$.....	
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, \$.....
Gross Total for Sales Tax.....	\$ 421.00
Outlay for Lot.....	
Cremation.....	
Flowers, \$.....	Palms, \$.....
Matting, \$.....	
Rental of Tent, \$.....	of Temporary Vault, \$.....
Opening of Grave or Tomb <u>W. Va. Hospital</u>	25.00
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.....	
Personal Service.....	
_____ line Death Notices in _____ Papers.....	
(Names of Newspapers).....	
Sales Tax.....	421
Total Footing of Bill.....	\$ 450.21
Less <u>5% on 421.21 by Mar 18</u>	\$ 21.26
<u>Balance</u>	\$ 429.95
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 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, Mo. \_\_\_\_\_  
 Witness \_\_\_\_\_

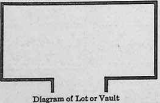
# RECORD OF FUNERAL

Total No. 2379 Yearly No. 5 Date of Entry March 9 1954  
 Name of Deceased Randall C. Robinson  
 Married  Single  Widowed  Divorced  
 Residence: Lamoni Husband  Wife  Widow  Widow  of Cassie Robinson (What Race) W  
 Charge to: Cassie Robinson Age of Husband or Wife (if living) \_\_\_\_\_ Years \_\_\_\_\_

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant) \_\_\_\_\_  
 How Secured: \_\_\_\_\_  
 If Veteran, State War Yes  
 Occupation Mail Carrier None (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Mar 7 / 54 11 AM (Date) (Hour)  
 Date of Birth Jan 8 / 1885 (Date) (Hour)  
 Age 69 (Years) (Months) (Days)  
 Date of Funeral 3/9/54 Tues 2:30 P.M. (Date) (Day of Week) (Hour)  
 Services at: P. O. S. Church  
 Clergyman Wilbur Prall (Address)  
 Religion of the Deceased P. O. S.  
 Birthplace Wisconsin  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Lamoni Ia  
 Cause of Death Diabetic gangrene  
 Contributory Causes Diabetic Mellitus

Complete Funeral (except outlays) .....	\$	497	00
Casket .....			
Burial Vault or Box .....		25	00
Embalming Body .....	(State Kind)		
Barber, \$ .....	(Name of Embalmer)		
Dressing Body, \$ .....	Hair Dressing, \$		
Suit or Dress .....	Underwear, \$		
Slippers, \$ .....	Hose, \$		
Folding Chairs, \$ .....	Tarpaulin, \$		
Candelabrum, \$ .....	Candles, \$		
Door Spray, \$ .....	Gloves, \$		
Funeral Car, \$ .....	Ambulance, \$		
Limousines to Cemetery .....	@ \$		
Extra Limousines .....	@ \$		
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. _____	(State Physician's or Coroner's)		
Pall Bearer Service, \$ .....	Use of Chapel, \$		
Gross Total for Sales Tax .....		52	00
Outlay for Lot .....			
Cremation .....			
Flowers, \$ .....	Palms, \$ .....		
Rental of Tent, \$ .....	of Temporary Vault, \$		
Opening of Grave or Tomb .....	<u>C. A. Washell</u>	25	00
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 .....			
Personal Service .....			
_____ line Death Notices in _____ Papers			
Sales Tax .....		5	22
Total Footing of Bill .....		552	22
Less <u>57.00</u> <u>57.00</u> <u>by Mar 19</u> .....		26	36
Balance <u>Mar 9 / 54</u> .....		525	86
Entered into Ledger, page _____ or below.			

Certifying Physician \_\_\_\_\_ (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Wm T. Robinson  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Isabel Dick  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship } \_\_\_\_\_  
 Size of Casket reg. stat. gray (State Color and Number)  
 Manufactured by Oriskany  
 Cemetery } Rose Hill  
 Crematory } \_\_\_\_\_



Lot No. 392  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_  
 Witness \_\_\_\_\_ Address \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2380 Yearly No. 6 Date of Entry March 19 1954

Name of Deceased Pearl Jones  
 Married  Single  Widowed  Divorced

Residence: Lanion (What Race)  
Charge to: Max Jones  Husband  Wife  Widow St. James (Age of Husband or Wife (if living) \_\_\_\_\_ Years)

Address: \_\_\_\_\_ Complete Funeral (except outlays) \$ 742.00

Order given by: \_\_\_\_\_ Casket \_\_\_\_\_  
(or informant) (State Kind) Dark Wood \$ 25.00

How Secured: \_\_\_\_\_ Embalming Body \_\_\_\_\_  
(Name of Embalmer)

If Veteran, State War no Barber, \$ \_\_\_\_\_ Hair Dressing, \$ \_\_\_\_\_  
Occupation housewife (Social Security Number) Dressing Body, \$ \_\_\_\_\_ Underwear, \$ \_\_\_\_\_  
Employer and Address \_\_\_\_\_ Suit or Dress \_\_\_\_\_  
(State Kind and Color)

Date of Death March 16 / 54 Slippers, \$ \_\_\_\_\_ Hose, \$ \_\_\_\_\_  
(Date) (Hour) Folding Chairs, \$ \_\_\_\_\_ Tarpaulin, \$ \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Candelabrum, \$ \_\_\_\_\_ Candles, \$ \_\_\_\_\_  
(Years) (Months) (Days) Door Spray, \$ \_\_\_\_\_ Gloves, \$ \_\_\_\_\_  
Age \_\_\_\_\_ Funeral Car, \$ \_\_\_\_\_ Ambulance, \$ \_\_\_\_\_

Date of Funeral Mar. 19, 54 Limousines to Cemetery @ \$ \_\_\_\_\_  
(Date) (Day of Week) (Hour) Extra Limousines @ \$ \_\_\_\_\_  
Services at: R. L. S. Church Autos to R. R. Station @ \$ \_\_\_\_\_  
(Address) Getting Remains from \_\_\_\_\_

Clergyman: Wilbur Prall Pittman Taking Remains to \_\_\_\_\_  
Religion of the Deceased R. L. S. Trip to Coroner's Inquest \_\_\_\_\_  
Birthplace \_\_\_\_\_ Delivering Box to \_\_\_\_\_  
Resided in the State \_\_\_\_\_ Deliver Flowers to \_\_\_\_\_  
(or U. S. or City or County) (Years) (Months) Removal Charges \_\_\_\_\_

Place of Death Kansas City, Mo Procuring Burial Permit \_\_\_\_\_  
Cause of Death Generalized Carcinomatosis Certif. Copies of Death Certificates No. \_\_\_\_\_  
(State Physician's or Coroner's)

Contributory Causes \_\_\_\_\_ Pall Bearer Service, \$ \_\_\_\_\_ Use of Chapel, \$ \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Gross Total for Sales Tax \$ 77.00  
(or Coroner) Outlay for Lot: \_\_\_\_\_  
His Address \_\_\_\_\_ Cremation \_\_\_\_\_

Name of Father William P. Baker Flowers, \$ \_\_\_\_\_ Palms, \$ \_\_\_\_\_ Matting, \$ \_\_\_\_\_  
His Birthplace \_\_\_\_\_ Rental of Tent, \$ \_\_\_\_\_ of Temporary Vault, \$ \_\_\_\_\_  
Maiden Name of Mother Sara Crew Opening of Grave or Tomb to B. Marshall \$ 25.00  
Her Birthplace \_\_\_\_\_ Lining Grave, \$ \_\_\_\_\_ Lowering Device, \$ \_\_\_\_\_  
Motor Ship } Remains to \_\_\_\_\_ Outlay for Shipping Charges \_\_\_\_\_  
Size of Casket Silver Metal - 1/2 Couch 4' Clergyman, \$ \_\_\_\_\_ Singers, \$ \_\_\_\_\_ Organist, \$ \_\_\_\_\_  
(Color and Number) Railroad or Motor Tickets, \$ \_\_\_\_\_ Aero-plane Service, \$ \_\_\_\_\_  
Manufactured by Ross Hill Telegr., Phone, Cable or Radio Charges \_\_\_\_\_  
Cemetery } Cash Advanced \_\_\_\_\_  
Crematory } Out of town Undertaker's Charges \_\_\_\_\_  
Lot No. 1420 Personal Service \_\_\_\_\_  
Grave No. 3 \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Line Death Notices in \_\_\_\_\_ Papers \_\_\_\_\_  
(Names of Newspapers)

Sales Tax \_\_\_\_\_

Total Footing of Bill \$ 808.70

Less 5.00 on 777.20 \$ 38.88

Balance 742.00 \$ 742.00

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 \_\_\_\_\_

Witness \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2381 Yearly No. 7 Date of Entry March 25 1934

Name of Deceased Margaret Annie Anderson  
 Married  Single  Widowed  Divorced (What Race)  
David Anderson  
or of David Anderson (if living) Years

Residence: Lamoni Ia  
Charge to: Alley Valley  
Address: Lamoni Ia

Order given by: \_\_\_\_\_ (or informant)  
How Secured: \_\_\_\_\_  
If Veteran, State War no  
Occupation housewife none (Social Security Number)

Employer and Address \_\_\_\_\_  
Date of Death Mar 22 1934 1 P.M. (Date) (Hour)  
Date of Birth Feb 14 1867 (Date) (Year)

Age 87 (Years) (Months) (Days)  
Date of Funeral 3/25/34 Thurs 9 P (Date) (Day of Week) (Hour) M.

Services at: Chapel  
Clergyman: James P. Thomas (Address)  
Religion of the Deceased P. L. D. S.

Birthplace Nebraska  
Resided in the State \_\_\_\_\_ (or U. S. or City of County) (Years) (Months)

Place of Death Lamoni  
Cause of Death Uremia

Contributory Causes \_\_\_\_\_

Certifying Physician E. A. Savel (or Coroner)

His Address \_\_\_\_\_  
Name of Father John Scott

His Birthplace \_\_\_\_\_  
Maiden Name of Mother Sarah Watson

Her Birthplace \_\_\_\_\_  
Motor Ship } Remains to \_\_\_\_\_

Size of Casket Reg 10 - comb grey (State Order #) (Number)

Manufactured by: Ross Heel  
Cemetery Crematory } Ross Heel

Diagram of Lot or Vault  
Lot No. 326  
Grave No. 2  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 396 00
Casket	
Burial Vault or Box <u>Alley Vault</u>	125 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 @ \$	
Extra Limousines @ \$	
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, \$	
Gross Total for Sales Tax	\$ 531 00
Outlay for Lot	
Cremation	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
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	
Personal Service	
line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax	\$ 521
Total Footing of Bill	\$ 526 21
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.

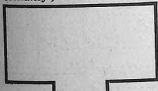
Signed \_\_\_\_\_ Address \_\_\_\_\_  
Witness \_\_\_\_\_ Address \_\_\_\_\_



# RECORD OF FUNERAL

Total No. 2382 Yearly No. 8 Date of Entry May 7 1954  
 Name of Deceased Adelmon Ephraim Tabor  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: Lamar  
 Charge to: Harold Tabor  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War: 160  
 Occupation: farming (Social Security Number) 208  
 Employer and Address: \_\_\_\_\_  
 Date of Death: May 6 1954 4:45 PM  
 Date of Birth: July 21 1859  
 Age: 94 (Years) (Months) (Days)  
 Date of Funeral: \_\_\_\_\_ M.  
 Services at: Wray Colo (Data) (Day of Week) (Hour)  
 Clergyman: \_\_\_\_\_ (Address)  
 Religion of the Deceased: A.L.P.S.  
 Birthplace: Wisconsin  
 Resided in the State: \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death: Lea Hoop  
 Cause of Death: Broncho Pneumonia  
 Contributory Causes: \_\_\_\_\_  
 Certifying Physician: W. Swanson (or Coroner)  
 His Address: \_\_\_\_\_  
 Name of Father: John Clark Tabor  
 His Birthplace: \_\_\_\_\_  
 Maiden Name of Mother: Elizabeth Sands  
 Her Birthplace: \_\_\_\_\_  
 Ship } Remains to \_\_\_\_\_  
 Size of Casket: 4 1/2 x 11 - czech Oct. grey (State Color and Number)  
 Manufactured by: \_\_\_\_\_ (State Color and Number)  
 Cemetery }  
 Crematory }

Complete Funeral (except outlays) .....	\$ 396.00
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 .....	@ \$ .....
Extra Limousines .....	@ \$ .....
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 .....	
Use of Chapel, \$ .....	
Gross Total for Sales Tax .....	\$ .....
Outlay for Lot .....	
Cremation .....	
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- } Service, \$ .....
or Motor } .....	plane } .....
Telegr., Phone, Cable or Radio Charges .....	
Cash Advanced .....	
Out of town Undertaker's Charges .....	
Personal Service .....	
line Death Notices in .....	Papers .....
Sales Tax .....	\$ 96
Total Footing of Bill .....	\$ 399.90
Less .....	\$ 2.00
Balance .....	\$ 397.90
Entered into Ledger, page .....	or below.



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

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.) days from date. Interest to accrue from the payment of aforesaid sum, and I hereby covenant and agree to pay the same within \_\_\_\_\_ maturity at the rate of \_\_\_\_\_ % per annum.

Signed \_\_\_\_\_ Address \_\_\_\_\_

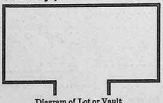
Witness \_\_\_\_\_ Compiled by F. J. FEINEMAN St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2383 Yearly No. 9 Date of Entry May 15 1954  
 Name of Deceased John M. Jones (What Race)  
 Married  Single  Widowed  Divorced  
 Residence: Davis City, Mo.  Husband  Wife  Widow  
 Charge to: R. A. D. or ..... of Age of Husband or Wife (if living) ..... Years

Address .....  
 Order given by ..... (or informant)  
 How Secured .....  
 If Veteran, State War 110  
 Occupation farmer (Social Security Number)  
 Employer and Address .....  
 Date of Death May 14/54 (Date) (Hour)  
 Date of Birth Nov 28 1860 (Date) (Hour)  
 Age 93 (Years) (Month) (Days)  
 Date of Funeral 9/14/54 Sun 2:30 M. (Date) (Day of Week) (Hour)  
 Services at Davis City, Mo.  
 Clergyman Chas. Sweater (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.  
 Cause of Death Cerebral Hemorrhage  
 Contributory Causes .....  
 Certifying Physician W. Gearhart (Name) (Address)  
 His Address Bethany, Mo.  
 Name of Father John Jones  
 His Birthplace .....  
 Maiden Name of Mother Sarah Smith  
 Her Birthplace .....  
 Motor Ship } Remains to .....  
 Size of Casket R. A. D.  
 Manufactured by Pine Bluff, Ark. (State City and Street)  
 Cemetery Davis City  
 Crematory }

Complete Funeral (except outlays).....	\$	1.50	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 @ \$.....			
Extra Limousines @ \$.....			
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, \$.....			
Gross Total for Sales Tax.....	\$		
Outlay for Lot.....			
Cremation.....			
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- (Motor) } plane Service, \$.....			
Telegr., Phone, Cable or Radio Charges.....			
Cash Advanced.....			
Out of town Undertaker's Charges.....			
Personal Service.....			
..... line Death Notices in..... Papers (Names of Newspapers)			
Sales Tax..... <u>Not Paid</u>			
Total Footing of Bill.....	\$	1.50	00
Less..... <u>PAID June 16/54</u>	\$		
Balance.....	\$		
Entered into Ledger, page..... or below.			



Lot No. ....  
 Grave No. ....  
 Section No. ....  
 Block 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.....

# RECORD OF FUNERAL

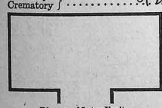
Total No. 2384      Yearly No. 12      Date of Entry May 7 5 1954  
 Name of Deceased William Walter Thomas  
 Married     Single     Widowed     Divorced    (What Race)

Residence: \_\_\_\_\_  
 Charge to: cbeldner       Husband  Wife  Widow }  
 or \_\_\_\_\_ of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_  
 How Secured: \_\_\_\_\_ (or informant)  
 If Veteran, State War \_\_\_\_\_  
 Occupation \_\_\_\_\_ (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death May 23 1954 (Date) (Hour)  
 Date of Birth \_\_\_\_\_ (Years) (Months) (Days)  
 Age 66 (Years) (Months) (Days) M.

Services at: R.L.S. Church (Date) (Day of Week) (Hour)  
 Clergyman: James Thomas (Address)  
 Religion of the Deceased R.L.S.  
 Birthplace \_\_\_\_\_  
 Resided in the State \_\_\_\_\_ (or U.S. or City or County) (Year) (Month)  
 Place of Death Des Moines  
 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 \_\_\_\_\_  
 Cemetery } Rose Hill  
 Crematory }



Lot No. 700  
 Grave No. 5  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays) Chapman  
 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 @ \$ \_\_\_\_\_  
 Extra Limousines @ \$ \_\_\_\_\_  
 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, \$ \_\_\_\_\_  
 Gross Total for Sales Tax \_\_\_\_\_ \$  
 Outlay for Lot \_\_\_\_\_  
 Cremation \_\_\_\_\_  
 Flowers, \$ \_\_\_\_\_ Palms, \$ \_\_\_\_\_ Matting, \$ \_\_\_\_\_  
 Rental of Tent, \$ \_\_\_\_\_ of Temporary Vault, \$ \_\_\_\_\_  
 Opening of Grave or Tomb. W. H. Marshall 25.00  
 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 \_\_\_\_\_ 71.00  
 Personal Service \_\_\_\_\_  
 \_\_\_\_\_ line Death Notices in \_\_\_\_\_ Papers  
 \_\_\_\_\_ (Names of Newspapers)  
 Sales Tax 2.20 Tax  
 Total Footing of Bill \_\_\_\_\_ \$ 96.00  
 Less \_\_\_\_\_  
Ed. Higgins/54  
 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. 2385 Yearly No. 11 Date of Entry June 3 1954  
 Name of Deceased Hannah Mary Marshall (What Race)  
 Married  Single  Widowed  Divorced  
 Residence: Ed. Marshall (Age of Husband or Wife if living) Years  
 Charge to: Carl Pool or ..... of .....

Address: .....  
 Order given by: ..... (or informant)  
 How Secured: .....  
 If Veteran, State War .....  
 Occupation Housewife None (Social Security Number)  
 Employer and Address .....  
 Date of Death June 1, 1954 5 A.M. (Date) (Hour)  
 Date of Birth March 20, 1875  
 Age 79 (Years) (Months) (Days)  
 Date of Funeral 4/3/54 Thurs. 2 P.M. (Date) (Day of Week) (Hour)  
 Services at: R. L. D. S. church  
 Clergyman Jerry Beckwith (Address)  
 Religion of the Deceased .....  
 Birthplace Missouri  
 Resided in the State ..... (or U. S. or City or County) (Years) (Months)  
 Place of Death Lamar, Mo  
 Cause of Death Coronary Occlusion  
 Contributory Causes .....

Complete Funeral (except outlays) \$ 365 00  
 Casket .....  
 Burial Vault or Box June 5-24 (State/Kind)  
 Embalming Body ..... (Means 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 @ \$ .....  
 Extra Limousines @ \$ .....  
 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)

Certifying Physician Bill Swanson (or Coroner)  
 His Address .....  
 Name of Father John Johnston  
 His Birthplace CANADA  
 Maiden Name of Mother Mary Bennett  
 Her Birthplace CANADA  
 Motor Ship } Remains to .....  
 Size of Casket 1 1/2 each outstanding (State Colored Number)  
 Manufactured by R. L. Co.  
 Cemetery } Rose Hill  
 Crematory } .....

Pall Bearer Service, \$ ..... Use of Chapel, \$ .....  
 Gross Total for Sales Tax \$ 365 00  
 Outlay for Lot .....  
 Cremation .....  
 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 .....  
 Personal Service .....  
 line Death Notices in ..... Papers  
 (Names of Newspapers)

Lot No. 56 single  
 Grave No. ....  
 Section No. ....  
 Block No. ....  
 Owner .....  
 Diagram of Lot or Vault

Bread 16.50  
 Sales Tax 23.50  
 Total Footing of Bill \$ 368 65  
 Less disc. 18.65  
 Balance 350.00  
 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 .....  
 Witness ..... Address .....

# RECORD OF FUNERAL

Total No. 2386 Yearly No. 12 Date of Entry June 11 1954

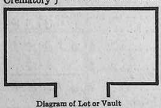
Name of Deceased Esther Smith  
 Married  Single  Widowed  Divorced  
Residence: Lamon Ia  Husband  Wife  Widow Clair Smith (What Race)  
or, \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: D. A. P.  
Address: \_\_\_\_\_  
Order given by: \_\_\_\_\_  
(or informant)  
How Secured: \_\_\_\_\_  
(or informant)  
If Veteran, State War \_\_\_\_\_  
Occupation \_\_\_\_\_  
(Social Security Number)  
Employer and Address \_\_\_\_\_  
Date of Death: June 9 1954 6 P.M.  
(Date) (Hour)  
Date of Birth: Feb 29 1866  
(Date) (Hour)  
Age: 88  
(Years) (Months) (Days)  
Date of Funeral: 6/11/54 Tu 2 P.M.  
(Date) (Day of Week) (Hour)  
Services at: Chapel  
Clergyman: E. J. Blazer  
(Address)  
Religion of the Deceased: P. L. S.  
Birthplace: Illinois  
Resided in the State: \_\_\_\_\_  
(or U. S. or City or County) (Years) (Months)  
Place of Death: Lamon  
Cause of Death: \_\_\_\_\_  
Contributory Causes: \_\_\_\_\_

Certifying Physician: J. W. Swanson  
(or Coroner)  
His Address: Lamon  
Name of Father: John Lee  
His Birthplace: \_\_\_\_\_  
Maiden Name of Mother: Mary Fasset  
Her Birthplace: \_\_\_\_\_  
Motor } Remains to  
Ship }  
Size of Casket: \_\_\_\_\_  
Manufactured by: Pine A. P. Detuff  
(State Color and Number)  
Cemetery }  
Crematory }

Complete Funeral (except outlays)	\$	150	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	@ \$		
Extra Limousines	@ \$		
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, \$		
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
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			
Personal Service			
_____ line Death Notices in _____ Papers			
(Name of Newspaper)			
Sales Tax	<u>No. Tax</u>		
Total Footing of Bill	\$	150	00
Less	<u>Paid 6/11/54</u>		
Balance	\$		
Entered into Ledger, page _____ or below.			

Lot No. 853  
Grave No. 3  
Section No. \_\_\_\_\_  
Block 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 \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2386 Yearly No. 13 Date of Entry June 24 1954  
 Name of Deceased Grant Jones (Wife) (Race)  
 Married  Single  Widowed  Divorced Sarah Jones  
 Residence Lamoni, Ia. or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to children  
 Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War No  
 Occupation Farmer None (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death June 20 1954 (Date) (Hour)  
 Date of Birth Sept 3 1864 (Date) (Hour)  
 Age 89 9 18 (Years) (Months) (Days)  
 Date of Funeral 6/24/54 7:00 7:30 P (Date) (Day of Week) (Hour)  
 Services at P. O. S. Church  
 Clergyman Roy Chevill (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Missouri  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Independence, Mo.  
 Cause of Death \_\_\_\_\_

Complete Funeral (except outlays) \$ 447.00  
 Casket \_\_\_\_\_  
 Burial Vault or Box Boyd (State Kind) 25.00  
 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 @ \$ \_\_\_\_\_  
 Extra Limousines @ \$ \_\_\_\_\_  
 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, \$ \_\_\_\_\_

Contributory Causes \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Lewis Jones  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Elizabeth Hill  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship } \_\_\_\_\_  
 Size of Casket gray jac. State (State Color and Number)  
 Manufactured by Rose Hill  
 Cemetery } \_\_\_\_\_  
 Crematory } \_\_\_\_\_

Gross Total for Sales Tax \$ 522.00  
 Outlay for Lot \_\_\_\_\_  
 Cremation \_\_\_\_\_  
 Flowers, \$ \_\_\_\_\_ Palms, \$ \_\_\_\_\_ Matting, \$ \_\_\_\_\_  
 Rental of Tent, \$ \_\_\_\_\_ of Temporary Vault, \$ \_\_\_\_\_  
 Opening of Grave or Tomb P. O. S. Church 25.00  
 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 \_\_\_\_\_  
 Personal Service \_\_\_\_\_  
 \_\_\_\_\_ line Death Notices in \_\_\_\_\_ Papers  
 (Names of Newspapers)

Lot No. 868  
 Grave No. 7  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Sales Tax \_\_\_\_\_  
 Total Footing of Bill \$ 552.22  
 Less 522.00 522.22  
June 26/54  
 Balance \$ 30.22  
 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 \_\_\_\_\_  
 Witness \_\_\_\_\_ Address \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 2286 Yearly No. 14 Date of Entry June 30 1954

Name of Deceased Melvin Francis Boswell  
 Married  Single  Widowed  Divorced (What Race) W

Residence: Near Davis City  Husband  Wife  Widow  Divorced Melvin (Dad) Boswell  
Charge to: Melvin Boswell Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address: Davis City, Ia.

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War No

Occupation farm labor 478-72-3505 (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death June 28 1954 7 A.M. (Date) (Hour)

Date of Birth Mar 7 1930 (Date) (Hour)

Age 24 (Years) (Months) (Days)

Date of Funeral \_\_\_\_\_ (Date) (Day of Week) (Hour) M.

Services at: P.L.D.S. Church (Address)

Clergyman: \_\_\_\_\_ (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Johnson County, Ia.

Resided in the State \_\_\_\_\_

Place of Death Leon Hospital (City or County) (State) (Month)

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician G.W. Swanson (or Coroner)

His Address Laurion

Name of Father Melvin D. Boswell

His Birthplace \_\_\_\_\_

Maiden Name of Mother Margaret O'Connor

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket Rose Tau Stall (State Color and Number)

Manufactured by Emb. Co. Case

Cemetery Crematory } Rose Hill

Diagram of Lot or Vault

Lot No. 1391  
Grave No. 1  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$	448	00
Casket			
Burial Vault or Box		25	00
Embalming Body			
Barber, \$			
Dressing Body, \$			
Suit or Dress			
Slippers, \$			
Folding Chairs, \$			
Candelabrum, \$			
Door Spray, \$			
Funeral Car, \$			
Limousines to Cemetery	@ \$		
Extra Limousines	@ \$		
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, \$			
Gross Total for Sales Tax	\$	473	00
Outlay for Lot			
Cremation			
Flowers, \$			
Palms, \$			
Matting, \$			
Rental of Tent, \$			
Opening of Grave or Tomb		25	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			
Personal Service			
line Death Notices in _____ Papers			
Sales Tax			473
Total Footing of Bill	\$	502	73
Less _____	\$	29	80
Balance	\$	472	85
Entered into Ledger _____			400

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.

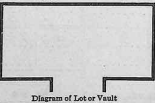
Signed \_\_\_\_\_  
Witness \_\_\_\_\_ Address \_\_\_\_\_  
Compiled by F. J. FEINEMAN St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2387 Yearly No. 15 Date of Entry July 16 1928  
 Name of Deceased George Herbert Derry (What Name)  
 Married  Single  Widowed  Divorced  
 Residence: Lanham  Husband  Wife  Widow (or \_\_\_\_\_ of \_\_\_\_\_) Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation Storage Business (Social Security Number) None  
 Employer and Address \_\_\_\_\_  
 Date of Death July 14 1954 12:30 A.M. (Date) (Hour)  
 Date of Birth Nov 12 1870 (Date) (Month) (Day)  
 Age 83 (Years) (Months) (Days)  
 Date of Funeral 7/14/54 Fri 10:30 A.M. (Date) (Day of Week) (Hour)  
 Services at R. D. S. Church  
 Clergyman Ed. Gleazer (Address) \_\_\_\_\_  
 Religion of the Deceased P. T. D. S.  
 Birthplace Nebraska  
 Resided in the State \_\_\_\_\_ (or T. S. or City or County) (Years) (Months)  
 Place of Death Mont. Sp. Ho.  
 Cause of Death Cornary Occlusion

Contributory Causes: \_\_\_\_\_  
 Certifying Physician J. W. Swanson (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Geo Derry  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Lisa Weldahl  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket Permalith (State Policy and Number)  
 Manufactured by Roe Carpet Co  
 Cemetery }  
 Crematory }



Lot No. 779-4  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 795.00
Casket	
Burial Vault or Box <u>Alta Vault</u>	125.00
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 @ \$ _____	
Extra Limousines @ \$ _____	
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, \$ _____	
Gross Total for Sales Tax	\$ 920.00
Outlay for Lot _____	
Cremation _____	
Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____	
Rental of Tent, \$ _____ of Temporary Vault, \$ _____	
Opening of Grave or Tomb <u>R. D. Marshall</u>	25.00
Lining Grave, \$ _____ Lowering Device, \$ _____	
Outlay for Shipping Charges _____	
Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad } Tickets, \$ _____ Aero _____ Service, \$ _____ or Motor } plane	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Out of town Undertaker's Charges _____	
Personal Service _____	
_____ line Death Notices in _____ Papers _____	
(Names of Newspapers)	
Sales Tax <u>Pl. July 2 9/24</u>	92.00
Total Footing of Bill	\$ 954.20
Less 5.96% 929.20	46.46
Balance	\$ 827.74

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

# RECORD OF FUNERAL

Total No. 2390 Yearly No. 16 Date of Entry July 17 1954

Name of Deceased Hennetta Shaw Kenneigh  
 Married  Single  Widowed  Divorced

Residence: Vinita, Okla  Husband  Wife  Widow  Samuel Shaw (What Place)  
of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Leginbuhl Bros  
Address: Vinita, Okla

Order given by: above (or informant)

How Secured: .....  
If Veteran, State War: .....

Occupation: ..... (Social Security Number)

Employer and Address: .....

Date of Death: ..... (Date) (Hour)

Date of Birth: ..... (Date) (Month) (Days)

Date of Funeral: July 17/54 (Date) (Day of Week) (Hour) M.

Services at: Home

Clergyman: R. H. Famborn (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: .....

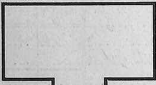
Her Birthplace: .....

Motor Ship } Remains to .....

Size of Casket: ..... (State Color and Number)

Manufactured by: .....

Cemetery } Crematory } .....



Lot No. 1206  
Grave No. 1  
Section No. ....  
Block No. ....  
Owner: .....

Complete Funeral (except outlays).....	\$	
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 @ \$.....		
Extra Limousines @ \$.....		
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, \$.....		
Gross Total for Sales Tax.....	\$	
Outlay for Lot.....		
Cremation.....		
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.....		
Personal Service.....		
..... line Death Notices in..... Papers.....		
<u>Ship</u> (Name of Ship).....		50 00
<u>Death</u> .....		27 00
Sales Tax.....		
Total Footing of Bill.....	\$	77 00
Less..... <u>Pa'd July 20/54</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..... Signed..... Address.....  
Compiled by F. J. FEINEMAN St. Louis, Mo.

# RECORD OF FUNERAL

July 24 1954

Total No. 391 Yearly No. 17 Date of Entry

Name of Deceased Bertha Ellen Suweley (What Race)

Residence Laurum Ia of \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: C. A. P.

Address \_\_\_\_\_

Order given by \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War 160

Occupation Hardware None (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death July 21 1954 (Date) (Hour)

Date of Birth Nov 17 1872 (Date) (Hour)

Age 81 (Years) (Months) (Days)

Date of Funeral 7/24/54 Sat 10:30 AM (Date) (Day of Week) (Hour)

Services at: Epiphany

Clergyman Robert Fambam (Address)

Religion of the Deceased P. L. O. S.

Birthplace Keosauk Ia

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

Place of Death Laurum Hospital

Cause of Death Bronchopneumonia

Contributory Causes Cerebral Hemorrhage

Certifying Physician E. J. Vaniet (or Coroner)

His Address Laurum

Name of Father Joseph H. Suweley

His Birthplace \_\_\_\_\_

Maiden Name of Mother Ellen Wilson

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket C. A. P.

Manufactured by Abernathy (State Catalog Number)

Cemetery Crematory } \_\_\_\_\_

Lot No. 3.P.3

Grave No. 4

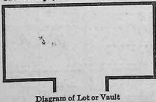
Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

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

Complete Funeral (except outlays)	\$ 150.00	
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 @ \$		
Extra Limousines @ \$		
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 Certificate NO. (State Physician's or Coroner's)		
Use of Chapel, \$		
Pall Bearer Service, \$		
Gross Total for Sales Tax \$		
Outlay for Lot		
Cremation		
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		
Personal Service		
line Death Notices in _____ Papers (Names of Newspaper)		
Sales Tax <u>No Tax</u>		
Total Footing of Bill \$ 150.00		
Less <u>Pd. left 7/1/54</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 \_\_\_\_\_ (Firm Name of Funeral Directors) maturity at the rate of \_\_\_\_\_ % per annum. \_\_\_\_\_ days from date. Interest to accrue from \_\_\_\_\_

Witness \_\_\_\_\_ Signed \_\_\_\_\_ Address \_\_\_\_\_

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

# RECORD OF FUNERAL

Total No. 2392 Yearly No. 18 Date of Entry Aug 2 1944  
 Name of Deceased Mellie F. Perry  
 Married  Single  Widowed  Divorced  
 Residence Lamar  Husband  Wife  Widow  (What Race)  
 Charge to Arthur Perry of John Perry (Age of Husband or Wife (if living) 44 Years)

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_  
 How Secured: \_\_\_\_\_ (or informant)  
 If Veteran, State War \_\_\_\_\_  
 Occupation Housewife N.M. (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death July 21 1954 9 P.M. (Date) (Hour)  
 Date of Birth May 11 1872 (Date) (Hour)  
 Age 82 (Year) (Month) (Days)  
 Date of Funeral Aug 2 Mon 2 P.M. (Date) (Day of Week) (Hour)  
 Services at: St. Joseph  
 Clergyman Joe Campbell J. Ban (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Harrison Co. Mo.  
 Resided in the State \_\_\_\_\_ (or U. S. or City or Country) (Years) (Months)

Place of Death Lamar (Hosp)  
 Cause of Death Cerebral Jaundemia  
 Contributory Causes Cerebral Neurothax  
 Certifying Physician Dr. Laviet (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father James D. Long  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Mary Cadjew  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket P. 14 x 18 (State Color and Number)  
 Manufactured by R. H. T.  
 Cemetery } Rose Hill  
 Crematory }

Complete Funeral (except outlays)	\$ 294.00
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 @ \$	
Extra Limousines @ \$	
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, \$	
Gross Total for Sales Tax	\$ 294.00
Outlay for Lot	
Cremation	
Flowers, \$ : : : : Palms, \$ : : : : Matting, \$	
Rental of Tent, \$ : : : : of Temporary Vault, \$	
Opening of Grave or Tomb <u>St. Marshall</u>	25.00
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	
Personal Service	
_____ line Death Notices in _____ Papers (Names of Newspapers)	
Sales Tax	294
Total Footing of Bill <u>1. Net</u>	328.94
Less <u>pd Aug 31 59</u>	
Balance	
Entered into Ledger, page _____ or below.	

Lot No. 1465  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block 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.  
 Signed \_\_\_\_\_  
 Witness \_\_\_\_\_ Address \_\_\_\_\_  
 Compiled by F. J. FEINEMAN St. Louis, Mo.

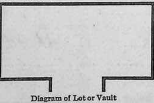
# RECORD OF FUNERAL

Total No. 2393 Yearly No. 19 Date of Entry Aug 27 1954

Name of Deceased Ida May Stoddard  
 Married  Single  Widowed  Divorced  
Residence: North Platte, Neb  Husband  Wife  Widow  Orphan (What Name)  
Age of Husband or Wife (if living) 74 Robert Stoddard Years

Charge to: \_\_\_\_\_  
Address: \_\_\_\_\_  
Order given by: \_\_\_\_\_ (or informant)  
How Secured: \_\_\_\_\_  
If Veteran, State War \_\_\_\_\_  
Occupation \_\_\_\_\_ (Social Security Number)  
Employer and 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 } remains to \_\_\_\_\_  
Ship }  
Size of Casket \_\_\_\_\_ (State Color and Number)  
Manufactured by \_\_\_\_\_  
Cemetery }  
Crematory }

Complete Funeral (except outlays) 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 @ \$ \_\_\_\_\_  
Extra Limousines @ \$ \_\_\_\_\_  
Autos to R. R. Station @ \$ \_\_\_\_\_  
Getting Remains from Creola 10.00  
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, \$ \_\_\_\_\_  
Gross Total for Sales Tax \_\_\_\_\_ \$  
Outlay for Lot \_\_\_\_\_  
Cremation \_\_\_\_\_  
Flowers, \$ \_\_\_\_\_ Palms, \$ \_\_\_\_\_ Matting, \$ \_\_\_\_\_  
Rental of Tent, \$ \_\_\_\_\_ of Temporary Vault, \$ \_\_\_\_\_  
Opening of Grave or Tomb to G. Marshall 25.00  
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 \_\_\_\_\_  
Personal Service of Mrs. J. Stoddard 25.00  
Personal & Grand Equipt.  
line Death Notices in \_\_\_\_\_ Papers  
(Names of Newspapers)  
Sales Tax 100.00  
Total Footing of Bill 100.00  
Less 25.00  
75.00  
Balance \_\_\_\_\_  
Entered into Ledger, page \_\_\_\_\_ or below.



Lot No. 712  
Grave No. 4  
Section No. \_\_\_\_\_  
Block 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 \_\_\_\_\_  
Compiled by F. J. FREINEMAN, St. Louis, Mo.



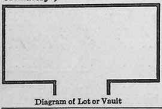


# RECORD OF FUNERAL

Total No. 2394 Yearly No. 21 Date of Entry Nov. 14 1954  
 Name of Deceased Francis Rebecca Olney W  
 Married  Single  Widowed  Divorced (What Race)  
 Residence Lamona  Husband  Wife  Widow  of  of Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: estate  
 Address \_\_\_\_\_  
 Order given by Arren & Mary Lou (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation housewife (Social Security Number) \_\_\_\_\_  
 Employer and Address \_\_\_\_\_  
 Date of Death Nov 12 1954 8 A.M. (Date) (Hour)  
 Date of Birth Sept 17 1897 (Date) (Hour)  
 Age 57 (Years) (Month) (Days)  
 Date of Funeral Nov 14 1954 2:30 P.M. (Date) (Day of Week) (Hour)  
 Services at Methodist Church  
 Clergyman Rev. Weed  
 Religion of the Deceased Methodist (Adoption)  
 Birthplace Medwath, Mo  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Lean Had  
 Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_  
 Certifying Physician D. A. Ross (or Coroner)  
 His Address Lean  
 Name of Father Joseph J. McHinn  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Elorence Morleyke  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Certificates to \_\_\_\_\_  
 Size of Casket 6 1/2 x 4 x 14 inch Oct. plaid (State Color and Number)  
 Manufactured by Buckwith  
 Cemetery } Rose Hill  
 Crematory }



Lot No. 330  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 396.00	
Casket <u>Alma</u>	125.00	
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 @ \$		
Extra Limousines @ \$		
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, \$	
Gross Total for Sales Tax	\$ 521.00	
Outlay for Lot		
Cremation		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb to <u>Ch. McNeill</u>		25.00
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		
Personal Service		
_____ line Death Notices in _____ Papers (Names of Newspapers)		
Sales Tax	3.21	
Total Footing of Bill	551.21	
Less <u>526.21</u>	25.00	
<u>pd Nov 15 1954</u>	524.90	
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. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2395 Yearly No. 7-1 Date of Entry Dec 4 1954  
 Name of Deceased  Married  Single  Widowed  Divorced Infant of Duane & Eudora Stevenson - Saylor W (What Race)  
 Residence: Duane Stevenson  
 Charge to: Duane Stevenson  Husband  Wife  Widow } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation: \_\_\_\_\_ (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death: \_\_\_\_\_ (Date) (Hour)  
 Date of Birth: Dec 3 1954 (Date) (Hour)  
 Age: Stillborn (Years) (Months) (Days)  
 Date of Funeral: Dec 5 (Date) (Day of Week) (Hour) M.  
 Services at: P. Melton (Address)  
 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: G. Swanson (or Coroner)  
 His Address: Larson Ia  
 Name of Father: Duane Stevenson  
 His Birthplace: Ia  
 Maiden Name of Mother: Eudora Barrett  
 Her Birthplace: Ia  
 Motor Ship } Remains to: \_\_\_\_\_  
 Size of Casket: 17 (State Color and Number)  
 Manufactured by: \_\_\_\_\_  
 Cemetery }  
 Crematory }

Complete Funeral (except outlays) .....	\$	
Casket .....		
Burial Vault or Box .....		
Embalming Body .....	(State Kind)	
Barber, \$ .....	(Name of Embalmer)	
Dressing Body, \$ .....	Hair Dressing, \$ .....	
Suit or Dress .....	Underwear, \$ .....	
Slippers, \$ .....	(State Kind and Color)	
Folding Chairs, \$ .....	Hose, \$ .....	
Candelabrum, \$ .....	Tarpaulin, \$ .....	
Door Spray, \$ .....	Candles, \$ .....	
Funeral Car, \$ .....	Gloves, \$ .....	
Limousines to Cemetery .....	Ambulance, \$ .....	
Extra Limousines .....	@ \$ .....	
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)	
Use of Chapel, \$ .....	(State Physician's or Coroner's)	
Pall Bearer Service, \$ .....		
Gross Total for Sales Tax .....		25.00
Outlay for Lot: .....		
Cremation .....		
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 } Tickets, \$ .....	Organist, \$ .....	
or Motor } Aero-plane Service, \$ .....		
Telegr., Phone, Cable or Radio Charges .....		
Cash Advanced .....		
Out of town Undertaker's Charges .....		
Personal Service .....		
..... line Death Notices in .....	Papers .....	
.....	(Names of Newspapers)	
Sales Tax .....		5.00
Total Footing of Bill .....		30.25
Less .....		
Balance .....		
Entered into Ledger, page .....	or below.	

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

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

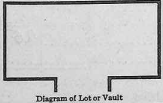
Insurance \$ \_\_\_\_\_ Names of Lodges \_\_\_\_\_ Insurance Companies \_\_\_\_\_  
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to \_\_\_\_\_ (Firm Name of Funeral Directors.)  
 for the payment of aforesaid sum, and I hereby covenant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

# RECORD OF FUNERAL

Total No. 1396 Yearly No. 23 Date of Entry Dec. 8 1954  
 Name of Deceased Eudora Ellen Stevenson  
 Married  Single  Widowed  Divorced  
 Residence Harrison County, Mo.  Husband  Wife  Widow Quane Stevenson (Which Race)  
 or (Social Security Number) of Age of Husband or Wife (if living) Years

Charge to Quane Stevenson  
 Address .....  
 Order given by ..... (or informant)  
 How Secured .....  
 If Veteran, State War no  
 Occupation housewife none (Social Security Number)  
 Employer and Address own home  
 Date of Death Dec 5 1954 10 A.M. (Date) (Hour)  
 Date of Birth Sept 22 1913  
 Age 41  
 Date of Funeral 12/8/54 Wed 1:30 P.M. (Date) (Day of Week) (Hour)  
 Services at R. L. O'Connell  
 Clergyman Ray Chevill (Address)  
 Religion of the Deceased .....  
 Birthplace Ill  
 Resided in the State ..... (or S. or City or County) (Years) (Months)  
 Place of Death Mo. Hosp Hospital  
 Cause of Death .....  
 Contributory Causes .....

Certifying Physician W. Swanson (or Coroner)  
 His Address Lacum  
 Name of Father Edwin Garrett  
 His Birthplace .....  
 Maiden Name of Mother Louise Holmes  
 Her Birthplace .....  
 Motor Ship } Remains to .....  
 Size of Casket Grey State (State Color and Number)  
 Manufactured by Robt. M. Co.  
 Cemetery } Rose Hill  
 Crematory }



Lot No. 1059  
 Grave No. 3  
 Section No. ....  
 Block No. ....  
 Owner .....

Complete Funeral (except outlays) <u>Funeral</u>	\$	<u>425</u>	<u>00</u>
Casket <u>Reg. 454</u>	\$	<u>125</u>	<u>00</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, \$		
Limousines to Cemetery	@ \$		
Extra Limousines	@ \$		
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	(State Physician's or Coroner's)		
Pal Bearer Service, \$	Use of Chapel, \$		
Gross Total for Sales Tax	\$	<u>425</u>	<u>00</u>
Outlay for Lot			
Cremation			
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			
Personal Service			
line Death Notices in	Papers		
(Names of Newspapers)			
Sales Tax		<u>4</u>	<u>23</u>
Total Footing of Bill		<u>429</u>	<u>25</u>
Less <u>5.90</u>		<u>21</u>	<u>47</u>
Balance <u>Full</u>		<u>507</u>	<u>78</u>
Entered into Ledger, page <u>103</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 ..... (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. 2397 Yearly No. 27 Date of Entry Dec 8 1954  
 Name of Deceased Robert V. Holloway  
 Married  Single  Widowed  Divorced  
 Residence: De Moines (What Race)  
 Husband  Wife  Widow Virian Holloway  
 or..... of (Age of Husband or Wife (if living) \_\_\_\_\_ Years)

Charge to: Virian Holloway  
 Address: 7210 E. 14th St. De Moines, Ia.  
 Order given by.....  
 How Secured:.....  
 If Veteran, State War World War II  
 Occupation Electric Station operator (Social Security Number)

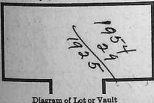
Employer and Address.....  
 Date of Death Dec 4 1954 (Date) (Hour)  
 Date of Birth..... (Date) (Hour)  
 Age 29 (Years) (Months) (Days)  
 Date of Funeral 12/8/54 (Date) (Day of Week) 7 P (Hour) M.

Services at: R. L. S. Church  
 Clergyman: Wilton Prall & Robt Farham (Address)  
 Religion of the Deceased R. L. S.  
 Birthplace.....  
 Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death De Moines Ia  
 Cause of Death Gun shot wound  
 Contributory Causes.....  
 Certifying Physician..... (or Coroner)

His Address.....  
 Name of Father Leonard Holloway  
 His Birthplace.....  
 Maiden Name of Mother.....  
 Her Birthplace.....

Motor Ship } Remains to.....  
 Size of Casket..... (State Color and Number)  
 Manufactured by.....  
 Cemetery } Rose Hill



Lot No. 1537  
 Grave No. 1  
 Section No.....  
 Block No.....  
 Owner.....

Complete Funeral (except outlays).....	\$	
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 @ \$.....		
Extra Limousines @ \$.....		
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, \$.....		
Gross Total for Sales Tax.....	\$	
Outlay for Lot.....		
Cremation.....		
Flowers, \$..... Palms, \$..... Matting, \$.....		
Rental of Tent, \$..... of Temporary Vault, \$.....		
Opening of Grave or Tomb.....		
Lining Grave, \$..... Lowering Device, \$.....		5.00
Outlay for Shipping Charges.....		
Clergyman, \$..... Singers, \$..... Organist, \$.....		3.00
Railroad } Tickets, \$..... Aero } Service, \$..... or Motor } plane }		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Personal Service <u>usu. of bank etc.</u>		20.00
_____ line Death Notices in _____ Papers (Names of Newspapers)		
Sales Tax.....		
Total Footing of Bill.....	\$	30.00
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>12/11/54</u>	<u>James Lorentzen</u>	\$		"	\$
<u>12/11/54</u>	<u>Flora Lorentzen</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. 2398 Yearly No. 25 Date of Entry Dec 29 1954

Name of Deceased Beryl Armond Bass (What Race) W

Residence: Lamoni Ia  Married  Single  Widowed  Divorced  Husband  Wife  Widow never married or ..... of Age of Husband or Wife (if living) Years

Charge to: Mrs. Geo. Bass Complete Funeral (except outlays) \$ 298.00

Address: Lamoni Ia Casket..... Burial Vault or Box..... (State Kind) Exp \$ 25.00

Order given by: Mrs. Geo. Bass (or informant) Embalming Body..... (Name of Embalmer) Barber, \$..... Hair Dressing, \$..... Dressing Body, \$..... Underwear, \$..... Suit or Dress..... (State Kind and Color)

How Secured: Slippers, \$..... Hose, \$..... Folding Chairs, \$..... Tarpaulin, \$..... Candelabrum, \$..... Candles, \$..... Door Spray, \$..... Gloves, \$..... Funeral Car, \$..... Ambulance, \$..... Limousines to Cemetery @ \$..... Extra Limousines @ \$..... 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)

Occupation Radio Repairman 445-36-1917 (Social Security Number) Date of Death: Dec 27 1954 1 P.M. (Date) (Hour)

Date of Birth: Dec 16 1906 (Date) (Year) (Month) (Day) (Hour)

Age: 48 (Years) (Months) (Days) Date of Funeral: Dec 29 1954 Wed 2 P M. (Date) (Day of Week) (Hour)

Services at: R. A. B. S. Church Clergyman: Sidney Barnum (Address)

Religion of the Deceased: Birthplace: 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: Diabetes Certifying Physician: G. W. Swanson (or Coroner)

His Address: Lamoni Ia Name of Father: Geo. Bass

His Birthplace: Maiden Name of Mother: Lama Bass

Her Birthplace: Motor } Remains to Ship } Size of Casket: Reg. Stone (State Color and Number)

Manufactured by: Ross Cemetery } Crematory } Rose Hill

Lot No. 1433 Grave No. 3 Section No. Block No. Owner

Sales Tax \$ 3.19 Total Footing of Bill \$ 322.19 Less: paid in full Jan 7/55 \$ 16.11 Balance \$ 306.08

Entered into Ledger, page..... or below. (Names of Newspapers)

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.....

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



# RECORD OF FUNERAL

Total No. 2399 Yearly No. 1 Date of Entry Jan 5 1955  
 Name of Deceased Sybilta Zenor  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: formerly Saints Home  Husband  Wife  Widow  of }  
 Charge to: \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation \_\_\_\_\_ (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Jan 3 1955 (Date) (Hour)  
 Date of Birth \_\_\_\_\_ (Date) (Hour)  
 Age 96 (Years) (Months) (Days)  
 Date of Funeral Jan 5 1955 (Date) (Day of Week) Wed (Hour) 8 P. M.  
 Services at: Chapel  
 Clergyman: R. L. Frankham (Address)  
 Religion of the Deceased R. L. D. S.

Complete Funeral (except outlays) <u>Step 1</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, \$	
Limousine to Cemetery @ \$		
Extra Limousines @ \$		
Autos to R. R. Station @ \$		
Getting Remains from <u>Independence</u>		<u>75 00</u>
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to <u>Chapel</u>		<u>15 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, \$	
Gross Total for Sales Tax		\$
Outlay for Lot		
Cremation		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb <u>to the World</u>		<u>25 00</u>
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		
Personal Service <u>Use of Chapel &amp; organist</u>		<u>25 00</u>
line Death Notices in _____ Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill		\$
Less <u>John Hill</u>		\$
Balance		\$ <u>90 00</u>
Entered into Ledger, page _____ or below.		

Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Independence  
 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 \_\_\_\_\_  
 Cemetery } Rose Hill  
 Crematory }  
 Diagram of Lot or Vault  
 Lot No. 778 & 777  
 Grave No. 491  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

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 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. 2400      Yearly No. 2      Date of Entry Jan 10 1955  
 Name of Deceased Rothner A. Scott  
 Married     Single     Widowed     Divorced  
 Residence: Lamoni Ia       Husband     Wife     Widow    Ruth Scott (What Race)  
 or ..... of .....      Age of Husband or Wife (if living) ..... Years

Charge to: .....  
 Address: .....  
 Order given by: ..... (or informant)  
 How Secured: .....  
 If Veteran, State War World War I  
 Occupation Teacher      481-20-7996 (Social Security Number)  
 Employer and Address Lamoni Public Schools  
 Date of Death Jan 8 1955      4:30 P.M. (Hour)  
 Date of Birth Jan 11 1895  
 Age 59      11      27  
 (Year)      (Month)      (Days)  
 Date of Funeral 1/10/55      11 A.M.      2 P.M.  
 (Date)      (Day of Week)      (Hour)  
 Services at R. L. D. S. Church  
 Clergyman Roy Chewick & Harry Lorange (Address)  
 Religion of the Deceased .....  
 Birthplace Tuskege, Decatur County - Ia  
 Resided in the State 11 yrs  
 (or U. S. or City or County) (Years) (Months)  
 Place of Death Lamoni  
 Cause of Death: .....  
 Contributory Causes: .....

Certifying Physician E. E. Banet (or Coroner)  
 His Address Lamoni  
 Name of Father Edward Scott  
 His Birthplace .....  
 Maiden Name of Mother Eva Barnett  
 Her Birthplace .....  
 Motor } Remains to .....  
 Ship }  
 Size of Casket Assemp Metal State  
 (State, Color and Number)  
 Manufactured by Florida  
 Cemetery } Rose Hill  
 Crematory }  
 Diagram of Lot or Vault  
 Lot No. 1504  
 Grave No. 7  
 Section No. ....  
 Block No. ....  
 Owner .....

Complete Funeral (except outlays).....	\$ 488.00
Casket.....	
Burial Vault or Box <u>Union Vault</u>	150.00
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 @ \$.....	
Extra Limousines @ \$.....	
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, \$.....	
Gross Total for Sales Tax.....	\$ 838.00
Outlay for Lot.....	
Cremation.....	
Flowers, \$..... Palms, \$..... Matting, \$.....	
Rental of Tent, \$..... of Temporary Vault, \$.....	
Opening of Grave or Tomb <u>R. L. Marshall</u>	25.00
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.....	
Personal Service.....	
..... line Death Notices in..... Papers (Names of Newspapers)	
Sales Tax.....	838
Total Footing of Bill.....	881.38
Less <u>5% on 846.38</u> .....	42.99
<u>Balance Jan 19/55</u> .....	829.66
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. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2401 Yearly No. 3 Date of Entry Jan. 12 1955

Name of Deceased Del Wiley  
 Married  Single  Widowed  Divorced (What Race)

Residence: Deer Creek County  Husband  Wife  Widow }  
 Charge to: A. H. P. or ..... of ..... Age of Husband or Wife (if living) ..... Years

Address: .....

Order given by: ..... (or informant)

How Secured: .....

If Veteran, State War 20

Occupation farmer (Social Security Number)

Employer and Address .....

Date of Death Jan 10 1955 (Date) (Hour)

Date of Birth July 15 1867 (Date) (Hour)

Age 87 (Years) (Months) (Days)

Date of Funeral Jan 15 1955 (Date) (Day of Week) (Hour) P. M.

Services at: Chapel (Address)

Clergyman: Chas. Ballantyne (Address)

Religion of the Deceased .....

Birthplace .....

Resided in the State .....

Place of Death Deer Creek, Ia (or U. S. or City or County) (Year) (Month)

Cause of Death .....

Contributory Causes .....

Certifying Physician .....

His Address .....

Name of Father John Wiley

His Birthplace .....

Maiden Name of Mother Sara Henderson

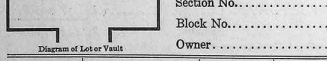
Her Birthplace .....

Motor } Remains to .....  
 Ship }

Size of Casket single cof. (State, Color and Number)

Manufactured by Werner

Cemetery }  
 Crematory }



Lot No. 1516  
 Grave No. 4  
 Section No. ....  
 Block No. ....  
 Owner .....

Complete Funeral (except outlays) .....	\$ <u>150</u> <sup>00</sup>
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 .....	@ \$ .....
Extra Limousines .....	@ \$ .....
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, \$ .....
Gross Total for Sales Tax .....	\$ <u>150</u> <sup>00</sup>
Outlay for Lot .....	
Cremation .....	
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 .....	
Personal Service .....	
..... line Death Notices in .....	Papers .....
.....	(Names of Newspapers)
Sales Tax <u>no tax</u>	
Total Footing of Bill .....	\$ <u>150</u> <sup>00</sup>
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 .....	\$ .....
	<u>Deed set home of Mrs. Alfred Deason</u>	\$ .....		" " .....	\$ .....
	<u>2663 Logan St</u>	\$ .....		" " .....	\$ .....
	<u>Del Wiley</u>	\$ .....		" " .....	\$ .....
	" " .....	\$ .....		" " .....	\$ .....
	" " .....	\$ .....		" " .....	\$ .....
	" " .....	\$ .....		" " .....	\$ .....
	" " .....	\$ .....		" " .....	\$ .....
	" " .....	\$ .....		" " .....	\$ .....

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 .....

Witness .....

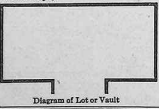
Address .....

# RECORD OF FUNERAL

Total No. 2402 Yearly No. 7 Date of Entry Jan 23 1933  
 Name of Deceased Estella A. Holloway  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow } Estella A. Holloway (What Name)  
 Residence: Harrison Co. Mo. of Estella A. Holloway Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Estella A. Holloway  
 Address: Engleville, Mo.  
 Order given by: same (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation: housewife (Social Security Number) none  
 Employer and Address \_\_\_\_\_  
 Date of Death: Jan 20/155 (Date) 9 (Hour)  
 Date of Birth: Aug 18/1879 (Date) \_\_\_\_\_ (Hour)  
 Age: 75 (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days)  
 Date of Funeral: Jan 23/155 (Date) Mon (Day of Week) 2 P (Hour) M.  
 Services at: Love Rock Church  
 Clergyman: Leonard Holloway (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace: Shubogae, Ia  
 Resided in the State: 40 yrs. (or U. S. or City or County) (Years) (Months)  
 Place of Death: Home  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician: Dr. Marshall Coroner (or Coroner)  
 His Address: Wichita, Mo.  
 Name of Father: Abida Joel  
 His Birthplace: France  
 Maiden Name of Mother: Eliza Ruther  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket: oct. 1/2 coach casket  
 Manufactured by: Adernath (State Color and Number)  
 Cemetery } Payne (Love Rock)  
 Crematory }



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 365 00
Casket	
Burial Vault or Box <u>Monter Vault</u>	125 00
Embalming Body	
Barber, \$	Hose, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 490 00
Outlay for Lot	
Cremation	
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	
Personal Service	
_____ line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax	4 90
Total Footing of Bill	\$ 494 90
Less	\$
Balance	\$
Entered into Ledger, page _____ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$ 494 90		To Balance Forward	\$
Jan 29/155	By Payment	\$ 50 00		By Payment	\$
Feb 5/155	" "	\$ 10 00		" "	\$
" "	" "	\$		" "	\$
" "	" "	\$		" "	\$
" "	" "	\$		" "	\$
" "	" "	\$		" "	\$
" "	" "	\$		" "	\$
" "	" "	\$		" "	\$
" "	" "	\$		" "	\$

Insurance \$ \_\_\_\_\_ Names of Ledges \_\_\_\_\_ 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 \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

275

Total No. 2403 Yearly No. 5 Date of Entry Jan 25 1953

Name of Deceased Ada S. Judson  
 Married  Single  Widowed  Divorced (What Race)

Residence: Lamoni  Husband  Wife  Widow }  
 or \_\_\_\_\_ of \_\_\_\_\_ } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: children

Address: \_\_\_\_\_

Order given by Max. Wilford Allen (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War no

Occupation Housewife (Social Security Number) none

Employer and Address \_\_\_\_\_

Date of Death Jan 22 1953 (Date) 1:10 PM (Hour)

Date of Birth July 16 1865 (Date) \_\_\_\_\_ (Hour)

Age 87 (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days) \_\_\_\_\_ (Hours) \_\_\_\_\_ (M.)

Date of Funeral Jan 25 1953 (Date) Tues. (Day of Week) 2 P (Hour) \_\_\_\_\_ (M.)

Services at: R. S. Church (Address)

Clergyman: Ruby Howard (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Michigan

Resided in the State 61 yrs (Years) \_\_\_\_\_ (Months)

Place of Death Lamoni Ia (or U. S. or City or County) (Years) (Months)

Cause of Death Broncha Pneumonia

Contributory Causes Cerebral Hemorrhage

Certifying Physician Dr. Gamet (or Coroner)

His Address \_\_\_\_\_

Name of Father John Henry Cave

His Birthplace \_\_\_\_\_

Maiden Name of Mother Lucinda Sheffield

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket 4/3 Oct. Heavy (State Color and Number)

Manufactured by Buckstaff

Cemetery Crematory } Rose Hill

Lot No. 341

Grave No. 3

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

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

Complete Funeral (except outlays) .....	\$ 780.00
Casket .....	
Burial Vault or Box .....	25.00
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 .....	@ \$
Extra Limousines .....	@ \$
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, \$
Gross Total for Sales Tax .....	\$ 405.00
Outlay for Lot .....	
Cremation .....	
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 .....	
Personal Service .....	
_____ line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax .....	4.05
Total Footing of Bill .....	\$ 409.05
Less <u>5% by Feb. 5</u> .....	20.45
Balance .....	\$ 388.60

Diagram of Lot or Vault

Date	Amount Paid	Balance
To Above Balance		\$ 413.60
By Payment Jan	\$ 219.20	\$ 194.40
Feb	\$ 150.00	\$ 44.40
" " " " " "	\$ full	\$
" " " " " "	\$	\$
" " " " " "	\$	\$
" " " " " "	\$	\$
" " " " " "	\$	\$

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 \_\_\_\_\_ (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.

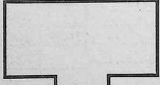
Signed \_\_\_\_\_ Address \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2404 Yearly No. 6 Date of Entry Feb 2 1953  
 Name of Deceased Blossom Z Condit (What Name)  
 Married  Single  Widowed  Divorced  Husband  Wife  Widow Fred Condit  
 Residence: Lamoni of Missouri Age of Husband or Wife (if living) 40 Years

Charge to: Fred Condit  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War: No  
 Occupation housewife 485-36-3128 (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Jan. 31 1955 2 P.M. (Date) (Hour)  
 Date of Birth Dec 1 1895 (Date)  
 Age 59 (Years) (Months) (Days)  
 Date of Funeral 7/2/55 Wed 2 P.M. (Date) (Day of Week) (Hour)  
 Services at R. F. D. 5 Church  
 Clergyman Ed. Blazer - Harold Condit (Address)  
 Religion of the Deceased R. F. D. 5  
 Birthplace Missouri  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Int. Cem. - Hosk.  
 Cause of Death Cerebral Hemorrhage  
 Contributory Causes Hypertension

Certifying Physician D.W. Swanson (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father D. C. W. Holt  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Anna D. Brewer  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 4 1/2 Oct. 4 coach (State Color and Number)  
 Manufactured by A. Belmont  
 Cemetery Crematory } Rose Hill



Lot No. 759  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 365.00
Casket	12.00 25.00
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 @ \$	
Extra Limousines @ \$	
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, \$
Gross Total for Sales Tax	\$ 3.90 0.00
Outlay for Lot	
Cremation	
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	
Personal Service	
line Death Notices in _____ Papers (Names of Newspapers)	
Sales Tax	3.90
Total Footing of Bill	\$ 393.90
Less <u>Balance</u>	19.70
Entered into Ledger, page _____ or below	Balance \$ 374.20

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 \_\_\_\_\_  
 Compiled by F. J. RHINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 2405 Yearly No. 7 Date of Entry Feb 7 1955

Name of Deceased Ernest Elmer Haskins (What Race) W  
 Married  Single  Widowed  Divorced

Residence: Laramie Wyo  Husband  Wife  Widow  Widow E. R. of Mabel Haskins Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to \_\_\_\_\_  
Address \_\_\_\_\_

Order given by \_\_\_\_\_ (or informant)

How Secured \_\_\_\_\_  
If Veteran, State War no

Occupation farmer (Social Security Number) none

Employer and Address \_\_\_\_\_  
Date of Death Feb 5 1955 (Date) 4 AM (Hour)

Date of Birth Feb 22 1874 (Date) \_\_\_\_\_ (Hour)

Age 80 (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days) \_\_\_\_\_ M.

Date of Funeral 7/5 (Date) Mon (Day of Week) 2 P (Hour)

Services at: R. L. S. Church (Address) \_\_\_\_\_

Clergyman: Wilbur Prall (Address) \_\_\_\_\_

Religion of the Deceased R. L. S (Address) \_\_\_\_\_

Birthplace Canada (or U. S. or City or County) (Years) (Months)

Place of Death Lacey Nursing Home, Bethany (State) \_\_\_\_\_

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician \_\_\_\_\_ (or Coroner)

His Address \_\_\_\_\_

Name of Father M. G. Haskins

His Birthplace \_\_\_\_\_

Maiden Name of Mother Helen Simpson

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_  
Size of Casket rose cedar stain (State) \_\_\_\_\_ (Color) \_\_\_\_\_ (Number) \_\_\_\_\_

Manufactured by E. B. Case

Cemetery Crematory } Rose Hill

Lot No. 1739

Grave No. 7

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

Complete Funeral (except outlays).....	\$ 396.00
Casket.....	
Burial Vault or Box <u>lot</u> .....	25.00
Embalming Body.....	
Slippers, \$.....	Hose, \$.....
Folding Chairs, \$.....	Tarpaulin, \$.....
Candelabrum, \$.....	Candles, \$.....
Door Spray, \$.....	Gloves, \$.....
Funeral Car, \$.....	Ambulance, \$.....
Limousines to Cemetery @ \$.....	
Extra Limousines @ \$.....	
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. _____	
Fall Bearer Service, \$.....	Use of Chapel, \$.....
Gross Total for Sales Tax.....	\$ 421.00
Outlay for Lot.....	
Cremation.....	
Flowers, \$.....	Palms, \$.....
Matting, \$.....	
Rental of Tent, \$.....	of Temporary Vault, \$.....
Opening of Grave or Tomb <u>to A. M. ...</u> .....	25.00
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.....	
Personal Service.....	
_____ line Death Notices in _____ Papers.....	
(Names of Newspapers).....	
Sales Tax.....	421
Total Footing of Bill.....	\$ 450.21
Less <u>5.00</u> .....	\$ 445.21
<u>Paid in full Feb 7 1955</u> Balance <u>7.50</u> .....	\$ 452.71
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.....  
Witness..... Address.....

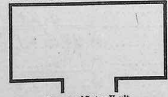
Compiled by F. J. FEINEMAN St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2406 Yearly No. 8 Date of Entry Feb 10 1955  
 Name of Deceased William Clarence Barrett (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Lamoni, Ia  Husband  Wife  Widow } Age of Husband or Wife (if living) \_\_\_\_\_ Years  
 or \_\_\_\_\_ of \_\_\_\_\_

Charge to: estate  
 Address \_\_\_\_\_  
 Order given by Wife & 3 children (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no  
 Occupation Producer Dealer none (Social Security Number)  
 Employer and Address own business  
 Date of Death Feb 7 1955 about 9 AM (Date) (Hour)  
 Date of Birth Jan 20 1895 (Date) (Hour)  
 Age 60 (Years) (Months) (Days)  
 Date of Funeral 7/10/55 THURS 2 P. M. (Date) (Day of Week) (Hour)  
 Services at Chapel  
 Clergyman R. W. Wood (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Missouri  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death near Lamoni (State)  
 Cause of Death Coronary Occlusion  
 Contributory Causes Coronary Sclerosis

Certifying Physician E. E. Sargent, coroner (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Abraham Barrett  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Elva  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to  
 Ship }  
 Size of Casket 6/4 gray metal (State) (Dimensions)  
 Manufactured by B. Schmitt  
 Cemetery } Rose Hill  
 Crematory }



Lot No. 1403  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 678.00
Casket	
Burial Vault or Box <u>Chambers Vault</u>	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	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 798.00
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Rental of Tent, \$	Matting, \$
Opening of Grave or Tomb <u>W. A. Marshall</u>	25.00
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 <u>for a better maintenance etc.</u>	6.11
Out of town Undertaker's Charges	
Personal Service	
line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax	7.98
Total Footing of Bill	837.09
Less <u>5% mg. 5%</u> by Feb 10 40, 30	40.30
<u>Other fee</u> Balance <u>28.55</u>	79.649
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 \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2407 Yearly No. 9 Date of Entry March 7, 1955

Name of Deceased Harry Emerson Scott  
 Married  Single  Widowed  Divorced (What Race) W

Residence: Riley Township, Ringgold Co.  Husband  Wife  Widow  or \_\_\_\_\_ of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Shelby Scott

Address: \_\_\_\_\_

Order given by \_\_\_\_\_ (or Informant)

How Secured: \_\_\_\_\_

If Veteran, State War 200

Occupation: Farming None (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death March 5, 1955 9:30 A.M. (Date) (Hour)

Date of Birth 1870 (Years) (Months) (Days)

Age 85

Date of Funeral 3/7/55 2 P.M. (Date) (Day of Week) (Hour)

Services at: Relleston, M.E. Church

Clergyman: R.W. Miller (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace Indiana

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

Place of Death Riley Township, Ringgold Co.

Cause of Death Cerebral Hemorrhage

Contributory Causes \_\_\_\_\_

Certifying Physician: W. Swanson (Coroner)

His Address \_\_\_\_\_

Name of Father: James Scott

His Birthplace \_\_\_\_\_

Maiden Name of Mother Marquet Scott

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to Relleston

Size of Casket 6 1/2 Ross Cedar State

Manufactured by E. G. Case (State Code and Number)

Cemetery Crematory } Relleston

Lot No. \_\_\_\_\_

Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Block 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 \_\_\_\_\_ (Print Name of Personal 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 \_\_\_\_\_

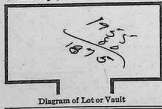
Complete Funeral (except outlays)	\$	448.00
Casket		
Burial Vault or Box <u>Cheriton Vault</u>	\$	120.00
Embalming Body		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress		
Slippers, \$		
Hose, \$		
Molding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousines to Cemetery	@ \$	
Extra Limousines	@ \$	
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, \$		
Gross Total for Sales Tax	\$	568.00
Outlay for Lot		
Cremation		
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		
Personal Service		
line Death Notices in _____ Papers		
Sales Tax		568
Total Footing of Bill	\$	573.68
Less <u>580.00</u> <u>Mar 10/55</u>	\$	28.68
Balance <u>Pol in full Mar 5/55</u>	\$	545.00
Entered into Ledger, page _____ or below.		

# RECORD OF FUNERAL

Total No. 408 Yearly No. 10 Date of Entry March 20 1955  
 Name of Deceased Clara Phoebe McElroy (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Lansoni  Husband  Wife  Widow Mrs. M. C. Elroy  
 or  Husband  Wife (if living) \_\_\_\_\_ Years \_\_\_\_\_

Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War NO  
 Occupation Housewife (Social Security Number) \_\_\_\_\_  
 Employer and Address \_\_\_\_\_  
 Date of Death Mar 17/55 5 PM  
 (Date) (Hour)  
 Date of Birth July 1 1874  
 (Year) (Month) (Day)  
 Age 80  
 Date of Funeral 3/20/55 Sun 2 P.M.  
 (Date) (Day of Week) (Hour)  
 Services at R. L. O. S. Church  
 Clergyman Roy Chevill, Robt Farham  
 (Address)  
 Religion of the Deceased R. O. S.  
 Birthplace Michigan  
 Resided in the State \_\_\_\_\_ (For U. S. or City or County) (Years) (Months)  
 Place of Death Lansoni 7:03 P.  
 Cause of Death Heart Coronary & occlusion  
 Contributory Causes \_\_\_\_\_  
 Certifying Physician H. W. Swanson  
 (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Samuel V. Bailey  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Mara Jane Corbis  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket \_\_\_\_\_ (State Color and Number)  
 Manufactured by \_\_\_\_\_  
 Cemetery } R. L. O. S. Hall  
 Crematory }

Complete Funeral (except outlays) \$ 365 00  
 Casket \_\_\_\_\_  
 Burial Vault or Box B. T. \$ 25 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 @ \$ \_\_\_\_\_  
 Extra Limousines @ \$ \_\_\_\_\_  
 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, \$ \_\_\_\_\_  
 Gross Total for Sales Tax \$ 390 00  
 Outlay for Lot \_\_\_\_\_  
 Cremation \_\_\_\_\_  
 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 \_\_\_\_\_  
 Personal Service \_\_\_\_\_  
 \_\_\_\_\_ line Death Notices in \_\_\_\_\_ Papers \_\_\_\_\_ (Name of Newspaper)  
 Sales Tax \_\_\_\_\_ \$ 3 90  
 Total Footing of Bill \$ 393 90  
 Less 5% by Cash \$ 19 70  
Pd in full Mar 16/55 \$ 374 20  
 Entered into Ledger, page \_\_\_\_\_ or below.



Lot No. 1566  
 Grave No. 3  
 Section No. \_\_\_\_\_  
 Block 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 \_\_\_\_\_  
 Witness \_\_\_\_\_ Signed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2489 Yearly No. 11 Date of Entry March 21 1955

Name of Deceased Louisa Davis

Residence: Ladson  Married  Single  Widowed  Divorced

Charge to: A. F. Davis

Address: Diagonal

Order given by: \_\_\_\_\_ (or informant)

If Veteran, State War no

Occupation: Housewife None (Social Security Number)

Employer and Address: \_\_\_\_\_

Date of Death: March 19 1955 3 P.M. (Date) (Hour)

Date of Birth: Sept 21 1872 (Date) (Day of Week) (Hour)

Age: 82 (Years) (Months) (Days)

Date of Funeral: Mar 21 1955 Mon 2 P. M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Anton Columbus (Address)

Religion of the Deceased: \_\_\_\_\_

Birthplace: Massouri

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

Place of Death: L. Davis Hospital

Cause of Death: Broncho Pneumonia

Contributory Causes: Carcinoma of Lung

Certifying Physician: W. J. Swanson (or Coroner)

His Address: \_\_\_\_\_

Name of Father: Willard Hedger

His Birthplace: \_\_\_\_\_

Maiden Name of Mother: Mary Jane Black

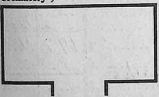
Her Birthplace: \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket: Get it couch gray (State Color and Number)

Manufactured by: Cherry

Cemetery Crematory: Rose Hill



Lot No. 684  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 396 00
Casket	
Burial Vault or Box <u>Cheriton Vault</u>	120 00
<small>(State Kind)</small>	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	19 50
<small>(State Kind and Color)</small>	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 535 50
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	25 00
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	
Personal Service	
line Death Notices in _____ Papers	
<small>(Name of Newspaper)</small>	
Sales Tax	365 50
Total Footing of Bill	\$ 449 85
Less: <u>50.00</u>	\$ 399 85
Balance	\$ 399 85
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 \_\_\_\_\_

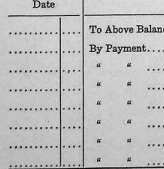
# RECORD OF FUNERAL

Total No. 2410 Yearly No. 18 Date of Entry April 1 1933  
 Name of Deceased John Edgar Fullick (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Emanche - Ia  Husband  Wife  Widow } of \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to \_\_\_\_\_  
 Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation \_\_\_\_\_ (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death \_\_\_\_\_ (Date) (Hour)  
 Date of Birth \_\_\_\_\_ (Date) (Hour)  
 Age 70 (Years) (Months) (Days)  
 Date of Funeral Apr 1/33 10:00 9 A.M. (Date) (Day of Week) (Hour)  
 Services at Chapel  
 Clergyman Walter Morey (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace \_\_\_\_\_  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Quakake Sanatorium  
 Cause of Death Pulmonary T.B.  
 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 \_\_\_\_\_  
 Cemetery } Rose Hill  
 Crematory }  
 Lot No. 1436  
 Grave No. 2  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Diagram of Lot or Vault



Complete Funeral (except outlays) Ship In  
 Casket \_\_\_\_\_  
 Burial Vault or Box Stating 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 @ \$ \_\_\_\_\_  
 Extra Limousines @ \$ \_\_\_\_\_  
 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, \$ \_\_\_\_\_  
 Gross Total for Sales Tax \$ 120 00  
 Outlay for Lot \_\_\_\_\_  
 Cremation \_\_\_\_\_  
 Flowers, \$ \_\_\_\_\_ Palms, \$ \_\_\_\_\_ Matting, \$ \_\_\_\_\_  
 Rental of Tent, \$ \_\_\_\_\_ of Temporary Vault, \$ \_\_\_\_\_  
 Opening of Grave or Tomb 25 00  
 Lining Grave, \$ \_\_\_\_\_ Lowering Device, \$ \_\_\_\_\_  
 Outlay for Shipping Charges \_\_\_\_\_  
 Clergyman, \$ \_\_\_\_\_ Singers, \$ \_\_\_\_\_ Organist, \$ \_\_\_\_\_  
 Railroad } Tickets, \$ \_\_\_\_\_ Aero-  
 or Motor } planes Service, \$ \_\_\_\_\_  
 Telegr., Phone, Cable or Radio Charges \_\_\_\_\_  
 Cash Advanced \_\_\_\_\_  
 Out of town Undertaker's Charges \_\_\_\_\_  
 Personal Service 30 00  
 \_\_\_\_\_ line Death Notices in \_\_\_\_\_ Papers  
 \_\_\_\_\_ (Name of Newspaper)  
 Sales Tax 2 40  
 Total Footing of Bill \$ 177 40  
 Less \_\_\_\_\_  
 Balance Apr 31/33 \$ \_\_\_\_\_  
 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. FREINEMAN, St. Louis, Mo.



# RECORD OF FUNERAL

Total No. 1411 Yearly No. 13 Date of Entry April 8 1955

Name of Deceased Ida May Kopp  
 Married  Single  Widowed  Divorced

Residence: Lamar (What Race)  
Charge to: Chas. Kopp or Chas. Kopp (Age of Husband or Wife (if living))

Address: \_\_\_\_\_

Order given by \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War no  
Occupation Housewife (Social Security Number) None

Employer and Address \_\_\_\_\_

Date of Death Apr. 5 1955 (Date) 12:30 PM (Hour)

Date of Birth Mar. 5 1878 (Date) \_\_\_\_\_ (Hour)

Age 77 (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days)

Date of Funeral 4/8/55 (Date) PM (Day of Week) 2 P. (Hour) M.

Services at: Chapel

Clergyman: Walter O'Neil Eugene Taber (Address)

Religion of the Deceased R. C. D. S.

Birthplace Missouri

Resided in the State 5 year (or U. S. or City or County) (Years) (Months)

Place of Death Lamar

Cause of Death acute myocardial infarction

Contributory Causes arteriosclerotic heart disease

Certifying Physician H. W. Swanson (or Coroner)

His Address \_\_\_\_\_

Name of Father Marcellus Kutton

His Birthplace \_\_\_\_\_

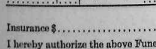
Maiden Name of Mother Ann Graham

Her Birthplace \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_  
Size of Casket 6/6 Oak (State Color and Material)

Manufactured by Buckstaff

Cemetery } Rose Hill  
Crematory }



Lot No. 1730  
Grave No. 3  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 559.00
Casket	
Burial Vault or Box <u>Reson Vault</u>	150.00
(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	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$ 709.00
Outlay for Lot:	
Cremation	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb <u>Old H. Marshall</u>	25.00
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	
Personal Service	
_____ line Death Notices in _____ Papers	
(Names of Newspapers)	
Sales Tax	7.09
Total Footing of Bill	\$ 741.09
Less <u>5.70.00 7.16.00</u>	\$ 35.89
Balance <u>PM 4/8/55</u>	\$ 705.20
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 \_\_\_\_\_ 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.

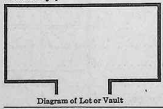
Signed \_\_\_\_\_ Address \_\_\_\_\_ Witness \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 2712 Yearly No. 14 Date of Entry April 17 1957  
 Name of Deceased George T. Thorpe  
 Married  Single  Widowed  Divorced  
 Residence Ladson (What Race)  
 Husband  Wife  Widow  of Martha Thorpe (Name of Deceased)  
 or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to C.A.P.  
 Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War 200  
 Occupation farmer None (Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Apr. 15 1955 12/15 A.M. (Date) (Hour)  
 Date of Birth Nov. 5 1859 (Date) (Hour)  
 Age 95 (Years) (Months) (Days)  
 Date of Funeral Apr. 17 5:30 2 P. (Date) (Day of Week) (Hour)  
 Services at Chapel  
 Clergyman Walter Edmunds - J. Barr (Address)  
 Religion of the Deceased B. L. D. S.  
 Birthplace England  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)  
 Place of Death Bethany, Mo.  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Certifying Physician \_\_\_\_\_ (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father David Thorpe  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Not known  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket C.A.P.  
 Manufactured by Abernathy (State Color and Number)  
 Cemetery }  
 Crematory }



Lot No. 1364  
 Grave No. 2  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays)	\$ 150.00
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	@ \$
Extra Limousines	@ \$
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, \$
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
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	
Personal Service	
_____ line Death Notices in _____ Papers	
(Name of Newspaper)	
Sales Tax	
Total Footing of Bill	\$ 150.00
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 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

285

Total No. 2413 Yearly No. 15 Date of Entry April 22 1955  
 Name of Deceased Isaac Carlile (What Race) W  
 Married  Single  Widowed  Divorced  
 Residence: Lamoni  
 Charge to: Chas Hyde (Husband/Wife/Widow) of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War NO  
 Occupation painter & paper hanger None  
 Employer and Address self employed (Special Security Number)  
 Date of Death Apr 20 1955 9 A.M.  
 Date of Birth May 12 1857  
 Age 97  
 Date of Funeral Apr 24 55 11:00 2 P.M.  
 Services at: R. L. S. Church  
 Clergyman: R. Bert Farnham  
 Religion of the Deceased R. L. S.  
 Birthplace Utah  
 Resided in the State 5-5 yrs  
 Place of Death Lamoni  
 Cause of Death Myocardial Decomposition  
 Contributory Causes Senility  
 Certifying Physician E. E. Samet (or Coroner)  
 His Address Lamoni  
 Name of Father Isaac Carlile  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Jane Priest  
 Her Birthplace \_\_\_\_\_  
 Motor Ship } Remains to \_\_\_\_\_  
 Size of Casket 4/3 Red 4 each - 904  
 Manufactured by Bader's  
 Cemetery } Rose Hill  
 Crematory }  
 Lot No. 1529  
 Grave No. 4  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays) .....	\$ 396.00
Casket .....	
Burial Vault or Box .....	25.00
Embalming Body .....	
Barber, \$ .....	(Name of Embalmer)
Dressing Body, \$ .....	Hair Dressing, \$
Suit or Dress .....	Underwear, \$
Slippers, \$ .....	(State Kind and Color)
Folding Chairs, \$ .....	Hose, \$
Candelabrum, \$ .....	Tarpaulin, \$
Door Spray, \$ .....	Candles, \$
Funeral Car, \$ .....	Gloves, \$
Limousines to Cemetery .....	@ \$
Extra Limousines .....	@ \$
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, \$
Gross Total for Sales Tax .....	\$ 421.00
Outlay for Lot: .....	
Cremation .....	
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 } Tickets, \$ .....	Organist, \$
or Motor } _____	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges .....	
Cash Advanced .....	
Out of town Undertaker's Charges .....	
Personal Service .....	
_____ line Death Notices in _____ Papers .....	
_____ (Names of Newspapers)	
Sales Tax .....	4 21
Total Footing of Bill .....	\$ 425 21
Less <u>5% - Hosp. &amp; ...</u> .....	21 86
Balance .....	\$ 403 95
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. 2414 ..... Yearly No. 16 ..... Date of Entry May 28 ..... 1935  
 Name of Deceased Olive De Long  
 Married  Single  Widowed  Divorced (What Race)  
 Residence: Lanoni Ia  Husband  Wife  Widow Olive De Long  
 Charge to: Jack Burdick or ..... of } Age of Husband or Wife (if living) ..... Years

Address: 2624 So 17th St St. Joseph, Mo  
 Order given by: above (or informant)  
 How Secured: .....  
 If Veteran, State War no  
 Occupation: housewife None (Social Security Number)  
 Employer and Address .....  
 Date of Death: May 25 1935 5 P.M. (Date) (Hour)  
 Date of Birth: Oct 27 1873 (Date) (Year) (Month) (Day)  
 Age: 61 6 28 (Years) (Months) (Days)  
 Date of Funeral: 5/28/35 Sat 2 P.M. (Date) (Day of Week) (Hour)  
 Services at: chapel  
 Clergyman: Morton Edmunds (Address)  
 Religion of the Deceased: L.D.S.  
 Birthplace: Illinois  
 Resided in the State: ..... (or U.S. or City or County) (Years) (Months)  
 Place of Death: Lanoni Hospital  
 Cause of Death: Cerebral Hemorrhage  
 Contributory Causes: .....

Certifying Physician: H. Swenson (or Coroner)  
 His Address: Lanoni  
 Name of Father: Walter Robinson  
 His Birthplace: .....  
 Maiden Name of Mother: Mary Case  
 Her Birthplace: .....  
 Motor Ship } Remains to .....  
 Size of Casket: 4/3 1/2 couch plush (State Color and Number)  
 Manufactured by: Chamney  
 Cemetery Crematory } Rose Hill

Lot No. 1373  
 Grave No. 2  
 Section No. ....  
 Block 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 (except outlays)	\$ 396	00
Casket		
Burial Vault or Box	25	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	@ \$	
Extra Limousines	@ \$	
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, \$	
Gross Total for Sales Tax	\$ 421	00
Outlay for Lot		
Cremation		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb	to <u>R. Marshall</u>	25
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		
Personal Service		
line Death Notices in		Papers
		4
		00
Sales Tax		421
Total Footing of Bill	\$ 454	21
Less: <u>8 1/2% by Jones</u>	\$ 21	26
Balance	\$ 433	95

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. 2415 Yearly No. 17 Date of Entry June 3 1955

Name of Deceased Hiram Albia Tapscott W

Married  Single  Widowed  Divorced (What Race)  
 Residence: Mt. Airy - Ia  Husband  Wife  Widow of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to \_\_\_\_\_  
 Address \_\_\_\_\_

Order given by Daughter (or informant)  
 How Secured: \_\_\_\_\_

If Veteran, State War no  
 Occupation Livery operator none (Social Security Number)  
 Employer and Address \_\_\_\_\_

Date of Death May 31, 1955 8 P.M. (Date) (Hour)  
 Date of Birth Aug. 20, 1869

Age 85 (Years) (Months) (Days)  
 Date of Funeral 6/3/55 Ev. 7 P.M. (Date) (Day of Week) (Hour) M.

Services at: Chapel

Clergyman: \_\_\_\_\_ (Address)  
 Religion of the Deceased \_\_\_\_\_

Birthplace: Iowa  
 Resided in the State \_\_\_\_\_ (or U. S. or City or County) (Years) (Months)

Place of Death: Mt. Airy  
 Cause of Death: Encephal. Occlusion

Contributory Causes: \_\_\_\_\_  
 Certifying Physician: D. W. Hill (or Coroner)

His Address: Mt. Airy  
 Name of Father: John R. Tapscott

His Birthplace: \_\_\_\_\_  
 Maiden Name of Mother: Melinda Brooks

Her Birthplace: \_\_\_\_\_  
 Motor } Remains to Copperstone Metal  
 Ship }

Size of Casket \_\_\_\_\_  
 Manufactured by: Root (State Color and Number)

Cemetery } Rose Hill  
 Crematory }

Lot No. 1573  
 Grave No. 2  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Complete Funeral (except outlays) \$ 565.00  
 Casket \_\_\_\_\_  
 Burial Vault or Box Individual Mausoleum \$ 395.00 (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 \_\_\_\_\_ @ \$ \_\_\_\_\_  
 Extra Limousines \_\_\_\_\_ @ \$ \_\_\_\_\_  
 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, \$ \_\_\_\_\_  
 Gross Total for Sales Tax \$ 960.00  
 Outlay for Lot: \_\_\_\_\_  
 Cremation \_\_\_\_\_  
 Flowers, \$ \_\_\_\_\_ Palms, \$ \_\_\_\_\_ Matting, \$ \_\_\_\_\_  
 Rental of Tent, \$ \_\_\_\_\_ of Temporary Vault, \$ \_\_\_\_\_  
 Opening of Grave or Tomb to A. Macchall \$ 25.00  
 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 \_\_\_\_\_  
 Personal Service \_\_\_\_\_

\_\_\_\_\_ line Death Notices in \_\_\_\_\_ Papers  
 (Names of Newspapers)

Sales Tax 960  
 Total Footing of Bill \$ 994.00  
 Less 5.92 10 days \$ 48.98  
Pat June 10 1955 Balances \$ 946.12  
 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 \_\_\_\_\_





# RECORD OF FUNERAL

Total No. 2417 Yearly No. 19 Date of Entry June 28 1955

Name of Deceased Mary E. Ma Lewis  
 Married  Single  Widowed  Divorced (What Race)

Residence: Lamona, Iowa  
 Husband  Wife  Widow  Divorced  
 or, ..... of } Age of Husband or Wife (if living) ..... Years

Charge to .....  
 Address: Box 100, Lamona, Iowa

Order given by Ross Lewis  
 (or informant)

How Secured: .....  
 If Veteran, State War no

Occupation House wife (Social Security Number) none

Employer and Address .....  
 Date of Death June 27, 1955 (Date) (Hour)

Date of Birth Apr 23 - 1876 (Date) (Hour)

Age 79 (Years) (Months) (Days)

Date of Funeral June 29, Wed. 2 PM (Date) (Day of Week) (Hour)

Services at: Marsh Chapel  
 Clergyman: Rev. Howard Remmel (Address)

Religion of the Deceased Baptist  
 Birthplace DeCATUR, County, Ia

Resided in the State .....  
 Place of Death Leon Hospital (for U. S. or City or County) (Years) (Months)

Cause of Death: .....  
 Contributory Causes: .....

Certifying Physician Dr. Hamet (or Coroner)

His Address Lamona, Iowa

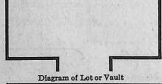
Name of Father James M. Ashburn

His Birthplace .....  
 Maiden Name of Mother Ruth E. Mercer

Her Birthplace .....  
 Motor Ship } Remains to

Size of Casket 2 P. A. (State Color and Number)

Manufactured by .....  
 Cemetery Crematory } Lily



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

Complete Funeral (except outlays)	\$ 150.00
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, \$
Limousine to Cemetery @ \$	
Extra Limousines @ \$	
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, \$
Gross Total for Sales Tax \$	
Outlay for Lot	
Cremation	
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	
Personal Service	
line Death Notices in Papers (Names of Newspapers)	

Sales Tax	
Total Footing of Bill	\$ 150.00
Less <u>pd Aug 17/55</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. 2419 Yearly No. 21 Date of Entry Aug 3 1955

Name of Deceased Emma Keown  
 Married  Single  Widowed  Divorced (What Race)

Residence: Louisa, Ia  Husband  Wife  Widow of or of of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Mrs. Lloyd Ranshaw (Caret)

Address: \_\_\_\_\_  
Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_  
If Veteran, State War 200

Occupation \_\_\_\_\_ (Social Security Number) NOISE

Employer and Address \_\_\_\_\_

Date of Death July 31 1955 10 PM (Date) (Hour)

Date of Birth July 30 1880 (Date) (Year) (Month) (Days)

Age 85 (Years) 1 (Months) 1 (Days)

Date of Funeral Aug 3/55 Wed 2 P. M. (Date) (Day of Week) (Hour)

Services at: P. M. Church, Pleasant

Clergyman: Walter Mory (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace DeCATUR County

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

Place of Death Leon

Cause of Death Broncho Pneumonia

Contributory Causes Senile Paralysis

Certifying Physician C. E. Gauet (or Coroner)

His Address \_\_\_\_\_

Name of Father George Keown

His Birthplace \_\_\_\_\_

Maiden Name of Mother Marietta Robertson

Her Birthplace \_\_\_\_\_

Motor } Remains to \_\_\_\_\_  
Ship }

Size of Casket 4/3 P. C. (State Color and Number)

Manufactured by Abernathy

Cemetery } Hamilton

Lot No. \_\_\_\_\_

Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_

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

Complete Funeral (except outlays)	\$	
Casket		365 00
Burial Vault or Box		25 00
Embalming Body		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	13 75
Suit or Dress		
Slippers, \$	Hose, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Extra Limousines	@ \$	
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, \$	
Gross Total for Sales Tax	\$	403 75
Outlay for Lot:		
Cremation		
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		
Personal Service		
line Death Notices in _____ Papers		
Sales Tax		5 47
Total Footing of Bill		409 22
Less _____		20 46
Balance		388 76

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 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

Aug 8

1955

Total No. 2470 Yearly No. 22 Date of Entry .....

Name of Deceased Harriet C. Danielson (What Race)  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow or ..... of J. C. Danielson (if living) Years

Residence: Denver, Colo. Charge to: Complete Funeral (except outlays)

Address: .....  
Order given by: ..... (or informant)

How Secured: .....  
If Veteran, State War: .....

Occupation: ..... (Social Security Number)

Employer and Address: .....  
Date of Death: ..... (Date) (Hour)

Date of Birth: .....  
Age: 75 (Years) (Months) (Days)

Date of Funeral: Aug 8/55 Mon. 10:30 A.M. (Date) (Day of Week) (Hour)

Services at: R. L. S. Church  
Clergyman: R. L. Farnham (Address)

Religion of the Deceased: L.D.S.  
Birthplace: .....

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

Place of Death: Denver, Colo.  
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: .....  
Cemetery } Rose Hill  
Crematory }

Diagram of Lot or Vault  
Lot No. 810  
Grave No. 3  
Section No. ....  
Block No. ....  
Owner: .....

Casket		
Burial Vault or Box	<u>Cement box</u>	<u>42.50</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>Limousines to Cemetery @ \$</u>	<u>10.00</u>
Extra Limousines	<u>@ \$</u>	
Autos to R. R. Station	<u>@ \$</u>	
Getting Remains from	<u>Creston</u>	<u>19.50</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, \$	<u>Use of Chapel, \$</u>	
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
Flowers, \$	<u>Palms, \$</u>	<u>Matting, \$</u>
Rental of Tent, \$	<u>of Temporary Vault, \$</u>	
Opening of Grave or Tomb		
Lining Grave, \$	<u>Lowering Device, \$</u>	<u>5.00</u>
Outlay for Shipping Charges		
Clergyman, \$	<u>Singers, \$</u>	<u>Organist, \$</u>
Railroad } Tickets, \$	<u>Aero-</u>	<u>plane Service, \$</u>
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service	<u>of sep. &amp; asst.</u>	<u>35.00</u>
line Death Notices in	<u>Papers</u>	
Sales Tax	<u>on bill</u>	<u>7.06</u>
Total Footing of Bill		<u>113.06</u>
Less	<u>25.00</u>	
Balance		
Entered into Ledger, page	<u>for system</u>	
	<u>for bill</u>	
	<u>Aug 8/55</u>	

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

# RECORD OF FUNERAL

Total No. 2421 Yearly No. 23 Date of Entry Aug 14 1955

Name of Deceased Januel A. Martin  
 Married  Single  Widowed  Divorced (What Race)

Residence: Portias Del.  Husband  Wife  Widow or  of  of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_

Address: \_\_\_\_\_

Order given by Mrs. James A. Martin (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation \_\_\_\_\_ (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Aug 10, 55 (Date) (Hour)

Date of Birth \_\_\_\_\_ (Date) (Hour)

Age 69 (Years) (Months) (Days)

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

Services at: Portias Del.

Clergyman: Rev. F. J. Farham (Address)

Religion of the Deceased \_\_\_\_\_

Birthplace \_\_\_\_\_

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

Place of Death: Portias Del.

Cause of Death: Venous Poisoning

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 \_\_\_\_\_

Cemetery } \_\_\_\_\_

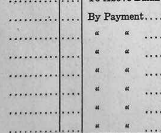
Lot No. 1724

Grave No. 3

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Owner \_\_\_\_\_



Complete Funeral (except outlays).....\$	
Casket.....	
Burial Vault or Box <u>Decor Concrete</u> .....	15.00
Embalming Body.....	
Barber, \$.....	
Dressing Body, \$.....	
Suit or Dress.....	
Slippers, \$.....	
Folding Chairs, \$.....	
Candelabrum, \$.....	
Door Spray, \$.....	
Funeral Car, \$.....	
Limousines to Cemetery.....	@ \$
Extra Limousines.....	@ \$
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, \$.....	
Gross Total for Sales Tax.....	15.00
Outlay for Lot.....	
Cremation.....	
Flowers, \$.....	
Rental of Tent, \$.....	
Opening of Grave or Tomb.....	2.50
Lining Grave, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$.....	
Railroad } Tickets, \$.....	
or Motor } Aero-plane Service, \$.....	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Personal Service.....	
Line Death Notices in _____ Papers.....	10.50
_____ (Name of Newspaper)	35.00
_____	3.75
Sales Tax.....	
Total Footing of Bill.....	224.25
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 \_\_\_\_\_ (Firm Name of Funeral Directors.) 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. 272 Yearly No. 24 Date of Entry Sept 22 1955

Name of Deceased John H. Nixon

Married  Single  Widowed  Divorced

Residence: Lanoni, Ia or Edna Nixon (What Race) W  
Age of Husband or Wife (if living) 42 Years

Charge to: Edna Nixon  
Address: Lanoni, Ia

Order given by: \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War No  
Occupation Cleaner & printer 484-38-1994 (Social Security Number)

Employer and Address self employed  
Date of Death Sept. 19, 1955 5 P.M. (Date) (Hour)

Date of Birth Mar. 29, 1886  
Age 69 (Years) (Months) (Days)

Date of Funeral Sept 22 THURS 2 P.M. (Date) (Day of Week) (Hour)

Services at: P. J. D. & Co. (Address)

Clergyman Robt. Fernham  
Religion of the Deceased R. I. D.

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

Place of Death Lanoni, Ia

Cause of Death: \_\_\_\_\_

Contributory Causes: \_\_\_\_\_

Certifying Physician E. E. Clauet (or Coroner)

His Address: \_\_\_\_\_

Name of Father Wm. Nixon  
His Birthplace: \_\_\_\_\_

Maiden Name of Mother Melburn Beebe  
Her Birthplace: \_\_\_\_\_

Motor } Remains to \_\_\_\_\_  
Ship } \_\_\_\_\_

Size of Casket 6 1/2 Rose Cedar Stab (State Code and Number)

Manufactured by E. M. Cook  
Cemetery } Rose Hill  
Crematory } \_\_\_\_\_

Lot No. 1335-2  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_

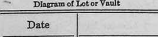


Diagram of Lot or Vault

Owner: \_\_\_\_\_

Complete Funeral (except outlays)	\$	448.00
Casket		
Burial Vault or Box	(State Kind)	25.00
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	@ \$	
Extra Limousines	@ \$	
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, \$	
Gross Total for Sales Tax	\$	47.30
Outlay for Lot		
Cremation		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb	<u>Coll. Marshall</u>	25.00
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		
Personal Service		
line Death Notices in	Papers	
(Names of Newspapers)		
Sales Tax		5.91
Total Footing of Bill	\$	503.91
Less <u>2.70 on 4887 by Co. 2</u>		24.94
Balance	\$	479.47
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 \_\_\_\_\_



# RECORD OF FUNERAL

295

Total No. 2423 Yearly No. 25 Date of Entry Oct 12 1955  
 Name of Deceased Irene B. Johnson  
 Married  Single  Widowed  Divorced  
 Residence: 1011 N. W. Lamm  
 Charge to: Ralph Johnson  
 Husband  Wife  Widow  of Ralph W. Johnson  
 or, \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Address \_\_\_\_\_  
 Order given by \_\_\_\_\_ (or Informant)  
 How Secured: \_\_\_\_\_  
 If Veteran, State War no 010-14-0245  
 Occupation former in Rubber Shoe plant  
 Employer and Address Good Rubber Co (Official Security Number)  
 Date of Death Oct 10 1955 7 A.M.  
 Date of Birth June 10 1884 (Hour)  
 Age 71 (Years) (Months) (Days)  
 Date of Funeral Oct 12/55 Wed 2 P. M.  
 (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman: Leonard Hollway John Law  
 (Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Boston, Mass.  
 Resided in the State \_\_\_\_\_ (or P. S. or City or County) (Year) (Months)  
 Place of Death Int. Dep. Hospital  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_

Complete Funeral (except outlays)	\$ 396	06
Casket		
Burial Vault or Box	25	60
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	@ \$	
Extra Limousines	@ \$	
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, \$		
Gross Total for Sales Tax	\$ 421	00
Outlay for Lot \$ <u>12.40</u> <u>Oct. 1956</u>	25	00
Cremation		
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		
Personal Service		
line Death Notices in _____ Papers		
<u>State of News</u>	64	58
Sales Tax	3	38
Total Footing of Bill	\$ 515	86
Less <u>5.90</u> <u>426.25</u>	21	71
Balance <u>Oct 17/55</u>	\$ 494	55
Entered into Ledger, page _____ or below	2	50

Certifying Physician E. E. Gault  
 (or Coroner)  
 His Address \_\_\_\_\_  
 Name of Father Abriel Hodgen  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Josephine Johnson  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to  
 Ship }  
 Size of Casket 4/3 Oct 1/2 couch size  
 Manufactured by Buchheit  
 (State, Color and Number)  
 Cemetery } Rose Hill  
 Crematory }  
 Lot No. 1356  
 Grave No. 192  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Diagram of Lot or Vault		Date <u>the money</u>		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. 2424 Yearly No. 36 Date of Entry Nov 11 1953

Name of Deceased John W Wadley  
 Married  Single  Widowed  Divorced (What Race)

Residence Decatur County Home  Husband  Wife  Widow }  
or, \_\_\_\_\_ of } Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: \_\_\_\_\_

Address: \_\_\_\_\_

Order given by Daughter (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War no

Occupation farming none (Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death Nov 8, 1955 11 AM (Date) (Hour)

Date of Birth July 24, 1867 (Date) (Year) (Month) (Days)

Age 88 (Years) (Months) (Days)

Date of Funeral 11/11/55 Friday 2 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman James T. Thomas (Address)

Religion of the Deceased A. L. D. S.

Birthplace Iowa

Resided in the State \_\_\_\_\_

Place of Death Decatur County Home (or U. S. or City or County) (Year) (Month)

Cause of Death \_\_\_\_\_

Contributory Causes \_\_\_\_\_

Certifying Physician Dr. Vinner (or Coroner)

His Address Leon

Name of Father John Wadley

His Birthplace \_\_\_\_\_

Maiden Name of Mother Marion Boyart

Her Birthplace \_\_\_\_\_

Motor } Remains to Ship } \_\_\_\_\_

Size of Casket 9 1/2 - Oct 1/2 Couch 9 1/2 (State Color and Number)

Manufactured by Cherry

Cemetery } Rose Hill Crematory }

Lot No. 862

Grave No. 1

Section No. \_\_\_\_\_

Block 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 Ledges \_\_\_\_\_ Insurance Companies \_\_\_\_\_

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 \_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_

Complete Funeral (except outlays)	\$ 396.00	
Casket		
Burial Vault or Box	25.00	
Embalming Body		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$ 1.65	
Suit or Dress	<u>brown suit</u> 14.00	
Slippers, \$	Hose, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Extra Limousines	@ \$	
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.		
Fall Bearer Service, \$	Use of Chapel, \$	
Gross Total for Sales Tax	\$ 436.65	
Outlay for Lot		
Cremation		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb	<u>to H. Marshall</u> 25.00	
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		
Personal Service		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Sales Tax	5.45	
Total Footing of Bill	\$ 467.10	
Less _____	67.00	
<u>pd Nov 11/55</u> Balance	\$ 400.00	
Entered into Ledger, page _____ or below.		

# RECORD OF FUNERAL

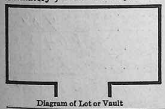
Total No. 2425 Yearly No. 27 Date of Entry 7/10/14 1915  
 Name of Deceased Anna Belle Vanderfleight  
 Married  Single  Widowed  Divorced  
 Residence Amawala Vanderfleight (What Race) John W. Vanderfleight  
 Charge to Amawala Vanderfleight or  Husband  Wife  Widow (Age of Husband or Wife (if living)) Years

Address Amawala Vanderfleight  
 Order given by S. Childers (or informant)  
 How Secured:  
 If Veteran, State War no  
 Occupation housewife none (Social Security Number)  
 Employer and Address  
 Date of Death Nov. 11, 1955 11 A.M. (Date) (Hour)  
 Date of Birth June 19, 1873 (Date) (Hour)  
 Age 82 (Years) (Months) (Days)  
 Date of Funeral 11/14/55 Mon. 7 P. M. (Date) (Day of Week) (Hour)  
 Services at: Chapel  
 Clergyman: Harland Mason (Address)  
 Religion of the Deceased  
 Birthplace Illinois  
 Resided in the State 72 yrs (or) U. S. or City or County (Years) (Months)  
 Place of Death Rural, east of Laumou  
 Cause of Death  
 Contributory Causes

Complete Funeral (except outlays) .....	\$ 5.59	02
Casket .....		
Burial Vault or Box .....	6.00	25 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 .....	@ \$	
Extra Limousines .....	@ \$	
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)		
_____ (State Physician's or Coroner's)		
Pall Bearer Service, \$ .....	Use of Chapel, \$	
Gross Total for Sales Tax .....	\$ 5.84	60
Outlay for Lot .....		
Cremation .....		
Flowers, \$ .....		
Palms, \$ .....		
Matting, \$ .....		
Rental of Tent, \$ .....		
of Temporary Vault, \$ .....		
Opening of Grave or Tomb .....	to A. Marshall	25 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 .....		
Personal Service .....		
_____ line Death Notices in .....		
_____ (Names of Newspapers)		
Sales Tax .....	7	30
Total Footing of Bill .....	6.16	30
Less .....	5% discount	.22 56
Balance <u>in full</u> .....	5.86	74
Entered into Ledger, page <u>2</u> of below		

Certifying Physician H. A. Brown (or Coroner)  
 His Address Leon  
 Name of Father Peter Berger  
 His Birthplace Mary E. Hartsel  
 Maiden Name of Mother  
 Her Birthplace  
 Motor } Remains to  
 Ship }  
 Size of Casket 6-5 Oak (State, Color and Finish)  
 Manufactured by Bushnell  
 Cemetery } Rose Hill

Lot No. 1565  
 Grave No. 3  
 Section No. ....  
 Block No. ....  
 Owner .....



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance .....	\$	\$	To Balance Forward .....	\$	\$
By Payment .....	\$	\$	By Payment .....	\$	\$
" " .....	\$	\$	John Jr. <u>83 82</u>	\$	\$
" " .....	\$	\$	Bones <u>83 82</u>	\$	\$
" " .....	\$	\$	Roy <u>83 82</u>	\$	\$
" " .....	\$	\$	Manda <u>83 82</u>	\$	\$
" " .....	\$	\$	Miller <u>83 82</u>	\$	\$
" " .....	\$	\$	Brophy <u>83 82</u>	\$	\$
" " .....	\$	\$	Bloyd <u>83 82</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 .....

maturity at the rate of .....



# RECORD OF FUNERAL

Total No. 2427 Yearly No. 29 Date of Entry Dec 17 1955

Name of Deceased May M. Perry (What Race) \_\_\_\_\_

Married  Single  Widowed  Divorced

Residence: Evansston, Ill or \_\_\_\_\_ of \_\_\_\_\_ Age of Husband or Wife (if living) \_\_\_\_\_ Years

Charge to: Roy Perry

Address: \_\_\_\_\_

Order given by \_\_\_\_\_ (or informant)

How Secured: \_\_\_\_\_

If Veteran, State War yes

Occupation: \_\_\_\_\_ (Social Security Number) \_\_\_\_\_

Employer and Address \_\_\_\_\_

Date of Death Dec 13 1955 (Date) (Hour) \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Year) (Month) (Day) \_\_\_\_\_

Age 32

Date of Funeral Dec 17 1955 (Date) (Day of Week) Sat (Hour) 7:30 P.M.

Services at: R.L.S. Church

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 Evansston, Ill (State Physician's or Coroner's) \_\_\_\_\_

Cause of Death: Adiposis Disease

Contributory Causes \_\_\_\_\_

Certifying Physician \_\_\_\_\_ (or Coroner)

His Address \_\_\_\_\_

Name of Father: Roy Perry

His Birthplace \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Her Birthplace \_\_\_\_\_

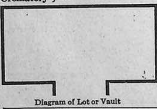
Motor Ship } Remains to \_\_\_\_\_

Size of Casket \_\_\_\_\_ (State Color and Number)

Manufactured by \_\_\_\_\_

Cemetery } \_\_\_\_\_

Crematory } \_\_\_\_\_



Lot No. 544  
Grave No. 1  
Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_  
Owner \_\_\_\_\_

Complete Funeral (except outlays) <u>Stup</u>	\$	
Casket _____		
Burial Vault or Box <u>Chariton Vault</u>	125	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 _____ @ \$ _____		
Extra Limousines _____ @ \$ _____		
Autos to R. R. Station _____ @ \$ _____		
Getting Remains from <u>Acetala Corp.</u>	15	20
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, \$ _____		
Gross Total for Sales Tax _____	140	20
Outlay for Lot: _____		
Cremation _____		
Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____		
Rental of Tent, \$ _____ of Temporary Vault, \$ _____		
Opening of Grave or Tomb <u>W.H. Marshall</u>	25	00
Lining Grave, \$ _____ Lowering Device, \$ _____		
Outlay for Shipping Charges _____		
Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____	5	00
Railroad } Tickets, \$ _____ Aero-plane Service, \$ _____		
or Motor } _____		
Telegr., Phone, Cable or Radio Charges _____		
Cash Advanced _____		
Out of town Undertaker's Charges _____		
Personal Service <u>W.H. Marshall</u> _____ and carrying to _____	50	00
_____ line Death Notices in _____ Papers _____ (Names of Newspapers)		
Sales Tax <u>Evansston</u> _____	3	13
Total Footing of Bill _____	3	33
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 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. .... Yearly No. .... Date of Entry ..... 19 .....

Name of Deceased ..... (What Race)

Married  Single  Widowed  Divorced

Husband  Wife  Widow }  
or ..... of Age of Husband or Wife (if living) ..... Years

Residence: .....

Charge to: ..... Complete Funeral (except outlays) ..... \$

Address: ..... Casket .....

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

How Secured: ..... Embalming Body .....

If Veteran, State War ..... Barber, \$ ..... Hair Dressing, \$ .....

Occupation ..... (Social Security Number) Dressing Body, \$ ..... Underwear, \$ .....

Employer and Address ..... Suit or Dress ..... (State Kind and Color)

Date of Death ..... (Date) (Hour) Slippers, \$ ..... Hose, \$ .....

Date of Birth ..... (Date) (Month) (Days) (Hour) M. Folding Chairs, \$ ..... Tarpaulin, \$ .....

Age ..... (Years) (Months) (Days) (Hour) M. Candelabrum, \$ ..... Candles, \$ .....

Date of Funeral ..... (Date) (Day of Week) (Hour) M. Door Spray, \$ ..... Gloves, \$ .....

Services at: ..... Clergyman ..... (Address)

Religion of the Deceased ..... 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 ..... His Birthplace .....

Name of Father ..... Maiden Name of Mother .....

Her Birthplace ..... Motor } Remains to

Size of Casket ..... Ship } Remains to

Manufactured by: ..... (State Color and Number)

Cemetery } Crematory }

Lot No. .... Grave No. ....

Section No. .... Block No. ....

Owner .....

Diagram of Lot or Vault .....

Complete Funeral (except outlays) ..... \$

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 ..... @ \$ .....

Extra Limousines ..... @ \$ .....

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, \$ .....

Gross Total for Sales Tax ..... \$

Outlay for Lot .....

Cremation .....

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 .....

Personal Service .....

..... line Death Notices in ..... Papers

..... (Name of Newspaper)

Sales Tax .....

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	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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 .....

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